

## Organization Name Here Crisis Stabilization Plan

<b>Client:</b>	<b>Client#:</b>	<b>Dates:</b> /     /     /     /     /
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Med Nec. = Medically Necessary – check box if without intervention there will be a drop in baseline functionality

Progress Code at Final Session: 1 = accomplished, 2 = much better, 3 = better, 4 = no change, 5 = worse

Med. Nec.?	Problem Identified	Measurable Goal	Strategies	Frequency/ Time Frame	Person(s) Resp.	Progress code at final session

<b>Strengths/Resources</b>	
<b>Cultural Considerations</b>	
<b>Persons involved in Crisis Stabilization Plan</b>	
<b>Coordination of services with other providers</b>	
<b>Referrals to other services</b>	

**SIGNATURES:**

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Parent(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MH Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **MH Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_