

MEMBER SAFETY PLAN

Please complete and share it with your therapist or a mental health professional.

Step 1: What are some of the warning signs or triggers I may experience that let me know a crisis is developing? (thoughts, images, mood, situation, behavior)

1. _____
2. _____
3. _____

Step 2: What are some healthy activities I can do to take my mind off my problems?

1. _____
2. _____
3. _____

Step 3: What settings provide me a distraction? (place of worship, park, gym)

1. _____
2. _____
3. _____

Step 4: What family or friends can I ask for help?

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: What things in my life are worth living for?

1. _____
2. _____
3. _____

Step 6: What professionals or agencies can I contact in a crisis?

1. Clinician Name _____ Phone _____
2. Clinician Name _____ Phone _____
3. Community Health Choice Behavioral Health Crisis Hotline: STAR/CHIP/DSNP – 1.877.343.3108

Step 7: Safety (When to go to the ER):

1. _____
2. _____