

Charlevoix County

First Responders Guide for

Behavioral Interventions

FIRST EDITION

In collaboration with

North Country Community Mental Health

East Jordan Family Health Center

Northern Michigan Regional Entity

BASES Recovery Center

Charlevoix County Courts

Charlevoix County Prosecuting Attorney

Charlevoix County Sheriff Department

Charlevoix County Jail

Emergency Medical Response

Charlevoix County 911 Central Dispatch

Munson Healthcare Charlevoix Hospital

Psychiatric Inpatient Hospitals

Crisis Residential Units

Michigan Department of Health and Human Services-Charlevoix-Emmet County

Working together to achieve the Triple Aim

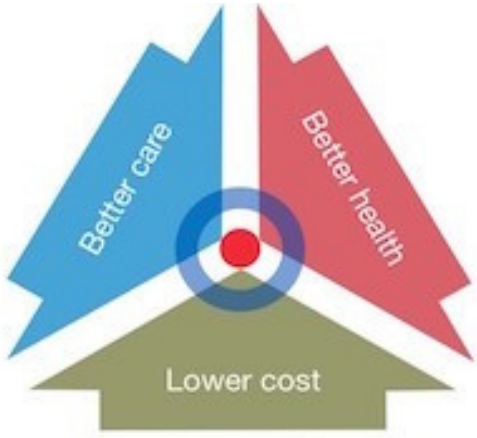




TABLE OF CONTENTS

Section 1 – Overview (1)
1.1 Introduction (2)
1.2 Jail Diversion (3)
1.3 Performance Monitoring (4)
1.4 First Responder Roles (5)

Section 2 – Psychiatric Hospital Screening, Admission and Discharge Procedures (11)
2.1 Admission Procedures (12)
2.2 Admissions Paperwork (19)
2.3 Individuals Requiring Medical Clearance (22)
2.4 Individuals with a Guardian (23)
2.5 Children and Adolescents (updated) (25)
2.6 Individuals with Intellectual and Developmental Disabilities (28)
2.7 Substance Use and Co-Occurring Disorders (30)
2.8 Intoxicated Individuals (32)
2.9 Returning Individual Following Medical Treatment (33)

Section 3 – Follow Through and Completing the Process (36)
3.1 Financial Responsibility (37)
3.2 Admission Denials (39)
3.3 Second Opinion Following Denial (40)
3.4 Reconciliation of Referrals (42)

Section 4- Post-Admission Procedures (44)
4.1 Arrival at the Hospital (45)
4.2 Post Hospitalization, Voluntary Treatment, Involuntary Treatment Orders, NGRI, and Community Treatment Options (49)

Section 5 – Law Enforcement (57)
5.1 Transportation (58)
5.2 Order for Pickup (59)
5.3 Individuals in Law Enforcement Protective Custody (61)
5.4 Jail Diversion, Inmate Transfer and Jail Holds (63)

Section 6 – Collaborative Community Outreach Via Stepping Up Initiative (66)
6.1 Stepping Up Initiative (67)

Section 7 – Form Appendix and Community Partner Commitments (71)
7.1 Form Appendix (72)
7.2 Community Partner Commitments (74)

Section 1

Overview

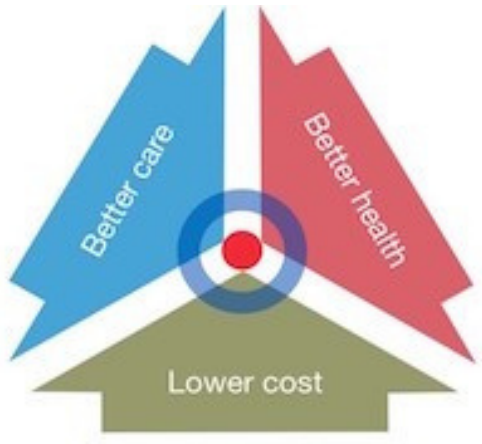
1.1 Introduction
1.2 Jail Diversion
1.3 Performance Monitoring
1.4 First Responder Roles

1.1 Introduction

We begin with a warm welcome! Thank you for opening this reference guide, we hope that it is helpful to you in your work. Our goal is to help you, the professional first responders serving Charlevoix County, to come together as a High Performing Team.

Our objectives are threefold, and we refer to them as the **Triple Aim**:

• **Patient Experience:** The services we provide are often needed when individuals and families are in crisis and at their most vulnerable. Our goal is to present a well informed and prepared team able to effectively respond to the crisis while respecting the dignity of the people we serve.



• **Population Health:** For Charlevoix County to experience optimum use of psychiatric inpatient care, accessible when needed with effective outcomes, provided through the necessary coalition of health system, human service and public safety resources.

• **Cost of Care:** By clearly delineating the roles and interface functions of the response teams, the participating community agencies will achieve efficiencies of operations.

This guide is evidence of the cooperation between the participating agencies. Collaborative discussion has established procedures for the individual agencies to perform as a team in achieving these objectives. Executive support is demonstrated by participation through this process, as well as by their endorsement of the collective results.

To the outside reader we would like to convey that it is this convening of executive leadership and the resulting creation of a context for process improvement which is the single most critical element to the success of this resulting guide; in other words, our success lives as much in the process as it does in the product. Our consensus agreement on the nature of the problem, the desired outcomes and the endorsement of an integrated community response were elemental and yet are not a readily apparent dimension of this guide. Perhaps it is sufficient to ask that you look at the signature

page and know that these Charlevoix leaders are committed to achieving the Triple Aim of the Charlevoix County First Responder's Guide for Behavioral Interventions. That is an impressive statement about the level of collaboration in Charlevoix County.

ACCOMMODATIONS: Agencies represented in the First Responder's Guide are committed to providing accommodations to individuals who need communication/language assistance. It is the policy of NCCMH to ensure that persons with limited English proficiency are not discriminated against in the delivery of any NCCMH service. NCCMH shall provide necessary language assistance at no cost to any individual that is a NCCMH service recipient. This would include active NCCMH clients and individuals not open to NCCMH who are served via preadmission screening/crisis intervention at a local emergency rooms or jail.

1.2 Jail Diversion

The First Responder's Guide also serves as our local interagency agreement to address our community's promise to prevent the unnecessary incarceration of people with mental illness. Clearly, if we are effective in reaching people at risk of behavioral crisis resulting from the symptoms of mental illness, we can ensure the most appropriate care and best outcomes for them, their families, and the community.

The Michigan Department of Community Health requires that every community have a plan for coordinated response and provide cross training to the professionals who

implement these procedures. The First Responder's Guide documents this coordination and serves as our training guide.

1.3 Performance Monitoring

In measuring the success of a Triple Aim initiative, all three dimensions deserve focus; patient experience, population health and cost of care. For the first publication of the First Responder's Guide, we have chosen to use a performance metric which can be considered as demonstrating improvement across the Triple Aim and that metric will be the measurement of time. Our assumption is that if the amount of time involved in the process of achieving a disposition of a request for service can be reduced, then all outcomes will be impacted for the better.

Time as a performance measure for Patient Experience: We all know the pain of being in a state of crisis, the anxiety and stress on the individual and the family is exhausting and can be debilitating. They often have been in a state of impending crisis for some days and weeks leading up to the intervention and so they do not arrive at the point of asking for help with much reserve.

Despite this we need to find a balance and resist the temptation to rush to a disposition. We need to be mindful of the opportunities for growth and better outcomes which are present in the context of the crisis at the same time moving as quickly as possible through process steps which are complex, and which involve diverse professionals, agencies, and expensive resources.

The Triple Aim concept design recommends that the health system should make information available to patients and their families that allow them to make informed decisions. Having said this, and all else being equal, patients and families have said that the sooner a disposition is reached the better.

Time as a performance measure for Population Health: The Triple Aim concept suggests that the health of the population can be improved through system integration. One specific recommendation is that a community should "set and execute strategic initiatives related to reducing inequitable variation in outcomes or undesirable variation in clinical practice" and that we should "actively learn from the patient and the families to inform the work for the population." The First Responder's Guide strives to meet this objective by improving the interface between agencies at each step in the process. The procedures included in the First Responder's Guide have emerged as a result of analyzing each of those interface transfers of care and negotiating the terms of the interface.

Time can be used as an overall measure of successful system integration, not unlike measuring the performance of a relay team in competition.

Time as a performance measure for Cost of Care: Time is money, but it's not that simple. Other initiatives across the state discovered that reducing the time in one segment of the process often led to increase in time in another segment. Some were tasked with finding a "common good" solution that improved the overall process with the community resources in mind. Time in the emergency room, time in protective custody, time spent simply waiting, and time from start to finish for all the professionals involved could be improved through agreement on the terms of interface. The First Responder's Guide is not just our community's consensus on best practice, but it also reflects negotiated boundaries and priorities.

Performance Measure: The NCCMH Quality Improvement program facilitates data review monthly and reports out data quarterly to MDHHS on time markers which show the performance of the integrated system. De-identified administrative data will be used including time markers from request for assistance to admission and the various component segments in between. Time points are defined, collected, and trended from the various admission documents generated and collected by NCCMH Quality Improvement Team via NCCMH emergency systems documentation.

