

St. Clair County Community Mental Health
Wraparound Crisis/Safety Plan

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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