

St. Clair County Community Mental Health Authority
Crisis Alert/Diversion Recommendations
For McLaren

Individual: _____ Case #: _____

Address: _____ Phone #: _____

Alert: ☐ Yes ☐ No

Diversion: ☐ Yes ☐ No

Court Order: ☐ Yes ☐ No

Court Order Expiration Date: _____

Guardian: ☐ Yes ☐ No

Guardian Name: _____

Guardian Phone#: _____

Implementation Date (No More Than 30 Days Between Begin Date And End Date):

Begin Date: _____ End Date: _____

Diagnosis: _____

Treating Psychiatrist: _____

Current Medications: _____

Alert: Current Concerns of Which McLaren ER and IP Staff Should Be Made Aware

Diversion Plan (Include Housing, Transportation, After Hours Contact Options W/ Phone Numbers I.E. ProtoCall 1-888-225-4447):

Case Holder Signature

Date

Supervisor Signature

Date