1.4 First Responder Roles

This section of the First Responder's Guide might appear to those who participated in the project as an exercise in stating the obvious. A good team member knows their role as a part of their training and years of experience. However, high performing teams take the time to routinely review and formally establish roles. The procedures included in the guide specify which agencies the procedure applies to and at each action step assigns responsibility for tasks.

Additionally, because our Guide is offered to the larger community, including local members who may be uninformed as well as to professionals from other counties, it seems important to document at the outset our agreement on the many roles and the array of community resources which are involved in this integrated delivery system.

Finally, we would like to acknowledge that the effectiveness of the First Responder's guide is twofold. First, this Guide represents a well-developed set of roles in a larger team effort, but secondly, and equally important, underlying this team effort is a strong network of individual professional relationships which demonstrate compassion for consumers and commitment to the community and the professional team of first

responders who serve the community.

The First Responder's Guide intentionally names organizations and their roles in the narrative. We acknowledge that it goes against the conventional wisdom about documents such as this. People come and go in their roles and good procedures should not be dependent on personalities; but we also know that it is important to create a culture of personal accountability as well as a culture of appreciation for team performance. Most of the members of this First Responder leadership team share contact information and are available to each other to solve problems that are challenging in complexity with needs that weren't anticipated by procedures.

The following list of roles is grouped by category with participating members in each category. Included is a bulleted listing of their roles in responding to requests for intervention with a behavioral crisis.

Community Mental Health
North Country Community Mental Health (NCCMH)

- 24/7 crisis response including preadmission screening for psychiatric inpatient care for both voluntary and involuntary admission requests
- Children's Crisis Mobile Response Service (CCMRS) to NCCMH enrolled children and youth experiencing a mental health crisis in need of de-escalation from 8:30am – 5:00pm, Monday through Friday. Parent or legal guardian of minor child requests CCMRS by calling 231-547-5885 (CCMRS cannot be provided through 3rd party referrals).
- Assists family and community members who wish to initiate involuntary psychiatric admission with the Charlevoix County Probate Court
- Coordination throughout the NCCMH catchment of mental health providers
- Reviews and/or provides authorization for payment for all Medicaid and indigent psychiatric inpatient care
- Assisted Outpatient Treatment Orders for involuntary commitment proceedings and continuum of care by monitoring court order status
- Education and support for staff as Charlevoix County Probate Court suggests revisions in mental health procedures and form processing

ProtoCall Crisis Intervention Services

- Provides brief crisis intervention screenings to individuals who present to be screened on a 24/7 basis via telephone
- Connects individuals to local emergency rooms, contacts 911 if required for safety or well-checks, and connects with NCCMH staff for coordination of crisis intervention services.

Substance Use Disorder Coordinating Agency
Northern Michigan Regional Entity (NMRE)

- Provides referrals to approved providers through NMRE Central Access and Intake to individuals who present to be screened
- Provides treatment for individuals with a substance use disorder who have Medicaid or Healthy Michigan throughout the twenty-one-county region

Charlevoix County Courts
Charlevoix County Probate Court and 33rd Judicial Circuit Court Family Division

- Provides the venue for adjudication of involuntary commitment petitions
- Provides orders for transport for assessment
- Provides assignment of counsel when needed for persons who are subject of the petition
- Facilitates connection to and oversight of treatment alternatives to adjudicated juveniles with substance related offenses.
- Processes Petitions for Mental Health Treatment under the Mental Health Code

Charlevoix County 90th District Court (Diversion and Specialty Courts)

- Facilitates connection to and oversight of treatment alternatives to incarceration for individuals with repeat substance related driving offenses, via adult sobriety court
- Provides coordinated court supervision for enrolled participants

Charlevoix County Prosecuting Attorney's Office

- Represents the county and state in mental health commitment and subsequent hearings
- Enters and monitors prosecution deferral agreements where appropriate
- Represents the state in diversion and specialty courts in Charlevoix County

Charlevoix County 911 Central Dispatch

- Provides 911 emergency medical and law enforcement dispatch for Charlevoix County
- Provides triage and assists callers on the phone until the first responder team arrives on the scene
- Provides first response to citizen calls for emergency assistance for behavioral crisis
- Notifies appropriate department to respond
- Remains on the line until assistance arrives
- Hospital Emergency Departments

Lake Charlevoix Emergency Medical Services Authority (LCEMSA)
Jordan Valley Emergency Medical Services Authority (JVEMSA)
Beaver Island Emergency Medical Services (BIEMS)
Boyne City Emergency Medical Services (BCEMS)

- Provides regional oversight of medical first responder agencies including fire and police medical first responders and ambulance advanced and basic life support units
- Provides advanced and basic life support first response and transport for persons between site of pickup and preadmission screening unit
- Provides medically ordered transport from preadmission screening unit to admitting psychiatric inpatient facility

Law Enforcement
Charlevoix County Sheriff's Office, Charlevoix County Police Department

- These law enforcement agencies accept responsibility to respond to all Probate Court orders to transport individuals for psychiatric evaluation and admission. The City and Township respond to their jurisdictions and the Sheriff responds to all other jurisdictions

All Charlevoix County Law Enforcement Agencies and Michigan State Police

- Provide first response to emergency dispatch calls. In Charlevoix City the Charlevoix City Police Department accompanies all mobile medical responses dispatched through Central Dispatch
- Provide protective custody and transportation to preadmission screening sites
- Provide peace officer's application when no other party is willing or able to serve as applicant for an involuntary admission assessment.

Charlevoix County Jail

- Provides physical health treatment to persons housed in the Charlevoix County Jail via contracted nursing and physician services.
- Collaborates with NCCMH clinical staff to connect individuals in custody with appropriate behavioral health treatment as needed.
- Collaborates with external contractual parties to provide treatment to individuals in custody that require treatment for substance use disorders.
- Jail staff may file a petition or application for involuntary psychiatric admission of persons assessed as in need of treatment in an inpatient psychiatric unit.

Jail Administrator

- Ensures mental health screenings are provided at the time of booking and facilitates appropriate diversion in collaboration with NCCMH crisis intervention and jail liaison staff.
- Provides incarceration for persons who are arrested and booked for alleged crimes in Charlevoix County

Munson Healthcare-Charlevoix Hospital Emergency Department and Urgent Care

- Provides triage and medical assessment of persons presenting with psychiatric conditions both voluntary and involuntary
- Provides medical supervision of persons in protective custody from triage until transport to admitting unit
- Provides necessary lab and other medical tests to establish individual's medical stability for admission to a psychiatric facility (medical clearance)
- Provides medical consultation to NCCMH Crisis Intervention clinicians for persons who are served with preadmission screening service
- Provides provider order for medical transport to admitting psychiatric facility

Michigan Department of Health & Human Services -Charlevoix/Emmet County (MDHHS)

- Provides Children's Protective Service response for investigation when assigned by DHHS central intake
- Provides response and investigation to Adult Protective Service reports of abuse and neglect of vulnerable adults. May serve as applicant or petitioner for psychiatric evaluations
- Provides monitoring and prevention services for families and individuals at risk for abuse and neglect

Psychiatric Inpatient Hospitals and Acute Care Diversion Programs

There are no local psychiatric inpatient hospitals or acute care diversion programs within Charlevoix County currently. NCCMH crisis intervention staff perform screenings for inpatient admission and do have access to out-of-catchment psychiatric hospitals and crisis residential programs to admit clients to as needed. Admitting programs would provide:

- Admission screening via triage
- Admission assessment and Formal Voluntary Admissions and Psychiatric Certification for Involuntary Admissions
- Acute and sub-acute care treatment for voluntary and involuntary patients
- A venue for video probate court proceedings

Section 2

Psychiatric Hospital Screening, Admission and Discharge Procedures

2.1 Admission Procedures
2.2 Admissions Paperwork
2.3 Individuals Requiring Medical Clearance
2.4 Individuals with a Guardian
2.5 Children and Adolescents
2.6 Individuals with Intellectual and Developmental Disabilities
2.7 Substance Use and Co-Occurring Disorders
2.8 Intoxicated Individuals
2.9 Returning Individual Following Medical Treatment

2.1 Admissions Procedures

Purpose

The purpose of this procedure is to describe how the care transitions and managed care responsibilities for inpatient care are implemented between the screening and admitting units. Effective communication of all critical information relating to medical necessity and payment should result in continuity of care and prevent any unnecessary delays in reaching a disposition.

Applies to

EMS, Law Enforcement Agencies, Munson Healthcare Charlevoix Hospital, North Country Community Mental Health (NCCMH), Charlevoix County Probate Court, contracted psychiatric hospitals and crisis residential programs via NCCMH.

NOTE: These procedures apply during business hours, weekends, after hours, and holidays (24/7).

Policy

Screening Units

Per the Michigan Mental Health Code, every county community mental health is mandated to have a designated pre-screening site where individuals in a mental health emergency can be screened to determine if they are appropriate for an admission to a psychiatric facility. NCCMH staff complete a pre-screen and facilitate admission for individuals covered by Medicaid or who are non-insured. The pre-screen is covered for individuals with Medicaid and a disposition must be reached within 3 hours of the request for an inpatient preadmission screening. Consultative pre-screens are also provided as requested for individuals with commercial insurance and regardless of ability to pay/insurance status.

