

# Crisis Navigator & Compass



*A Parent and Caregiver Resource for Youth Mental Health Crises*

## What It Is

The **Crisis Navigator** is a guide that helps families understand and prepare for youth mental health crises.

The **Crisis Compass** is the companion form that keeps your youth's essential information in one place.

## Why It Matters

- Helps you and your child be better prepared.
- Makes it easier to share information quickly in a crisis.
- Supports safety, recovery and ongoing care.
- Empowers families with practical tools, not just information.

## What's Included

- **Crisis Compass (Form)** – organizes your youth's key info, supports and safety needs in one place.
- **Example Compass** – shows an example to guide you as you fill out your own.
- **Crisis Navigator (Guide)** – explains the stages of a youth mental health crisis and how to respond.

*Together, they help you recognize, respond and recover with confidence.*

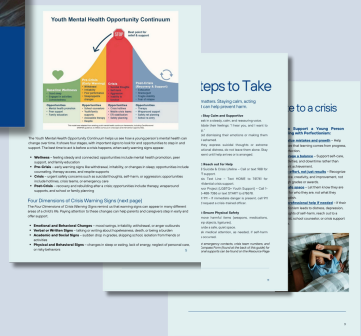
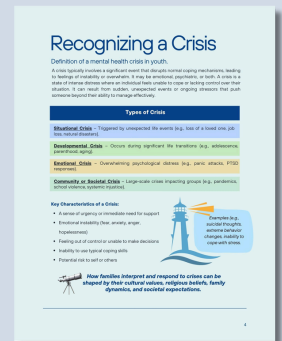
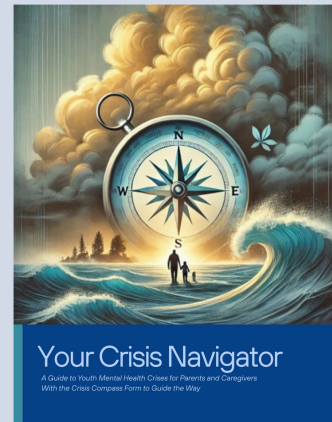
## Get the Full Guide and Resources

Scan the QR code to the right to download:

- The complete Crisis Navigator Guide.
- The Crisis Compass Form (fillable and printable).
- Additional tools and resources to support your family.



Made possible through funding from the Michigan Department of Health & Human Services (MDHHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).



# Crisis Compass Form – Page One: Youth Information

The Crisis Compass Form helps ensure your youth gets the right support in a crisis. The next pages show sample layouts, with instructional text boxes in **blue on light gray** to guide you and offer examples.

## MY CRISIS COMPASS



Youth's First & Last Name:		Nickname (if applicable):	
Date of Birth:		Sex and Preferred Pronouns:	
Safety plan?	Yes or No	If you don't have a safety plan, we recommend creating one with your clinician and attaching it, along with any other relevant documents.	
Safety Concerns:	<p><i>NO FIREARMS IN THIS HOME.</i></p> <p><i>Escalates quickly, becomes aggressive and violent. May strike with a fist.</i></p>		<p>List risks (self-harm, weapons, aggression). Ex: Escalates quickly; no firearms.</p>
Known Triggers:	<p><i>Perceiving that other people are talking behind their back.</i></p> <p><i>Close proximity of others when escalated.</i></p>		<p>Situations that cause distress. Ex: Loud noises, people too close.</p>
Known Comforts:	<p><i>Biscuit, our family dog. Talking about Biscuit may help during de-escalation and building rapport.</i></p>		<p>What helps calm your youth. Ex: Talking about the family dog.</p>
Relevant Behavioral/ Developmental/ Medical Needs:	<p><i>Autism Spectrum Disorder, which can make understanding things harder.</i></p>		<p>List diagnoses or conditions. Ex: Autism Spectrum Disorder</p>
Caregiver Support Needs:	<p><i>Mom works two jobs and is very stressed. Any help to remain calm is appreciated. Follow-up after crisis would be helpful.</i></p>		<p>How responders can support you. Ex: Mom stressed; follow-up appreciated.</p>

### Best Practice Tips

Keep copies (home, wallet, school, providers). Update often (every six months or after changes). Share widely (teachers, counselors, therapists, caregivers). Plan ahead (ensures quick access in crisis).

# Page Two: Caregiver and Medical Information

Page two captures key information: caregivers, providers, medications and past crises. This helps first responders quickly see the youth's care team and important history.

## MY CRISIS COMPASS

[acmh-mi.org](http://acmh-mi.org) | [HELP@ACMH-MI.ORG](mailto:HELP@ACMH-MI.ORG) | (888) ACMH-KID

Primary Caregiver Name and Relation:	Back-up Person(s) Name and Relation:
Phone Number(s):	Phone Number(s):
Address:	Address:
Email(s):	Email(s):

Mental Health Provider Name:	Insurance Provider:	Phone:
Phone Number(s):	Subscriber Name:	
Address:	Policy/Group Number:	
Email(s):	Subscriber ID/Member ID:	

Current Medication	Dose	Frequency	Duration
Risperidone	0.5 mg	Once Daily	4 months
Aripiprazole	2 mg	Once Daily	2 weeks

### Previous Crisis Interventions and Additional Information:

*Psychotic episode at school about 8 months ago and brief hospitalization.*

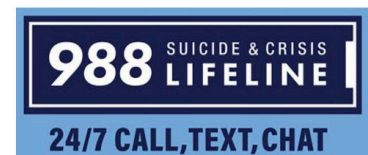
*Parents are divorced. Father is not involved and lives in another state.*

**Past crisis,  
hospitalizations, or notes.  
Ex. Episode at school, brief  
hospitalization.**

Completed By:

Date:

Page 2 of 2



## Best Practice Tips - Page Two

Caregiver and provider contacts. Medications (as prescribed). Past interventions. Additional info (allergies, triggers, supports). Keep updated.



# MY CRISIS COMPASS



Youth's First & Last Name:		Nickname (if applicable):	
Date of Birth:		Sex and Preferred Pronouns:	
Safety plan?		Yes or No	(If you don't have a safety plan, we recommend creating one with your clinician and attaching it, along with any other relevant documents.)
Safety Concerns:			
Known Triggers:			
Known Comforts:			
Relevant Behavioral/ Developmental/ Medical Needs:			
Caregiver Support Needs:			



# MY CRISIS COMPASS

acmh-mi.org | HELP@ACMH-MI.ORG | (888) ACMH-KID

Primary Caregiver Name and Relation:	Back-up Person(s) Name and Relation:
Phone Number(s):	Phone Number(s):
Address:	Address:
Email(s):	Email(s):

Mental Health Provider Name:	Insurance Provider:	Phone:
Phone Number(s):	Subscriber Name:	
Address:	Policy/Group Number:	
Email(s):	Subscriber ID/Member ID:	

Current Medication	Dose	Frequency	Duration

Previous Crisis Interventions and Additional Information:
---

Completed By:
Date:

