

Cedric Dean Holdings, Inc.

Peer Support NC Program Safety Plan Policy

1. Policy Title

Participant and Staff Safety Plan Policy

2. Effective Date

Effective: January 21, 2026

Review Cycle: Annual and as required by regulatory, clinical, or operational changes

3. Policy Statement

Cedric Dean Holdings, Inc. (CDH), through its Peer Support NC Program, is committed to maintaining a **safe, trauma-informed, and supportive environment** for all participants, staff, contractors, volunteers, and community partners.

This policy establishes a structured, person-centered process for developing, implementing, and maintaining **individualized Safety Plans** designed to reduce risk, prevent harm, promote emotional stability, and support crisis prevention, intervention, and recovery.

Safety planning is a core component of CDH's mission to protect dignity, enhance self-determination, and ensure continuity of care in community-based and peer-driven service settings.

4. Scope

This policy applies to:

- All Peer Support NC Program participants
- All CDH staff, peer support specialists, supervisors, and contractors
- All service settings, including:

- Office-based services
 - Community and outreach locations
 - Residential and supported living environments (where applicable)
 - Mobile and field-based services
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5. Definitions

Safety Plan:

A written, individualized, and participant-centered document that identifies personal warning signs, coping strategies, support systems, crisis resources, and environmental safeguards designed to prevent harm and promote stability.

Crisis Event:

Any situation in which a participant is at risk of harm to self or others, or is experiencing emotional, psychological, or situational distress that exceeds their current coping capacity.

De-escalation:

The use of verbal and non-verbal techniques to reduce emotional intensity, restore calm, and prevent escalation into crisis or unsafe behavior.

6. Guiding Principles

CDH's safety planning framework is grounded in:

- **Trauma-Informed Care:** Recognizing the impact of lived experience and prioritizing emotional and psychological safety
 - **Participant Empowerment:** Encouraging self-identified strategies and self-advocacy
 - **Prevention Over Reaction:** Proactive identification of risks and early intervention
 - **Collaboration:** Safety planning as a shared process between participant and peer support staff
 - **Confidentiality and Respect:** Protecting privacy and personal dignity at all times
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7. Safety Plan Requirements

7.1 Individualized Safety Plans

Each participant shall have a Safety Plan that is:

- Developed collaboratively with the participant

- Culturally responsive and person-centered
- Reviewed and updated regularly
- Aligned with the participant's service goals and care plan (if applicable)

7.2 Required Safety Plan Elements

Every Safety Plan must include:

- **Personal Warning Signs:** Triggers, stressors, or early indicators of distress
 - **Internal Coping Strategies:** Techniques the participant can use independently
 - **Social Supports:** Trusted individuals and peer contacts
 - **Professional Supports:** Program staff, crisis lines, providers, and emergency contacts
 - **Environmental Safety Measures:** Steps to reduce access to harmful situations or materials
 - **Emergency Procedures:** When and how to contact emergency services
 - **Participant Preferences:** What helps and what should be avoided during a crisis
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8. Safety Plan Development Process

8.1 Initial Development

Safety Plans shall be created:

- During participant onboarding or intake
- Following any identified safety concern or crisis event
- When service needs or living conditions change

8.2 Collaborative Approach

Peer Support Specialists shall:

- Facilitate open, non-judgmental discussion
 - Respect participant autonomy and lived experience
 - Encourage participant ownership of the plan
 - Document participant consent and involvement
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9. Review and Updates

Safety Plans must be reviewed:

- At least **quarterly**

- After any crisis or safety-related incident
- When participant goals or risk factors change
- Upon staff or service setting transitions

All updates must be documented and signed by both staff and participant (when feasible).

10. Crisis Response Procedures

When a crisis occurs, staff shall:

1. Prioritize **immediate safety** of all individuals present
 2. Use de-escalation and calming techniques
 3. Follow the participant's Safety Plan whenever possible
 4. Contact emergency services when there is imminent risk
 5. Notify program leadership as required
 6. Complete an Incident Report within **24 hours**
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11. Roles and Responsibilities

11.1 Peer Support Staff

- Assist participants in creating and maintaining Safety Plans
- Monitor for warning signs and emerging risks
- Implement de-escalation strategies
- Document all safety-related interactions

11.2 Supervisors and Program Leadership

- Review Safety Plans for completeness and compliance
- Provide staff support and training
- Ensure corrective actions are implemented after incidents
- Maintain quality assurance oversight

11.3 Compliance Officer / Program Director

- Ensure alignment with Medicaid, MCO, and state standards
 - Maintain policy documentation and training records
 - Lead annual policy review and updates
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12. Confidentiality and Information Sharing

Safety Plans are considered **confidential records** and shall be handled in accordance with:

- HIPAA and PHI regulations (when applicable)
- State privacy laws
- CDH confidentiality and data protection policies

Information may only be shared with authorized individuals or agencies when legally required or when necessary to prevent serious harm.

13. Training Requirements

All Peer Support NC Program staff must complete:

- Safety Plan development training upon onboarding
 - Annual refresher training
 - Crisis intervention and de-escalation training
 - Confidentiality and participant rights training
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14. Documentation and Record Retention

CDH shall maintain:

- Safety Plans
- Incident Reports
- Review and Update Logs
- Training Records

Records must be retained in accordance with **state, federal, and Medicaid compliance requirements**.

15. Non-Compliance

Failure to adhere to this policy may result in:

- Corrective action
- Retraining

- Contract termination
 - Regulatory reporting, when required
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16. Policy Review

This policy shall be reviewed:

- Annually
 - After any critical incident
 - Upon regulatory changes
 - When program scope or service delivery changes
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17. Approval and Authorization

Approved By:

Cedric Dean, Chief Executive Officer
Cedric Dean Holdings, Inc.

Signature: _____

Date: _____

18. Organizational Commitment Statement

Cedric Dean Holdings, Inc. affirms that **safety is foundational to recovery, empowerment, and community integration**. Through proactive planning, compassionate engagement, and ethical accountability, CDH ensures that every participant and staff member is supported in an environment of dignity, trust, and care.