NCCMH serves six counties and has designated 24-hour screening sites located within five county hospitals and six local county jails.

Procedures

Preadmission Action 1a: Involuntary Admission Request via Petition for Mental Health Treatment: This process begins with a Petition for Mental Health Treatment (PCM 201) and is the first step in the process when an individual meets criterion for an involuntary admission as well as securing an assisted outpatient treatment order, or Kevin's Law. An

individual must meet the requirement for a "person requiring treatment". Criteria for petition has also been expanded to include "capacity" such as: risk of harm to self or others, not meeting basic needs, and judgement so impaired by the mental illness that the person is unable to understand their need for treatment. A petition should be completed in black ink, with no holes to be punched in the original. It must be completed by an adult who has firsthand knowledge of the individual's behavior. Witness statements are optional. Risk of possible harm must be substantially supported.

The Petition for Mental Health Treatment Form (PCM 201) is signed by the petitioner. The petition will then be filed with Charlevoix county Probate Court where it will then be delivered to law enforcement. The original form then accompanies the individual to the pre-screening unit. NCCMH crisis intervention staff shall receive a filed copy for the individuals' chart. Transport orders are valid for 10 days. The original petition and certification accompany the individual to the admitting psychiatric facility. The petitioner has the right to request a second opinion if the petition is denied.

Responsible Party: Any adult in the community with firsthand knowledge of the concern for the individual and their behavior, Charlevoix County Probate Court, NCCMH

Preadmission Action 1b: Order for Transport via Petition for Mental Health Treatment:
When an individual is the subject of a Petition for Mental Health Treatment and an order for examination/transport, Charlevoix County Sheriff Department receives the filed copy of the probate court documents. The order for transport is assigned to an officer. The Mental Health Code indicates that a police officer may be ordered by the court to transport an individual for a mental health evaluation at a pre-screening unit.

Officers of the Charlevoix County Sheriff Department are often involved in transporting individuals experiencing a behavioral health emergency to local hospitals/pre-screening units for evaluation.

- An emergency situation is defined in the Mental Health Code to include: "An individual who has a mental illness whose judgement is so impaired so as not to understand the need for treatment and presents a risk for harm."
- If a peace officer observes an individual conducting themselves in a manner that causes the peace officer to reasonably believe that the individual is a person requiring treatment, the officer may take the person into protective custody and transport to a preadmission screening unit.

- An officer may complete a Petition for Mental Health Treatment (PCM 201) based on their observation and interaction with the individual. When a Charlevoix County resident is the subject of a Petition for Mental Health Treatment, an Order for Transport, or needs to be readmitted to a psychiatric hospital on a Demand for Hearing or Noncompliance Order, officers go to the person's residence and take the person into protective custody making sure they are transported safely to the designated pre-screening unit.

Responsible Party: Law enforcement, Charlevoix County Probate Court

Preadmission Action 1c: Arrival at a Pre-screening Unit: The Mental Health Code states that an individual is transported to a hospital or screening center either by law enforcement/EMS, on the individuals' own volition, or pursuant to a court order. As noted above, NCCMH staff provides admission pre-screenings at six county hospitals and five local jails. Individuals in custody at local jails requiring psychiatric diversion, would require transport to a local hospital for medical clearance (and certification if required), but can be screened at either the hospital or the county jail.

Responsible Party: Law enforcement, EMS, individual and natural supports, Munson Healthcare Charlevoix Hospital

Preadmission Action 2: Readiness for Screening, Medical Clearance, and Stability for Transfer: Individuals are evaluated with an interdisciplinary approach to determine readiness for discharge from the medical setting and admission to a mental health unit or CRU. The process for inpatient admission requires that the individual be medically cleared and medically stable for transfer. Many mental health units are not attached to a medical hospital, therefore upon arrival, access to labs or other medical care may be limited.

The individual must also have a blood alcohol level below .08 prior to an inpatient preadmission screening being completed. Recently, the State of Michigan established a standard MiSmart guideline for medical clearance, with the goal of a uniform best practice. NCCMH, in collaboration with community medical partners, have established standard medical clearance protocol. The interdisciplinary team works collaboratively to follow guidelines to ensure that all medical information and labs, including blood alcohol levels and urine drug screens are completed and sent as part of the pre-admission packet. When appropriate, additional medical tests and labs are provided as requested by the accepting physician at the psychiatric hospital or CRUs. It is also encouraged to have a nurse-to-nurse contact between the hospital nurse and the nurse the accepting facility if further clarification is needed. There may also be times where a physician-to-physician contact is required to clarify existing issues.

Responsible Party: Munson Healthcare Charlevoix Hospital/provider, NCCMH crisis intervention staff

Preadmission Action 3: Pre-Screening to Determine Need for Inpatient Admission: NCCMH crisis intervention staff will focus on obtaining all information that will assure suitable disposition of the referral and determination of an individual's treatment needs. NCCMH crisis intervention staff will collaborate and consult with the client, parent/guardians as applicable, hospital staff, law enforcement, or community providers as appropriate to determine the individuals needs and level of risk/safety. NCCMH crisis intervention staff will also consult with a NCCMH approved supervisor to approve a disposition.

- **Definition: Admission Criteria:** Section 401 of the Michigan Mental Health Code establishes the legal definition and criteria for admission to a mental health unit. It is important to keep in mind it is based on legal definition, not medical necessity. The level of risk of immediate harm is an important factor in deciding if the individual meets the requirement for hospitalization or if outpatient treatment is the appropriate level of services. Changes to section 401 in recent years, are designed to promote earlier intervention and expand the use of assisted outpatient treatment.
    - If an individual does not meet criteria for psychiatric admission, NCCMH crisis intervention staff collaborate with above noted parties to ensure an appropriate alternative safety plan is created for safe integration back into the community with a sufficient array of treatment referrals provided to the individual/family.

Preadmission Action 3a: Adult Formal Voluntary: An individual, who is their own guardian or when their guardian agrees, may be admitted by Adult Formal Voluntary Admission (DCH-0086). If the guardian is not present, NCCMH prescreening staff will contact the guardian, obtain consent, and put them in communication with the admitting unit. A psychiatrist on the accepting hospital unit will sign the voluntary form within 24 hours, indicating that the individual is clinically suitable for a voluntary admission, or the individual is discharged and referred to outpatient services. The original signed formal voluntary form should accompany the individual to the accepting facility.

*If the individual signs a formal voluntary admission application, then refuses to participate in treatment upon arriving, or the individual gives written notice (may be held up to 72 hours) of intent to leave, the psychiatrist may begin the involuntary admission process.

Preadmission Action 3b: Adult Involuntary Admission: Petition for Mental Health Treatment + Clinical Certification: The second step of an involuntary admission request with an existing Petition for Mental Health Treatment is the completion of a Clinical Certification (PCM 208). A Clinical Certification is also necessary when a Petition for a Second Continuing Order is submitted to the court. A Clinical Certification must be completed by a person who is deemed to be clinically competent. A fully licensed Ph.D. psychologist, psychiatrist or physician is deemed to be a clinically competent person to complete the first certification. The form must be completed in black ink, with no punched holes in the original form. The paragraph on the form must be read to the individual by the examiner to inform them of the purpose of the interview.

The form requires indication whether the person has an identified mental illness and requires in-patient admission OR if the person may have a mental illness, but outpatient treatment is the appropriate level of service OR if the person is not mentally ill. Item 4 on the clinical certification concludes that the person has a diagnosable mental illness or is not mentally ill. When the physician completes item 9 on the Clinical Certification, it can be concluded that the individual is or is not a person requiring treatment. If the physician indicates that the person is NOT someone requiring treatment, that is considered a NEGATIVE certification. A person can be determined to be a person with a mental illness on item 4 and then on item 9, the conclusion is that they are not a person requiring treatment. This would also be a NEGATIVE certification. An individual must have two positive certifications to be admitted involuntarily to a psychiatric unit. A POSITIVE certification is also necessary when a Petition for a Second or Continuing Order is filed with the probate court. A clinical certification is valid for 72 hours. The original certification must accompany the individual to the accepting psychiatric facility or CRU. A review of clinical certification (PCM 208) will be included in the information presented during the involuntary admission process and provided in the preadmission packet provided the potential accepting psychiatric facilities. NCCMH staff will obtain a copy for the individual's chart.

*The second Clinical Certification required in the process for involuntary admission and can only be completed by an admitting psychiatrist who has personally examined the individual. A clinically competent individual who will give testimony in appropriate court proceedings must meet with the individual and complete the clinical certification. This must be completed within 24 hours of admission to a mental health unit. The completed certification is filed with the court and available to the judge during proceedings.

A MC97 Protected Personal Identifying Information form is also completed and accompanies all involuntary court paperwork.

