FREE TEMPLATE FOR TRAINING LEADS AND SUPERVISORS

Crisis prevention and response plan

A plan for one person, written with them and the people they choose. Keep it where every staff member who supports them can find it, keep it private from anyone else, and teach it before their first shift together. The steps for using it and the full sources are on the last page.

Name I like to be called	Date written	Next review date

Written with (names and roles: me, the people I chose, staff, clinicians)

_____

_____

Where this comes from: CMS HCBS rule, 42 CFR 441.301(c); Washington DDA form 10-272. CMS: the planning process "Includes people chosen by the individual." Washington's form records signatures, other contributors and a plan expiration date.

1. About me

Start with the person, in their words where possible.

What people like and admire about me	
What is important to me: people, places, routines, interests	
What I do well, and how I like to be supported	

Where this comes from: CMS HCBS rule, 42 CFR 441.301(c); SAMHSA crisis care toolkit, 2020. CMS: the plan must "Reflect the individual's strengths and preferences." SAMHSA: "Ask the individual served about their preferences."

2. How I communicate

So every staff member can understand and be understood.

How I communicate (for example words, signs, pictures, a device, sounds or gestures) and my preferred language	
How to give me information so I can take it in (for example extra time, fewer words, pictures)	
What to know about my senses, vision, hearing, movement, and eating or swallowing, and what helps	

Where this comes from: Washington DDA form 10-272; CMS HCBS rule, 42 CFR 441.301(c). Washington's crisis plan form has fields for communication, preferred language, vision and hearing, sensory, mobility, and eating or swallowing. CMS asks for a plan "written in plain language."

3. What a good day looks like

The calm, well picture that everything else is measured against.

What I am like on a good day	
What helps keep my day going well: routines, activities, people, places, how to talk with me	

Where this comes from: Vanderbilt Kennedy Center IDD Toolkit. The IDD Toolkit's plan starts from "Normal, calm behavior" before its stages.

4. What can make a day harder

Known stressors, and how the team plans around them.

Things, places, times, dates or events that can make a day harder for me	
How we plan around them	

Where this comes from: OSHA 3148 (2016); Washington DDA form 10-272. OSHA: "Identify any event triggers for clients, such as certain dates or visitors." Washington's form asks for "triggers to avoid."

5. Signs and what helps, stage by stage

What each stage looks like for this person, and what staff do.

Stage	What it looks like for me	What helps, and what staff do
Calm and well *IDD Toolkit: Normal, calm behavior*	*What this looks like for me*	*What keeps it going: routines, activities, how to talk with me*
Early signs *IDD Toolkit: Stage A: Prevention*	*The first signs that I am stressed or worried*	*What helps me at this point, from the people who know me best*
Rising *IDD Toolkit: Stage B: Escalation*	*Signs that things are getting harder for me*	*What staff do and say, from my approved supports and the people who know me best*
Crisis *IDD Toolkit: Stage C: Crisis*	*What a crisis looks like for me*	*Your organization's approved procedures for me: name the document and where it is kept. Then section 6: who to call.*
After *IDD Toolkit: Stage D: Post-crisis resolution and calming*	*How I show I am calming and recovering*	*How to help me rest and reconnect, and when and how we talk about it*

The words in grey are prompts. This template adds no techniques of its own. At the crisis stage, name your organization's approved procedures for this person and where they are kept.

Where this comes from: Vanderbilt Kennedy Center IDD Toolkit; NADSP Competency Area 10; SAMHSA crisis care toolkit, 2020. IDD Toolkit: "Describe stage-specific signs of behavior escalation and recommended responses." SAMHSA, on crisis programs: providers "collaboratively develop de-escalation and safety plans for individuals served by the program."

6. Who to call, in order

Names and numbers in the order staff use them.

Who	Name	Phone	When to call
On-call supervisor or manager at our organization			*Your procedures say when*
Family member or another person I choose			
Legal representative, if I have one			
Case manager or service coordinator			
Mental health clinician or therapist			
Clinician who wrote my approved procedures			
Doctor or prescriber			
Local crisis line or mobile crisis team			
988 Suicide & Crisis Lifeline		988	*Text, call, or chat 988 (SAMHSA)*
Emergency services (911) and the emergency department		911	*When your procedures say so, and whenever someone is at risk of harm right now*

Where this comes from: Washington DDA form 10-272; SAMHSA, 988 Lifeline; Vanderbilt Kennedy Center IDD Toolkit. Washington's form lists the agency on-call number, family, legal representative, case manager, prescriber and crisis line. SAMHSA: "Text, call, or chat 988." The IDD Toolkit's example plan, at the crisis stage: "Call 911 and clearly state this is a behavioral health call."

7. If I need more support

The person's own wishes if a crisis team, hospital or emergency department becomes involved.

Do I have a psychiatric advance directive or other advance directive? Where is it kept?	
People I want with me, or told	
What I want a crisis team or hospital to know about me	
Who keeps my current medication list (name and phone)	

Where this comes from: SAMHSA crisis care toolkit, 2020; Washington DDA form 10-272. SAMHSA: crisis providers "always seek to understand and implement any existing PAD" and include "natural supports and personal attendants" in planning. Washington's form names a contact for the medication list.

8. Keeping me safe and well

Health notes and the measures already in place.

Health information every staff member needs (for example allergies or medical conditions)	
What is in place to keep me safe and well	
Back-up plan if my usual staff, places or routines are not available	

Where this comes from: CMS HCBS rule, 42 CFR 441.301(c); Washington DDA form 10-272. CMS: the plan must "Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed." Washington's form lists allergies and medical conditions.

9. After a hard time: debrief and update

What the team learns, and what changes in the plan.

Person who coordinates the debrief and keeps this plan up to date (name, role, phone)	

Questions for the debrief (ours, each built on the source named):

1. Is everyone safe and cared for, staff included? (OSHA: first aid and emergency care come first; prompt debriefing for those involved)
2. How is the person feeling now, and what do they want to say about it? Are they, and the people they choose, part of this debrief? (NADSP Area 10: discussing the incident with the participant)
3. What happened before? Which early signs did we see, and when? (IDD Toolkit: recognize the pattern; OSHA: early recognition of warning signs)
4. What helped, and what did not? (SAMHSA, after a seclusion or restraint event: debriefing informs policies, procedures and practices)
5. What will we change in supports or the environment? (NADSP Area 10: adjusting supports and the environment; OSHA: find the root cause)
6. Has it been reported under our policy and our state's rules? (NADSP Area 10: complying with regulations for reporting)
7. What changes go into this plan, and who tells every staff member? (IDD Toolkit: one person coordinates the debrief and updates the plan; OSHA: workers know the updates)

Debrief log

Date	What happened before; early signs we saw	What helped	What we will change	Reported under our policy?	Led by

Where this comes from: NADSP Competency Area 10; OSHA 3148 (2016); SAMHSA crisis care toolkit, 2020; Vanderbilt Kennedy Center IDD Toolkit. NADSP: the DSP continues "discussing the incident with authorized staff and participant(s), adjusting supports and the environment, and complying with regulations for reporting."

10. Agreement, copies and review

Who agreed, who has a copy, who has read it, and when it is next reviewed.

	Signature, or how I showed I agree	Printed name	Date
Me			
My legal representative, if I have one			
Plan author			
Supervisor or program manager			

Copies given to (names and dates)	

Staff who have read this plan

Staff name	Date read	Walked through it with (trainer or supervisor)	Plan version or date

Review log

Date	What changed, and why	By

Where this comes from: CMS HCBS rule, 42 CFR 441.301(c); Washington DDA form 10-272; OSHA 3148 (2016). CMS: the service plan is "signed by all individuals and providers responsible for its implementation" and reviewed at least every 12 months, when needs change or at the person's request. OSHA: "Ensure workers know and follow procedures for updates to patients' and clients' behavior."

How to use this template, in six steps

1. **Write it with the person.** Sit down with the person and the people they choose: family, friends, a legal representative if they have one, and the staff who know them best. Use their words where you can.
2. **Fill it in, section by section.** Start with who the person is and what a good day looks like, then the stages. At the crisis stage, write only the name and location of your organization's approved procedures, not new techniques.
3. **Bring in the team.** Once it is drafted, ask the clinician or behavior support professional who wrote the person's approved procedures, and their case manager, to check sections 5 to 8. The IDD Toolkit says its plan "is best developed by an interdisciplinary team."
4. **Put the numbers in order.** Fill section 6 with names and phone numbers in the order staff should call, and check every number works.
5. **Teach it to every staff member.** Walk each person who supports them through the plan before their first shift with them, and have each sign the "Staff who have read this plan" list. Keep the plan where they can find it on shift, and private from anyone else. Repeat after every update.
6. **Debrief and update.** After any hard time, use the section 9 questions, change the plan, and tell every staff member. Review it on the date you set, when the person's needs change, and whenever they ask.

For your agency's crisis program as a whole, start with the free starter checklist, How to start crisis management at your agency. A Word version you can type into is at the web address at the foot of each page.

Where each section comes from

Read November 15, 2026. The prompts, the stage names and the debrief questions are Special Learning's; the quoted lines are as published. None of these organizations has reviewed or endorsed this template.

1. **CMS HCBS rule, 42 CFR 441.301(c).** 42 CFR 441.301(c), the CMS rule for the person-centered service plan in Medicaid home and community-based services waivers (eCFR, read November 15, 2026). https://www.ecfr.gov/current/title-42/section-441.301
2. **SAMHSA crisis care toolkit, 2020.** SAMHSA, National Guidelines for Behavioral Health Crisis Care: A Best Practice Toolkit (2020). Copy hosted by the U.S. Bureau of Justice Assistance: https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/samsha-national-guidelines.pdf
3. **Washington DDA form 10-272.** Washington State DSHS, Developmental Disabilities Administration, Cross System Crisis Plan, DSHS 10-272 (Rev. 03/2025). https://www.dshs.wa.gov/sites/default/files/forms/pdf/10-272.pdf
4. **Vanderbilt Kennedy Center IDD Toolkit.** Vanderbilt Kennedy Center IDD Toolkit, Crisis Prevention and Management Plan for Adults with Intellectual and other Developmental Disabilities (IDD) at Risk of or During Behavioral Crises (content © Surrey Place, 2023). https://echoautism.org/wp-content/uploads/2025/06/Crisis-Prevention-and-Management-Tool.pdf
5. **NADSP Competency Area 10.** National Alliance for Direct Support Professionals (NADSP), The NADSP Competency Areas, Area 10: Crisis Prevention and Intervention. https://nadsp.org/resources/competency-areas/
6. **OSHA 3148 (2016).** OSHA, Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, OSHA 3148-06R, 2016. https://www.osha.gov/sites/default/files/publications/osha3148.pdf
7. **National Center for START Services.** National Center for START Services, UNH Institute on Disability, The START Model. https://iod.unh.edu/national-center-start-services/start-model
8. **SAMHSA, 988 Lifeline.** SAMHSA, 988 Suicide & Crisis Lifeline. https://www.samhsa.gov/mental-health/988

One next step: if your staff support autistic people, the Level 1 ABA Online Training Course for groups introduces autism and behavior-support foundations. $99 per learner · One-time purchase · Each learner has 12 weeks of access from the day they activate their code · Free 7-day trial of the first 2 sessions.