



# Macomb County Community Mental Health Child Crisis Plan



### CLIENT INFORMATION

CLIENT NAME	CASE #	DATE OF BIRTH	SSN
ADDRESS		GENDER	TELEPHONE
DATE			

### I KNOW THAT THESE SYMPTOMS, FEELINGS OR EVENTS MAY LEAD TO A CRISIS

- |  |   |
|--|---|
| <input type="checkbox"/> Increase/decrease in sleep<br><input type="checkbox"/> Using drugs/alcohol to cope<br><input type="checkbox"/> Fighting with other people/aggression<br><input type="checkbox"/> Wanting to hurt myself<br><input type="checkbox"/> Not keeping appointments/not taking medicine<br><input type="checkbox"/> Cursing<br><input type="checkbox"/> Withdrawing<br><input type="checkbox"/> Threatening to run away<br><input type="checkbox"/> Other: | <input type="checkbox"/> Not eating/overeating for several days<br><input type="checkbox"/> Not taking care of hygiene<br><input type="checkbox"/> Wanting to hurt others<br><input type="checkbox"/> Feeling unsafe<br><br><input type="checkbox"/> Talking about death<br><input type="checkbox"/> Physical complaints<br><input type="checkbox"/> Recent death or loss |
|--|---|

### IN ORDER TO PREVENT A CRISIS OR RELAPSE I WILL TAKE THESE ACTIONS

- Remove or lock away potentially unsafe objects
- Offer choices to prevent escalation  
For example: "You can choose to clean your room tonight before bed or tomorrow morning before playing."
- Ignore non-dangerous behavior to prevent arguments and power struggles
- Call someone on the list below for help, advice or support

Name	Phone Number

### OTHER THINGS I CAN DO TO COPE

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Go for a walk<br><input type="checkbox"/> Play with a pet<br><input type="checkbox"/> Play sports<br><input type="checkbox"/> Talk to a relative<br><input type="checkbox"/> Play outside<br><input type="checkbox"/> Play a game<br><input type="checkbox"/> Ride a bike<br><input type="checkbox"/> Other: | <input type="checkbox"/> Take a bath<br><input type="checkbox"/> Read<br><input type="checkbox"/> Write feelings<br><input type="checkbox"/> Talk to a friend<br><input type="checkbox"/> Draw or color<br><input type="checkbox"/> Play with toys<br><input type="checkbox"/> Rollerblade | <input type="checkbox"/> Listen to music<br><input type="checkbox"/> Watch TV/movie<br><br><input type="checkbox"/> Go to a park<br><input type="checkbox"/> Go for a run<br><input type="checkbox"/> Swim |
|---|--|--|

### IF NECESSARY, MY HOSPITAL OF CHOICE IS...

HOSPITAL	PHONE
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### MY PLANS FOR...

MY CHILD'S SCHOOL
MY CHILD'S PETS OR PLANTS
MY CHILD'S WORK

**THINGS I WANT THE HOSPITAL TO KNOW**

CURRENT MEDICATIONS

ALLERGIES

MEDICATIONS THAT HAVE WORKED IN THE PAST

MEDICATIONS THAT HAVE NOT WORKED IN THE PAST

**INFORMATION**

MCCMH CLINIC

INSURANCE CO

MEDICAL DOCTOR

SUPPORT COORDINATOR

OTHER

**EMERGENCY PHONE NUMBERS**

POLICE/FIRE/EMS

MACOMB COUNTY CRISIS CENTER (24 Hours)

POISON CONTROL

911

586-307-9100

1-800-222-1212

CARE

RUNAWAY SHELTER

586-541-CARE

586-465-1212

ACCESS CENTER

MATTS SHELTER

HENRY FORD MT. CLEMENS EPE HOSPITAL

586-948-0222

586-755-5191

586-466-9895

TURNING POINT SHELTER FOR WOMEN

586-463-6990

**SIGNATURES**

CONSUMER

DATE

SUPPORT COORDINATOR

DATE

PARENT OR GUARDIAN

DATE

THERAPIST/CASE MANAGER

DATE