Preadmission Action 3c: Confirm Court Supervision: During the pre-screening process, NCCMH staff will attempt to determine if the individual is currently under the court's supervision. Legal status is communicated to the accepting psychiatric unit to ensure they have the proper legal documents (ex. Demand for Hearing, Noncompliance) filed in a timely manner. If admission occurs on an evening, weekend or holiday, a Petition for Mental Health Treatment and Clinical Certification are completed and accompany the individual to the unit. The appropriate legal documents are completed and filed the next business day.

Responsible Party: NCCMH crisis intervention staff and supervisor, guardian, Munson Healthcare Charlevoix Hospital, Charlevoix County law enforcement, community providers as indicated, contracted psychiatric hospitals and CRUs, Charlevoix County Probate Court

Once a disposition is reached that an individual shall be admitted to a CRU or psychiatric hospital for treatment, the following actions shall occur:

Admission Action 1: Confirm Payer and COFR: Payer and County of Residence should be established and documented. Local CMH contact person is documented. If the Veteran's Administration, HMO, or Commercial Insurance has been involved in the intake, this information and contact persons should be documented. If out of catchment COFR is established, authorization of admission is required to be documented.

Responsible Party: NCCMH crisis intervention staff, MDHHS, Intake Staff, Munson Healthcare Charlevoix Hospital, other CMH staff as indicated if out of catchment

Admission Action 2: Review Pre-screening with Intake Staff: Intake information collected on a NCCMH Inpatient Admission pre-screening form will be reviewed with psychiatric hospital intake staff or CRU intake staff. The referring clinician will communicate all pertinent information to secure a disposition that will meet the individual's clinical needs in the least restrictive setting with the potential psychiatric facilities or CRUs.

Utilizing NCCMH's Inpatient Admission screening form, the intake information exchanged between the referral source and the intake nurse will focus on 1) current psychiatric symptoms and diagnosis, 2) behaviors related to those symptoms, 3) risk factors: potential of harm to self and others, 4) medical issues (current medications, allergies, and laboratory results if applicable), 5) pending legal issues, and 6) existing Probate Orders for mental health treatment. NCCMH staff will communicate to units the presence or history of substance use. Risk factors that may influence the safety and treatment of the individual or others placed on the unit should be communicated as part

of the intake. Medications administered while in a medical setting should be communicated as well. The type of admission (voluntary, involuntary, judicial, or administrative) will be communicated between the clinician and intake staff. Information that is pending and transferred between crisis intervention staff and psychiatric facilities should be documented on the NCCMH Inpatient Admission form. Information regarding level of agitation and chemical or physical restraint precautions will be communicated as part of the intake process.

Efforts to secure a placement are indicated on the NCCMH hospital follow-up form. The admitting facility will be informed of the individual's behavior at the time of admission to the medical setting and current level of functioning as it relates to the transfer from the medical facility to the mental health unit or CRU. A nurse to nurse or physician to physician contact may also be indicated. Acceptance for admission is documented on the NCCMH preadmission screening form with the name of the accepting physician

Responsible Party: NCCMH crisis intervention Staff, Intake Staff, CRU Staff, accepting physician

Admission Action 2a: If the individual has a guardian, the guardian is contacted to assign with the individual when the admission is voluntary. If the admission is involuntary, the guardian is still contacted and informed of the decision as stated previously.

Responsible Party: NCCMH crisis intervention staff, Guardian, Munson Healthcare Charlevoix Hospital staff, Psychiatric hospital or CRU Staff for the actual signature or verbal consent (per unit policy).

Admission Action 3: Transportation to the admitting unit should be arranged. Individuals who are being admitted voluntarily may be transported by natural supports unless the attending physician or receiving physician determines there is a clinical risk factor. Ambulance may be used with the payment becoming the responsibility of the individual for a voluntary admission. Law enforcement may provide transportation in specific circumstances. Charlevoix County Sheriff Department is responsible for transportation from the prescreen site to the admitting facility for involuntary admissions unless NCCMH has made other arrangements

Responsible Party: NCCMH crisis intervention staff, Charlevoix Count Sheriff Dept, EMS, Munson Healthcare Charlevoix Hospital

Admission Action 6: Involuntarily admitted individuals are transported by ambulance or law enforcement. All admissions to CRU are voluntary, and transportation may be via CRU

staff or via natural supports. Admissions to CRUs are only available to persons with active Medicaid.

Responsible Party: Munson Healthcare Charlevoix Hospital, EMS, Law Enforcement

Exhibits:

1. **Protected Personal Identifying Information MC 97 (Click here)**
2. **Addendum to Protected Personal Identifying Information MC97a (Click here)**
3. **Petition for Mental Health Treatment PCM 201 (Click here)**
4. **Clinical Certificate PCM 208 (Click here)**
5. **Adult Formal Voluntary Admission Application DCH-0086 (Click here)**

2.2 Admissions Paperwork

Purpose

This procedure addresses the importance of accurate and complete paperwork in the transition of care from protective custody to the preadmission screening site and emergency medical care, to the facility of admission. The purpose is to establish a quality check and recheck procedure for all essential documents to prevent failed care transitions which are costly to all resources, and which delay a disposition.

Applies to

Munson Healthcare Charlevoix Hospital, Law Enforcement Agencies, North Country Community Mental Health (NCCMH), EMS, Charlevoix County Probate Court, Charlevoix County Prosecuting Attorney's Office, NCCMH contracted psychiatric hospitals and crisis residential units.

Policy

Upon completion of the assessment for involuntary admission, all legal documents will be faxed to the inpatient facility for review. All legal documents should be reviewed and corrected prior to acceptance when/if a discrepancy is discovered, with deliberate consideration to “acknowledging with a comment” on the Petition for Mental Health treatment PCM 201. A “not applicable” response is acceptable. Original documents, or “true copy” stamped documents must accompany the patients.

Staff will coordinate documents for admission prior to transport by personal vehicle, ambulance, agency staff, or law enforcement.

Accepting hospital or CRU will indicate any problems or inconsistencies prior to final acceptance. Once the individual is transported to the facility, unit staff will accept the individual onto the unit and review the documents as part of the admission process. Individuals will be kept on the unit while any concerns regarding documents are clarified.

Procedures

Action 1: Complete documents and fax to the mental health unit prior to admission. An assessment is completed by referring clinician.

Responsible Party: NCCMH Crisis Intervention staff, Emergency Department (ED), Staff, Munson Healthcare Charlevoix Hospital Social Worker

Action 2: An intake is completed with the staff of the unit. Determination of the type of admission will be made (voluntary, involuntary, judicial, or administrative). Intake staff should be informed of any existing legal documents or existing mental health treatment order.

Responsible Party: Referring Agency, Receiving Unit

Action 3: All legal documents will be faxed to the receiving unit. Primarily:

- Petition for Mental Health Treatment PCM 201
- Clinical Certificate PCM 208
- MC 97 PPII
- Adult Formal Voluntary Admission Application DCH-0086 However, if an individual is currently on a mental health treatment order or deferral, the following “true copy” stamped documents may pertain:
    - Notification of Non-Compliance and Request for Modified Order PCM 230
    - Order for Report After Notification and Report PCM 231
    - Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment PCM 217a
    - Psychiatrist Letter of Non-Compliance
    - Demand for Hearing PCM 236 In most instances, the non-compliance documents will be completed after the individual arrives on the mental health unit under a petition and certification.

Responsible Party: NCCMH crisis intervention staff, ED Staff

Action 4: The receiving intake staff will review the documents and clarify concerns with the referring agency. Upon validation of the documents, the intake staff will contact their on-call physician for a disposition.

Responsible Party: Intake Staff, Nurse, on-call Physician (psychiatric)

Action 5: When the individual has been accepted for admission, transportation will be arranged by NCCMH crisis intervention staff or the medical hospital. "True Copies" or originals will accompany the individual to the unit.

Responsible Party: NCCMH crisis intervention Staff, Munson Healthcare Charlevoix Hospital Staff

Action 6: When transportation is provided by ambulance or law enforcement, the documents will be given directly to the officer, EMT, or paramedic, as described in Involuntary Transfer Instructions by hospital staff. When a voluntary placement at CRU is determined, medications will be secured and transported as indicated above.

Responsible Party: Munson Healthcare Charlevoix Hospital, EMS, Law Enforcement

Action 7: Individuals being admitted on an adult formal voluntary basis can be transported by the individual, family, or EMS if clinical risk is determined.

Responsible Party: Individual being admitted

Exhibits:

1. **Protected Personal Identifying Information MC 97 (Click here)**
2. **Addendum to Protected Personal Identifying Information MC97a (Click here)**
3. **Petition for Mental Health Treatment PCM 201 (Click here)**
4. **Clinical Certificate PCM 208 (Click here)**
5. **Adult Formal Voluntary Admission Application DCH-0086 (Click here)**
6. **Notification of Noncompliance and Request for Modified Order PCM 230 (Click here)**
7. **Order for Report After Notification and Report PCM 231 (Click here)**
8. **Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment PCM 217a (Click here)**
9. **Demand for Hearing PCM 236 (Click here)**

2.3 Individuals Requiring Medical Clearance

Purpose

The purpose of this procedure is to ensure that all health conditions are assessed and stabilized prior to the transition of care from the pre-admission screening site to a psychiatric facility. This procedure defines "Medical Clearance" as it relates to transfer from a medical setting such as an emergency department, or hospital medical unit, as well as to situations for patients who are not in a medical facility, but nonetheless require medical clearance prior to admission to an inpatient mental health facility. A particular focus of this procedure is to rule out medical conditions, such as trauma, metabolic conditions, toxic conditions, and infections which might be an underlying cause of the patient's behavioral presentation. Additionally, this preadmission health assessment helps identify medical conditions which might not be amenable to the level of medical services available from a given inpatient provider.

