**Sanilac County Community Mental Health Authority**

**Mobile Intensive Crisis Stabilization for Children**

**Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time of Contact (Beginning to End)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sanilac CMH Primary Caseholder (If Applicable)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance**: 🞎 Medicaid 🞎 Private Insurance \_\_\_\_\_\_\_\_\_\_\_\_ 🞎 No Insurance

🞎 Case was not referred to the Mobile Intensive Crisis Stabilization for Children, per supervisor’s direction

**Location of Contact**: 🞎 Home 🞎 Hospital 🞎 School 🞎 Jail 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Involved in Contact (include titles)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis Designation**: 🞎 SED 🞎 I/DD 🞎 SUD 🞎 MI

**Current Services Involved With**: 🞎 Sanilac CMH 🞎 Community Provider \_\_\_\_\_\_\_\_\_\_\_ 🞎 None

**Was Child Linked/Referred to Services**: 🞎 Yes 🞎 No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outcome**: 🞎 Inpatient Hospitalization 🞎 ER Hold 🞎 Safety Planning 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collaboration with Youth Serving Systems**: 🞎 Therapist/Case Manager 🞎 Parent Mentor

 🞎 Probation 🞎 Wraparound 🞎 School 🞎 PCP 🞎 Psychiatrist 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DX:** Pri: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,Sec.: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan for Follow-Up:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Staff Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**