

St. Clair County Community Mental Health Authority

Wraparound Crisis/Safety Plan

Name of Individual: _____ Case # _____ Date: _____

Event (Crisis/Safety Worries & Concerns)	Positives/Strengths (identified by me & my family to prevent crisis or safety concerns)	Warning Signs & Triggers (that I have identified for me & others to notice)	Proactive Plan & People Responsible (To keep it from happening-use positives & strengths)	Reactive Plan & People Responsible (What will you do when it does happen-use positives & strengths)

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