Applies to

Law Enforcement Agencies, Munson Healthcare Charlevoix Hospital, North Country Community Mental Health (NCCMH), contracted psychiatric hospitals and CRUs.

Policy

The policy will include the nature of information to be documented and communicated between medical, community mental health, mental health unit, and transporting organization.

When a potential patient requires Medical Clearance per the admitting provider, the clearance will be arranged at an emergency department, or a hospital medical unit. Individuals being transported to a mental health unit in another county may require medical clearance prior to transport to that county. The mental health intake staff will gather all health information from the mental health clinician, emergency department nurse, or hospital social worker and communicate that information when seeking acceptance to the unit. In situations where health/medical issues are a significant concern, a nurse-to-nurse discussion or provider contact may be indicated. If necessary, contact the Medical Director of the admitting facility.

Although Blood Alcohol Level and Urine Drug Screen may be part of the requested Medical Clearance, the issues related to intoxicated or chemically dependent individuals will be addressed in a protocol specific to substance use disorders and dually diagnosed individuals.

Medical Clearance for an individual being admitted involuntarily may include the completion of a Petition/Application for Hospitalization PCM 201 and/or a Clinical Certificate PCM 208.

Procedures

Action 1: The provider in the emergency department or in the hospital medical unit will make the medical clearance determination. Evidence of the medical clearance will be documented including the name of the clearing provider. Accurate and uniform information will be provided and reviewed prior to the transport of the individual, taking into consideration the unit's safety concerns. If the provider's admitting physician has any remaining concern about the clearance, it will be resolved via a direct consultation between the admitting physician and Munson Healthcare Charlevoix Hospital provider, who has made the clearance determination. If not resolved at the provider-to-provider consultation level, contact the Medical Director of the admitting facility. If the medical clearance includes a clinical certification, the attending physician may complete a positive or negative certification.

Responsible Party: NCCMH crisis intervention staff, Hospital Social Worker, intake nurse, Munson Healthcare Charlevoix Hospital

Action 1: Individual will be assessed to determine if criteria for admission is met.

Exhibits:

1. **Petition for Mental Health Treatment PCM 201 (Click here)**
2. **Clinical Certificate PCM 208 (Click here)**

2.4 Individuals with a Guardian

Purpose

The purpose of this procedure is to ensure that during a pre-admission screening and any subsequent court and admission processes that individuals who have a court-appointed guardian are identified and that the guardian is informed and involved when providing assessment and services to individuals in need of behavioral intervention.

Applies to

Law Enforcement Agencies, Guardians, contracted psychiatric hospitals and CRUs, North Country Community Mental Health (NCCMH), Charlevoix County Probate Court.

Policy

Medical and Mental Health Staff will identify the presence of a guardian upon a need for consent for treatment and/or participation. The guardian will supply a copy of the Letters of Guardianship PC 633 to the unit. The unit will communicate directly with the guardian. If the admission pertains to a person who has a developmental disability, the guardian will supply Letters of Guardianship of Individual with a Developmental Disability PC 662 to the unit. It will be determined if a judicial admission is required. Amendments to the MMHC in 2018 gave the legal guardian of an adult, the authority to consent to voluntary mental health treatment. A guardian with probate authority may consent to a formal voluntary admission; if the ward objects or actively refuses mental health treatment, the guardian must proceed under the mental health code. A guardian cannot sign a person into an involuntary admission.

Procedures

Action 1: The guardian will be contacted for consent: Upon the determination of the level of need, the guardian is notified of the disposition.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Guardian

Action 2: If the Individual requires voluntary admission: Placement at CRU or a mental health unit

- The Ward must assent, and the guardian must agree. Both must sign for voluntary admission.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Guardian

Action 3: If the Individual requires an involuntary admission: In the event the individual is petitioned and has a positive certification at the time of prescreening, and the guardian is identified as an interested party found noted at item #5 on the petition, the guardian is notified of the pending admission. The mental health unit is made aware the individual has a court appointed guardian.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Guardian

Exhibits:

1. **Letters of Guardianship PC 633 (Click here)**
2. **Letters of Guardianship of Individual with Developmental Disability PC 662 (Click here)**

2.5 Children and Adolescents

Purpose

The purpose of this procedure is to address the unique legal and treatment needs of children and adolescents who have a serious emotional disturbance and to establish working procedures for staff from the involved agencies/facilities when a child/adolescent presents for a crisis evaluation at North Country Community Mental Health (NCCMH), Charlevoix County Jail or Munson Healthcare Charlevoix Hospital.

Applies to

Law Enforcement Agencies, Department of Health and Human Services (DHHS), contracted psychiatric hospitals and CRUs, Parents and Guardians, North Country Community Mental Health (NCCMH), Charlevoix County Probate Court, Charlevoix County Child Protective Services (CPS), Charlevoix County jail, and Charlevoix County Sheriff's Department

Policy

Admissions to mental health units for individuals under the age of 18 are voluntary as defined by the Michigan Mental Health Code (MMHC). Children need to be accompanied by a custodial parent, legal guardian, representative of the Department of Health and Human Services (DHHS) and in some instances, cases may also be reviewed by the Medical Director. The person must have authority to sign on behalf of the juvenile. If the parent/guardian cannot get the youth to the prescreening site, a Petition and Order Regarding Transportation of a Minor (PCM 240m/240o) may be filed with the court. A parent has input into the selection of an inpatient unit, however, clinical factors, payor type, and continuum of care are necessary considerations. A minor in placement should be accompanied by a representative of that facility. For a Charlevoix County resident: Charlevoix County Child Protective Services (CPS) can also act for children currently located in Charlevoix County. In the event there is

no parent or guardian for a child in placement (residential or foster home), medical hospital staff or mental health staff would call the State of Michigan DHHS Central Intake (CI) at 855-444-3911 to contact a DHHS on-call worker, as well as faxing their report — a 3200 form to 616-977-1158. NCCMH crisis intervention staff will inform CI staff if this is an urgent situation, and NCCMH crisis intervention staff would like a return call as soon as possible with the disposition. If NCCMH crisis intervention staff have not heard back from CI staff or Charlevoix County DHHS in three hours; NCCMH crisis intervention staff will contact CI and ask to speak to "a second line supervisor." This directive comes from Mike Deerfield, Director of the CI Department, January 2016. During regular business hours, mandated reporters can contact 877-277-2585 to check on the status and referral. Please have the log identification number.

Children or adolescents who are currently receiving services through NCCMH or a an NCCMH contracted provider may also be eligible for services through the Children's Crisis Mobile Response Services (CCMRS). Involvement with the CCMRS team can be verified through the NCCMH Electronic Medical Record (EMR). CCMRS services are available during business hours from 8:30am-5:00pm Monday through Friday when a parent or guardian of the minor child contacts the Charlevoix NCCMH office at 231-547-5885.

Screening: An individual 14 or older can consent to an intervention by NCCMH crisis intervention staff or the Children's Crisis Mobile Response Services (CCMRS). To require screening for admission, a parent or guardian must be present. At age 17, an individual can consent to their own preadmission screen.

Medical Clearance is generally indicated. Urine Drug Screen/Blood Alcohol Level may be indicated depending on age of the child.

Admission: A parent, legal guardian, or person with legal authority such as DHHS must sign for the admission to a mental health unit. The policy of the accepting unit will determine if the adult needs to be present or if a faxed signature with verbal consent is acceptable. If no parent or legal representative is available or if the child is a permanent ward of the state, DHHS Central Intake will be contacted. If none of these options are available and the child, ages between 12 and 18 presents with significant risk, the Director of the accepting unit should be contacted to sign the youth in to the unit.

Procedures

Action 1: Child will present for screening accompanied by parent/guardian or someone with legal authority. If a guardianship is in place (a parent with legal authority or a guardian who had been adjudicated through probate court), then they may sign an adolescent in to an in-patient unit for treatment and to receive prescribed medications. When CPS is working towards reunification (putting adolescents back into their homes), and it is adjudicated; foster parents may sign for the minor. Screening to be completed and medical clearance established when indicated.

