## St. Clair County Community Mental Health Authority

## **Wraparound Crisis/Safety Plan**

Name of Individual:	Case #	Date:

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

Clinical Form #03-0392 Revised Date: 3/1/2023

EHR: Services, Wraparound Note: Crisis-Safety Plan

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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 happeninguse positives & strengths)	Reactive Plan & People Responsible (What will you do when it does happen-use positives & strengths)

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