

St. Clair County Community Mental Health
**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