Responsible Party: NCCMH crisis intervention staff completes the mental health evaluation, Munson Healthcare Charlevoix Hospital staff completes the medical clearance evaluation, Parent/Guardian or Legal Representative participates on behalf of the child

Action 2: When an "acting" guardian arrives only with a notarized note from the legal guardian, this is not acceptable, and therefore should be directed to probate court for legal authority. Agency, residential, or group home staff (if the court has temporary jurisdiction) can sign for a prescreen and can sign to be admitted for placement. If a minor is a permanent ward of the state, CPS may sign for placement and for psychotropic medications.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Parent/Guardian, or Legal Representative participates on behalf of the child, CPS staff

Action 3: If the minor does not meet criteria for admission, the minor will be released to a responsible party. Follow up referrals and appointments should be secured.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital Social Worker, Munson Healthcare Charlevoix Hospital staff

Action 4: If admission is appropriate, contact will be made with the mental health unit, a referral will be made, and all documents will be faxed by Crisis and Medical staff to facilitate the admission. When an out-of-county child is insured by Medicaid or non-insured, the county of financial responsibility needs to be contacted for payment. If a minor is permanent ward from another county; CPS central intake should be contacted, and CPS will contact the minor's county. The information will be communicated to the unit physician and a decision will be made in a timely manner. NCCMH crisis intervention staff will be contacted with a decision.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Receiving Mental Health Unit Staff

Action 5: If the admission is declined, NCCMH crisis intervention staff will pursue another unit. If the admission is accepted, NCCMH crisis intervention Staff, Munson Healthcare Charlevoix Hospital staff and the Accepting Unit will coordinate faxing of documents, admission time and assuring the responsible adult understands their signature is necessary for admission. Any special medical conditions should be communicated nurse to nurse. Transportation should be coordinated and may utilize Pick Up Orders for Minors. In the event ambulance transport is needed, arrangements are secured by the hospital nurse and communicated to the accepting unit.

Any legal issues should be communicated by NCCMH crisis intervention staff to the receiving unit.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Receiving Mental Health Unit

Exhibits:

1. **Pick Up Orders for Minors: Petition PCM 240m** (**Click Here**)
2. **Order Regarding Transport of Minor PCM240o (Click here)**

2.6 Individuals with Intellectual and Developmental Disabilities

Purpose

The purpose of this procedure is to provide a standard admitting procedure for individuals with intellectual and developmental disabilities when psychiatric inpatient care is medically necessary. The mental health code provisions for this type of admission are different than for the general population; they provide special protections and recognize that the unique behavioral concerns associated with intellectual and developmental disabilities are not a form of mental illness even though mental illness might be a co-occurring condition. Developmental disabilities include but are not limited to cognitive impairment, cerebral palsy, multiple sclerosis, autism spectrum disorders, pervasive developmental disorders, and head/brain injury prior to the age of 21.

2.7 Substance Use and Co-Occurring Disorders

Purpose

The purpose of this procedure is to facilitate a single integrated assessment of persons with co-occurring substance use and mental health disorders. NCCMH and NMRE both require all treatment providers to have the capacity to provide integrated dual disorder care. Neither patients nor providers should be required to submit to two sequential single faceted assessments to determine the most appropriate level or type of care for acute treatment needs.

Applies to

North Country Community Mental Health (NCCMH)
Northern Michigan Regional Entity (NMRE)

Policy

A comprehensive evaluation will be completed at the time of the preadmission screening assessment to determine the primary and secondary diagnosis. The goal will be an integrated approach in either a substance use disorder (SUD) or psychiatric treatment setting which address both conditions. The Individuals information will be entered into the electronic health record.

It should be noted that all SUD treatment in Michigan is voluntary. An individual who is currently on a court order for mental health treatment may have substance use disorder treatment listed on the Assisted Outpatient Treatment order (AOT) as part of co-occurring treatment.

Scenarios

- Individuals with a primary diagnosis of a substance use disorder with commercial insurance needing subacute detox will be referred to contact their insurance provider to determine approved providers. Poly substance dependence may be present however, alcohol, opiates, and/or prescription drug dependence is necessary.
- Individuals with commercial insurance may also independently seek treatment at other centers of their choosing. If the individual's insurance does not cover services, the individual may be referred to contact NMRE or 211 for referral to substance use disorder provider partners.

Applies to

Department of Health and Human Services (DHHS), Contracted psychiatric hospitals and CRUs, Munson Healthcare Charlevoix Hospital, Parents and Guardians, North Country Community Mental Health (NCCMH), Charlevoix County Probate Court, Charlevoix County Child Protective Services (CPS).

Policy

It is necessary to determine if the individual has a parent or legal guardian prior to the assessment process. Issues that appear behavioral in nature should be addressed by the treatment team and may not warrant a psychiatric hospitalization. Chronic behavioral issues that present danger to self or others may require a judicial admission which is facilitated by the treatment team during regular business hours whenever possible. Admission criteria would be based on acute symptoms of mental illness or change in mental status.

Procedures

Action 1: Complete an assessment to determine an appropriate admission. Each referral should be assessed regarding the individual's ability to be safe on the unit and benefit from the program.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital

Action 2: If the individual has a guardian, the person and the guardian must both sign for voluntary admission. If under 18, it is considered a voluntary admission with the signature of a parent or guardian. Involuntary admission follows standard petitioning process if the individual is an adult. Individuals diagnosed with solely an I/DD diagnosis, a Petition for Judicial Admission form (PCM 224) and Certification and Report which requires signature of 2 physicians would be required.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital

Action 3: If psychiatric inpatient care is not deemed to be the appropriate level of treatment, NCCMH crisis intervention staff will work with the guardian and/or other natural supports to create a safe action plan to return home.

Responsible Party: NCCMH crisis intervention staff, guardian, natural supports

- Individuals with a primary diagnosis of a substance use disorder who have Charlevoix County Medicaid, or no insurance should be referred to NMRE Central Access and Intake department during business hours or ProtoCall Crisis line after hours.
- Also, individuals with Medicaid or no insurance presenting for other chemical addictions may be referred to any agency listed on the Substance Use Disorder Treatment Provider List during normal working hours directly. If after hours, the Individual can contact the provider directly or seek assistance from NCCMH crisis intervention services.

Procedures

Action 1: Individuals who present in the Emergency Department (ED) or at a NCCMH local office (voluntary or involuntary) who meet the criteria for admission into a mental health unit may also experience acute or chronic substance use secondary to their mental health diagnosis. The clinician evaluating the individual should communicate any current or historical use as part of the intake admission process.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, NMRE

Action 2: Individuals who are dually diagnosed and present in crisis should be assessed to determine which needs are primary at the present time. An individual must have a blood alcohol level of less than .08 to be admitted to an inpatient mental health unit.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, NMRE

Action 3: If the individual has private/commercial insurance and symptoms of mental illness are primary, a referral should be made to inpatient psychiatric. Information regarding the presence of a significant chemical dependency should be communicated to ensure proper treatment interventions.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Hospital Social Worker, psychiatric hospital, or CRU intake staff

Action 4: The clinician should verify with the individual, and communicate with the unit, if the individual is on Methadone, or Suboxone, or Vivitrol. A distinction should be determined if it is a management of pain or opiate addiction.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital, Hospital Social Worker, psychiatric hospital, or CRU intake staff

2.8 Intoxicated Individuals

Purpose

The purpose of this procedure is to facilitate a coordinated response to the medical condition of acute intoxication, providing both medical assessment and stabilization followed by residential detoxification or psychiatric admission if appropriate. NCCMH and NMRE support a network wide implementation of Integrated Care for Dual Disorders which includes the Evidence-Based Models of Motivational Interviewing and the Stages of Change assessment.

Applies to

Department of Health and Human Services (DHHS), contracted psychiatric hospitals and CRUs, Munson Healthcare Charlevoix Hospital, Northern Michigan Regional Entity (NMRE), North Country Community Mental Health (NCCMH)

Policy

Acute intoxication shall be assessed in the emergency department and treated as a medical condition first. Following the resolution of the acute intoxication an individual may seek sub-acute detox directly from the available providers. Blood alcohol does not have to be below .08 for admission to a chemical dependency unit. It is important to note that an individual should not be released from the emergency department with a blood alcohol greater than .08 if there is any possibility of that person operating a motor vehicle.

An individual who is intoxicated and seeking treatment for alcohol dependence may contact NMRE or any provider in the approved network during business hours. Screens can also be completed by NMRE Central Access and Intake by telephone for determination of financial responsibility, or after-hours contact should be made with ProtoCall crisis line. Transportation to treatment generally occurs via private vehicle/natural supports. An individual who has been accepted for chemical dependency treatment may be transported by ambulance service if determined necessary by the emergency department physician. The financial responsibility for the ambulance transport will be the responsibility of the individual.

Procedures

Action 1: When an individual presents in a non-medical setting and the person appears to be under the influence, staff address the presence of alcohol use through assessment and referral for medical clearance.

Responsible Party: NCCMH crisis intervention staff

Action 2: An individual who is present in the emergency department and seeking treatment for alcohol dependence may call NMRE or other providers from the emergency department when they are stable enough for transport. The hospital or Crisis staff may contact NMRE or other providers with initial information; however, the individual must participate in the interview. The receiving agency may request labs and medical clearance may be faxed as part of the process.

Responsible Party: NCCMH crisis intervention staff, NMRE, Munson Healthcare Charlevoix Hospital

Action 3: An individual who is petitioned while they are intoxicated or for behavior that occurred while intoxicated should be reassessed when their blood alcohol is below .08. Referrals for follow up treatment will be provided.

