

## APPENDIX G

### CSEC Safety Plan

Youth's Name: \_\_\_\_\_

Intake Date: ( ____ / ____ / ____ ) Youth's Name: _____ Date of Birth: ( ____ / ____ / ____ ) Youth's Phone #: _____ Youth's Address: _____ _____ Caregiver/Placement Name _____ Address: _____ _____ Contact #: _____	CPH Referral #: _____ Case/PDJ # (if applicable): _____ Dual Jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Lead Agency: <input type="checkbox"/> DCFS <input type="checkbox"/> Probation Lead Agency Contact: _____ Phone #: _____ If Placement, Name of Primary Contact _____ Contact #: _____
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**24 HOUR CRISIS RESPONSE:**  
**Call the social worker or probation officer listed below.**  
**If no answer, contact the advocate listed below.**

**If there is an emergency or the child is at risk of harming him/herself or others, call 911 immediately.**

TEAM MEMBER NAME	RELATIONSHIP	CONTACT NUMBER
	DCFS MART	
	Probation CTU	
	Advocacy Agency	
	Placement/Caregiver	
	Interested Party	

EMERGENCY CONTACTS	NUMBER
Primary Physician:	
Psychiatrist:	
Hospital:	
Police Department:	
Fire Department:	
On-Call After Hours:	
Other:	

Updated: 04/02/2015 Los Angeles County Law Enforcement First Responder Protocol for CSEC 1 of 4

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IMPORTANT INFORMATION ABOUT THE YOUTH (as reported by youth)
Social Media:
Places Exploited/Arrested:
Medical Concerns:
Allergies:
Medications (name/dosage/frequency):
Special Notes (e.g. identifying markers):

INTERVENTIONS/ APPROACHES THAT ARE HELPFUL	INTERVENTIONS/ APPROACHES THAT ARE NOT HELPFUL

ANTICIPATED CRISIS	WARNING SIGNS	INTERVENTION PLAN
		Proactive:
		Responsive:
		Proactive:
		Responsive:

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#### Reviewed and Agreed Upon By:

_____ Print Name (Lead Agency) <input type="checkbox"/> MART <input type="checkbox"/> CTU	_____ Signature	_____ Title	_____ Date
_____ Print Name (Youth)	_____ Signature	_____ Title	_____ Date
_____ Print Name (Advocate)	_____ Signature	_____ Title	_____ Date
_____ Print Name – Provider)	_____ Signature	_____ Title	_____ Date
_____ Print Name	_____ Signature	_____ Title	_____ Date
_____ Print Name	_____ Signature	_____ Title	_____ Date

#### Submitted to Multi-Agency Review Committee (MARC) by:

_____ Print Name	_____ Signature	_____ Agency/ Title	_____ Date
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#### Examples of interventions

ISSUE (YOUTH...)	SOLUTIONS
Wants to AWOL due to conflict at placement	<ul style="list-style-type: none"> <li>• Problem-solve conflict</li> <li>• Utilize motivational interviewing skills</li> </ul>
Is unable to sleep at night	<ul style="list-style-type: none"> <li>• Sleep with lights on/door open</li> <li>• Develop a bedtime routine</li> <li>• Remind youth that [s]he is safe</li> <li>• Sit outside youth's door until [s]he falls asleep</li> </ul>
Experiences PTSD (flashbacks, disassociation)	<ul style="list-style-type: none"> <li>• Practice grounding – orient youth to the present</li> <li>• Stay calm</li> <li>• Speak in short sentences</li> <li>• Remind youth that [s]he is safe</li> <li>• Remind youth who you are and where [s]he is at</li> </ul>
Is anxious about what will happen (placement, court hearing, etc.)	<ul style="list-style-type: none"> <li>• Validate youth's anxiety</li> <li>• Engage in distracting activities</li> <li>• Report anxiety symptoms to DPO or CSW in case youth needs referral to therapist</li> </ul>
Wants to smoke	<ul style="list-style-type: none"> <li>• Validate youth's frustration and anger about not being able to smoke</li> <li>• Offer the youth gum to chew</li> </ul>
Doesn't like being told what to do	<ul style="list-style-type: none"> <li>• Speak to youth with respect</li> <li>• Ask youth to do things rather than tell them what to do</li> </ul>
Coping Skills/Distracting Activities	
<ul style="list-style-type: none"> <li>• Watch TV</li> <li>• Listen to music</li> <li>• Talk to someone from support system</li> <li>• Journal/write about future goals</li> <li>• Paint nails</li> <li>• Take a nap</li> <li>• Squeeze play dough</li> <li>• Exercise/do yoga</li> </ul>	<ul style="list-style-type: none"> <li>• Color</li> <li>• Read a book/magazine</li> <li>• Play a board game</li> <li>• Do a puzzle</li> <li>• Take a warm shower</li> <li>• Play with a stuffed animal</li> <li>• Meditate</li> <li>• Sing</li> </ul>