COMPLETED BY:

1. Client;
2. Guardian (if applicable); and
3. Service Provider

**COMPLINACE REQUIREMENTS:**

1. “My Safety Plan” should be completed when there is risk or concern that crisis intervention may be needed.
2. It should be updated throughout treatment as needed.
3. All elements must be completed.

**DOCUMENTATION STANDARDS:**

1. Formulation of the plan is a collaborative effort with the client and family.
2. The Plan can either be handwritten or typed.
3. A hard copy of the Plan should be kept in the hybrid chart and documentation of completion should be in a note within the Electronic Health Record (EHR).
4. “My Safety Plan” is intended to be a helpful resource for clients and families during times of crises or risk of crises.
5. It shall be completed in lieu of a “Safety Contract” and “No Harm Contract”.
6. In reference to item #2 on “My Safety Plan”, include both the client’s words/preferences, and clinically appropriate interventions, as well as helpful things client identified in their WRAP Plan if he/she completed one.
7. In reference to item #3 on “My Safety Plan”, list as many relevant supports as available. Do not limit to just professional supports.
8. In reference to item #5 on “My Safety Plan”, list professional supports such as the client’s counselor, Care Coordinator, and the program’s on-call counselor after business hours.