Responsible Party: NCCMH crisis intervention staff, Munson Healthcare Charlevoix Hospital

2.9 Returning Individual Following Medical Treatment

Purpose

The purpose of this procedure is to ensure continuity of care for patients in transition from a psychiatric unit to a medical inpatient unit for treatment of a physical health condition. Following the procedure should ensure that the proper legal documents accompany the individual or are secured prior to the individual returning to the psychiatric unit.

Applies to

Contracted psychiatric hospitals and CRUs and North Country Community Mental Health (NCCMH)

Policy

An individual who is voluntarily admitted to a mental health unit and leaves for treatment in the emergency department can be transferred back to the unit upon completion of the emergency medical treatment. If the individual who is admitted involuntarily to a mental health unit is transferred to an emergency department for medical care, it is important to know their discharge status. The mental health nurse will consult with the emergency department staff to discuss an estimated length of stay to determine if discharge from the unit is appropriate.

Regardless of whether an admission is voluntary or involuntary, census count occurs at midnight. If they are transferred to the emergency department and are there at midnight, a determination must be made as to whether the course of treatment will be brief, and they can be transported back to the mental health unit without being formally discharged.

Procedures

Action 1: If the individual is in the emergency department for an extended period or admitted to a medical floor and is discharged by the mental health unit, a new formal voluntary admission will occur. The admitting unit will take a new intake and get acceptance from the covering psychiatrist. Discharge time can be negotiated. Staff should be aware that the mental health unit census is determined at midnight.

Responsible Party: Contracted psychiatric hospitals and CRUs

Action 2: If there is an expectation of payment by NCCMH for hospital days generated through this readmission, a preadmission screen and authorization must be generated by the NCCMH Crisis Intervention staff. If the individual is covered by a commercial insurance, the process may be completed by the mental health unit, medical facility, and individual. If the individual is the financial responsibility of another Community Mental Health (CMH), that CMH needs to be contacted for authorization prior to re-admittance.

Responsible Party: NCCMH crisis intervention staff, contracted psychiatric hospitals and CRUs

Action 3: If the individual who is admitted involuntarily to a mental health unit is transferred to an emergency department for medical care, it is important to determine if the unit has discharged the individual. If they have been discharged, the status of their court documents must be determined prior to re-admitting the individual.

- If they have been petitioned and have one certification and are discharged from the mental health unit, a new petition and certification must be completed.
- If they are petitioned and have two certifications but have not had a deferral conference with an attorney, a new petition and certification must be completed.
- If they have deferred, a demand for hearing must be completed prior to re-admittance. If they have had a hearing and are on a valid order, a non-compliance must be completed prior to admission.

Responsible Party: NCCMH crisis intervention staff, contracted psychiatric hospitals and CRUs

Section 3

Follow Through and Completing the Process

3.1 Financial Responsibility
3.2 Admission Denials
3.3 Second Opinion Following Denial
3.4 Reconciliation of Referrals

3.1 Financial Responsibility

Purpose

The purpose of this policy is to avoid delays in processes due to questions of which agency is responsible for payment for care. North Country Community Mental Health (NCCMH) is financially responsible for voluntary or involuntary admissions of in-catchment residents who have active in-catchment Medicaid or Medicaid that is assigned to another County, but the individual has an independent residence in an in-catchment county. NCCMH is also financially responsible for individuals placed by NCCMH in dependent living situations in other counties and who's Medicaid may be changed to that county.

Applies to

Contracted psychiatric hospitals and CRUs, Munson Healthcare Charlevoix Hospital, North Country Community Mental Health (NCCMH), Charlevoix County Jail

Policy

Persons will be assessed for hospitalization based on clinical criteria without regard to ability to pay. "Treatment where found" is the concept that regardless of where the individual presents, the local CMH will contact the county of financial responsibility and conduct the pre-screen and assist in the facilitation of the admission. Individuals with Medicaid or no insurance who are residents of NCCMH catchment are the fiscal responsibility of NCCMH. NCCMH crisis intervention staff will authorize one day for consumers who have Medicaid and Medicare, when contacted prior to the admission, and when authorization is given. Individuals who do not have insurance will have an "ability to pay" done while in the mental health unit, and that information will be forwarded to NCCMH. A Medicaid application is completed whenever possible and appropriate.

NCCMH crisis intervention staff, with assistance of the pre-screening unit, will establish the county of financial responsibility prior to the screening by securing information on the individual's physical residence as well as which county the individuals Medicaid benefit is assigned to.

Procedures

Youth: When a youth is a temporary ward for placement or permanent ward of the state, payment is the responsibility of the county of residence where the youth reside.

Responsible Party: NCCMH crisis intervention staff

Out-of-County Residents: Individuals who are residents of out-of-catchment counties who have Medicaid, or no insurance are the financial responsibility of that county. The Community Mental Health (CMH) in that county needs to be contacted prior to admission and authorization for payment secured. Number of days authorized, and the name of the staff person should be documented in the Electronic Medical Record. A North Country Community Mental Health (NCCMH) representative will also need to relay the approved authorization of payment for hospital days. Individuals may also be on an established COFR arrangement between counties.

Responsible Party: NCCMH crisis intervention staff

Commercial or Private Insurance: While screenings are provided for individuals with commercial insurance and regardless of insurance status; authorization for payment in this situation is NOT required by any CMH. Financial responsibility for individuals with commercial or private insurance is between the admitting unit and the individual. Some insurance companies require preauthorization which is the responsibility of the accepting unit. Some insurance companies require a face-to-face assessment prior to authorization. A mental health unit cannot refuse admission based on payment.

NCCMH no longer pays co-pays or deductibles for private commercial insurances for involuntary or voluntary admissions, including Medicare co-pays.

Responsible Party: Munson Healthcare Charlevoix Hospital Social Worker, Mental Health Unit Staff

Incarcerated NCCMH catchment/Charlevoix County Residents: Financial responsibility for in-catchment NCCMH County residents who are incarcerated in the Charlevoix County Jail and meet criteria for admission in a mental health facility should be determined prior to admission.

- When an individual is not insured or covered by Medicaid and is in the custody of a local jail and is appropriate for in-patient admission, responsibility for payment is

established by MDHHS as follows: "If an individual is required to return to jail after receiving inpatient psychiatric care, that individual is still considered to be in custody and therefore the costs of the inpatient stay are the responsibility of the county jail.

- If the person is bonded out and they do not return them to the jail, NCCMH will perform the pre-screen and determine if the individual has met medical necessity for the inpatient stay and NCCMH would be responsible for the cost. "

An effort should be made between the jail staff to notify NCCMH crisis intervention staff or jail liaison if there is indication the inmate status has changed upon admission to the mental health unit, i.e., PR/release/bond. With proper coordination, NCCMH may be able to accept financial responsibility for individuals with Charlevoix County or in-catchment Medicaid.

Responsible Party: NCCMH crisis intervention staff and jail liaison, Jail Staff

Veterans: Veterans who have active in-catchment/Charlevoix County Medicaid are the responsibility of NCCMH. Charlevoix County Veterans with no insurance may also be NCCMH responsibility. Veterans Administration (VA) behavioral medicine should be contacted prior to evaluating the individual. The VA outpatient mental health clinic is contacted during business hours. Contact the administrator on duty after business hours. An attempt should be made to clarify an individuals' Veteran Service Benefit. The VA will decide if the episode is service connected. Individuals with veteran's benefits can also be placed directly to a VA medical facility that provides substance use disorder and mental health services.

Responsible Party: NCCMH crisis intervention staff, VA Staff

3.2 Admission Denials by Psychiatric Hospitals or Crisis Residential Units

Purpose

The purpose of this procedure is to ensure that every patient is afforded the opportunity to be hospitalized as close to home as possible. When a relatively local psychiatric hospital denies admission, this procedure will be implemented to facilitate communication which might resolve questions relating to the clinical presentation or program capacity and thereby prevent the necessity of admission to a facility a greater distance from the patient's home.

Applies to

Munson Healthcare Charlevoix Hospital, contracted psychiatric hospitals and CRUs, North Country Community Mental Health (NCCMH) crisis intervention staff

Policy

The Munson Healthcare Charlevoix Hospital staff or NCCMH crisis intervention staff may contact the nurse manager of either unit to facilitate reconsideration of the initial decision. A physician-to-physician consultation may also be indicated if a resolution has not been accomplished.

Procedures

When an individual is denied admission to a facility, the NCCMH crisis intervention staff person is to document the reason for denial on the NCCMH hospital follow up form. If the situation can be remedied with reasonable accommodations, another intake can be presented; For example, the unit can move individuals, a discharge occurs, or medical clearance can be established.

If the emergency department or NCCMH crisis intervention staff feel further explanation or clarification may result in an acceptance, immediate action can include talking with the nurse manager or program executive, or medical director of the unit.

3.3 Second Opinion Following Denial

Purpose

The purpose of this procedure is to define the communication steps necessary for facilitating a patient request for a second opinion following a denial for inpatient psychiatric care after an initial assessment. This request is a patient right established in the Michigan Mental Health Code and in the Michigan Medicaid Provider Manual. First Responders should be aware that this is a protection afforded by law and they should be prepared to advise patients that they have a right to seek a second opinion if they wish.

