



INDIVIDUALIZED MENTAL HEALTH SAFETY PLAN

State Form 56901 (3-20)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION

- INSTRUCTIONS:**
1. *Develop the Individualized Mental Health Safety Plan in collaboration with the individual and/or their parent/guardian, legal representative, etc. prior to discharge. Utilize family members and other supports as identified and permitted by the individual, parent/guardian, legal representative, etc.*
 - *For youth-serving psychiatric acute and residential facilities, this does not replace a DCS Safety Plan (State Form 53243). It should serve as a supplement, addressing the youth's mental health safety needs.*
 2. *Explain the benefits of coordinating care and sharing of information with other mental health providers and community supports in accordance with IC 16-39-2-5.5.*
 - *Obtain appropriate releases of information and share the plan with those agencies for whom the individual, parent/guardian, or legal representative has consented.*
 3. *Explain how this information may be disclosed without their permission in certain situations in accordance with Indiana Code 16-39-2-6(b).*
 4. *Provide the individual, parent/guardian, and/or legal representative a copy and maintain a copy of this plan in the individual's file.*

Date this individualized mental health safety plan created (month, day, year)		
Name of treatment facility	Telephone number ()	Emergency telephone number, if applicable ()
Address of facility (number and street, city, state, and ZIP code)		
Last name of the individual	First name	Middle initial
Address of the individual (number and street, city, state, and ZIP code)		
Telephone number of the individual ()	Other telephone number ()	
Name of emergency contact		Telephone number of emergency contact ()

My most important reason for living:

My early warning signs that a crisis may be developing (mood changes, surroundings, people, thoughts, behavior):

My coping strategies (what I can do for myself; for example, turn off social media, meditate, exercise/physical activity, read, etc.):

My Supports (people I can ask for help)	
Name	Telephone Number

People and Places to Distract Me so I Feel Safe		
Name	Telephone Number	Places

Professionals and Agencies I can Contact when I'm in a Crisis	
Suicide Prevention Lifeline: 800-273-TALK (8255)	
Name of my counselor/clinician	Telephone number ()
Name of my psychiatrist	Telephone number ()
Name of the emergency contact for my counselor/clinician	Telephone number ()
Name of my urgent/emergency care facility	Telephone number ()
Address of my urgent/emergency care facility (number and street, city, state, and ZIP code)	

Creating my safe environment (making sure the means to harm myself are kept in a safe place):

I helped develop this plan. I understand who I can contact in case of a crisis. The provider has explained the benefits of sharing this plan with mental health providers and other supports in the community. I understand this plan may be shared under certain conditions without my permission. Per IC 16-39-2-6(b) and 45 CFR 164.506, this safety plan may be shared with a licensed mental health professional or licensed paramedic rendering treatment (as defined by 45 CFR § 164.501), if necessary for the provision, coordination and management of my mental health care.

Signature of individual	Date (month, day, year)	<input type="checkbox"/> Check here if you received a copy.
Signature of facility staff	Date (month, day, year)	
Signature of parent/guardian/family/support, where applicable	Date (month, day, year)	<input type="checkbox"/> Check here if you received a copy.