Applies to

North Country Community Mental Health (NCCMH)

Policy

NOTE: The Michigan Mental Health Code indicates that when an individual seeking admission to a mental health unit is denied, the individual has a right to request for a second opinion. Individuals (or their parent/guardian), who are in-catchment residents, have the right to request a second opinion in the instance they have requested admission but have been deemed following a preadmission screening as not meeting hospitalization criteria. Upon disposition, NCCMH staff would provide an Adequate Notice of Adverse Benefits Determination to the individual or their parent/guardian to inform them of the denial. The individual then is informed that they may submit a request for a second opinion.

Procedures

Action 1: NCCMH crisis intervention staff complete the Request for Second Opinion Following Denial for Inpatient Admission and attaches it to the prescreen document. If the individual has been deemed safe to return home, the individual is given information and telephone numbers to contact NCCMH to request for a second opinion. The individual can call customer service or present at their local NCCMH office, the following business day. In any situation where the individual does not meet hospitalization criteria, but is deemed unsafe to leave, the individual would remain in the medical hospital until the second opinion can be requested and completed.

Responsible Party: NCCMH crisis intervention staff

Action 2: The request begins when the individual contacts the agency. NCCMH staff upon receiving the second opinion will facilitate setting up an appointment with either an agency psychiatrist or licensed PhD psychologist to complete the second opinion. An individual who is assessed in the emergency department may be rescreened by NCCMH crisis intervention staff, however, the agency has 72 hours to schedule and complete the request. This 72-hr time frame includes Saturdays but excludes Sundays & Holidays.

Responsible Party: NCCMH crisis intervention staff, NCCMH Administrative Staff

Action 3: Upon completing the second opinion, the examiner will inform crisis intervention staff of the disposition. When the denial is supported, crisis intervention staff will assist the person in securing services. When the examiner determines that the individual is appropriate for admission, NCCMH crisis intervention staff will make the necessary arrangements for admission. The examiner completes the request for second opinion form, and it is returned to crisis intervention staff. When the disposition of the second opinion is different from the conclusion of the preadmission screening, the Chief

Clinical Officer in conjunction with the Medical Director, shall decide based on all clinical information available. The decision would be then confirmed in writing to the individual who requested the second opinion, and the confirming document shall include signatures of the CCO and MD or verification that the decision was made in conjunction with the MD.

Responsible Party: NCCMH crisis intervention staff, NCCMH Administrative Staff, NCCMH CCO and MD

Action 4: The applicant may appeal the decision utilizing the local appeal process. The applicant may request an expedited local appeal if waiting a standard 30 days would jeopardize life, health, or ability to attain, maintain, or regain maximum function. Medicaid recipients may request a fair hearing on actions that impact Medicaid covered services within 120 days of denial. For non-Medicaid covered services, MDCH alternative dispute resolution process may be accessed and must be filed within 5 days of the local appeal decision.

Responsible Party: Individual/Applicant, MDHHS/MDCH

3.4 Reconciliation of Referrals

Purpose

The purpose of this procedure is to support a quality review function established by North Country Community Mental Health (NCCMH). This monthly review and reconciliation of data about the admission referrals which have been made by NCCMH is used to identify if and where procedure variances have occurred and ensure timely disposition. Discussion and analysis of procedure variance is used to identify need for either a situation specific correction or for procedural improvements.

Applies to

North Country Community Mental Health (NCCMH)

Policy

A disposition time is indicated by NCCMH crisis intervention staff on the inpatient pre-screening form, which should be within 3-hours from the time of request to the time of decision. Staff will also document each referral to contracted psychiatric hospitals and

CRUs on the NCCMH hospital follow up form. The outcome of the referral (accepted/denied), the time frames, and the reason for denial will be documented by each agency on NCCMH hospital follow up form that is in the electronic health record.

Procedures

Meetings will occur at regularly scheduled intervals between NCCMH administrative and UM staff to reconcile the numbers, identify problems areas, document trends in admission, and identify possible solutions. Other agencies such as the medical hospital, ambulance service, law enforcement, and the Probate Court will be included in the problem solving as needed in community partnership meetings to ensure the full quality assurance component of this process.

Action 1: Individual will be assessed to determine if criteria for admission is met.

Responsible Party: NCCMH crisis intervention staff, Hospital Social Worker, contracted psychiatric hospitals and CRUs, Munson Healthcare Charlevoix Hospital

Action 2: Upon completion of the prescreen, the disposition will be documented by NCCMH crisis intervention staff on the NCCMH Inpatient preadmission screening form, documented bed finding process on the hospital follow up form and required information communicated to the contracted psychiatric hospital or CRUs.

Responsible Party: NCCMH crisis intervention staff Intake Nurse

Action 3: Delays in the time from point of acceptance to transport will also be documented on the above-named forms.

Responsible Party`: NCCMH crisis intervention staff, Intake Nurse

Action 4: Review of data regarding delays in disposition are reviewed by NCCMH utilization management team for compliance and quality improvement.

Responsible Party: NCCMH UM staff

Section 4

Post-Admission Procedures

4.1 Arrival at the Hospital
4.2 Post Hospitalization, Voluntary Treatment, Involuntary Treatment Orders, NGRI, and Community Treatment Options

4.1 Arrival at the Admitting Hospital

Purpose

The purpose of this procedure is to define all steps that occur post-admission to a psychiatric facility throughout the individual's stay until they are discharged back to a community setting.

Applies to

North Country Community Mental Health, contracted psychiatric hospitals and CRUs, Charlevoix County Probate Court, Law Enforcement agencies,

Policy

When the individual arrives on the unit, they are interviewed by a psychiatrist. The individual will be offered the opportunity to sign a Formal Voluntary Admission form (DCH-0086). The psychiatrist must also sign verifying the individual is clinically suitable for a voluntary admission. If the person signs a voluntary application, a copy of the Formal Voluntary is provided to probate court and NCCMH. If the individual is deemed not appropriate for formal voluntary admission, the second Clinical Certification is completed within 24 hours. If the formal voluntary is not signed, a hearing on the petition must be scheduled within 7 days. The court appoints an attorney and notifies the hospital, Prosecutor's office, and attorney for the individual. A deferral conference is scheduled within 72 hours. The individual has the right to an independent clinical examination and the right to a trial by jury. The individual receives a copy of the petition and both certifications.

Procedures

Admission Procedure 1: Documents for Involuntary Admission filed with Probate Court: The initial petition and 2 certifications are sent by the hospital and filed with Charlevoix County Probate Court. The case is then scheduled for a hearing.

- An Order and Report on Alternative Mental Health Treatment form is sent to NCCMH to be completed and returned to the court prior to the hearing as noted within the form.
- If the individual is on a Deferral, a Demand for Hearing should be on file with Charlevoix Probate Court, either prior to admission or may also be completed on the accepting unit if the individual signs a deferral and is then noncompliant.

- If the individual is on an Initial or Continuing Order for Mental Health Treatment and is non-compliant, noncompliance documents are sent to the court by NCCMH, stamped and returned. No hearing is required as the individual is on an existing order. This asserts that the individual complies with hospitalization as noted by the psychiatrist.
- All court documents for individuals living out of county are forwarded to the home county of residence by the hospital.

Responsible Party: Contracted psychiatric hospitals and CRUs, Charlevoix County Probate Court, Law Enforcement, NCCMH

Admission Procedure 2: Letter of Discharge: If the individual is discharged prior to the deferral conference or scheduled hearing due to medical or other reasons, the hospital sends a discharge letter to Charlevoix County Probate Court and Charlevoix County Probate Court then provides copies to NCCMH and Prosecutors office.

Responsible Party: Contracted psychiatric hospitals and CRUs, Charlevoix County Probate Court, NCCMH

Admission Procedure 3: Role of the NCCMH Hospital Liaison: Order and Report for Alternative Mental Health Treatment form (PCM 216) is sent by the court to the NCCMH hospital liaison, with the name of the individual and information on the hearing date and time, petitioner, attorney's name and location of the individual. The Order and Report on Alternative Mental Health Treatment Form, the Notice of Hearing Form (PCM212), Notice of Hospitalization and Certificate of Service (PCM211) and two Proof of Services Form (PCM 564) are filed with the Charlevoix County Probate Court and sent to the attorney, prosecutor and testifying physician. PCM 212, PC 562, and one PC 564 are sent to the petitioner. All documents are sent to the hospital when the individual is admitted to a unit.

Subsequently, a copy of the court documents are scanned into the consumer chart under their Court Documents.

Responsible Party: Contracted psychiatric hospitals and CRUs, Charlevoix County Probate Court, NCCMH

Admission Procedure 4 Deferral Conference: In accordance with the Mental Health Code, the individual will be appointed legal counsel and meet with an attorney to discuss the process for deferring appearance at the hearing. Within 72 hours of

involuntary admission, the psychiatric hospital will schedule a deferral conference. The assigned attorney will meet with the individual prior to the conference. The hospital is required to give notice to the relevant interested parties. Participants in the deferral conference include the individual, their attorney, a representative of the treatment team, and a representative of NCCMH. The individual may also request an advocate or other person including the Office of Recipient Rights, if desired. The proposed treatment in the community should be explained to the individual. The attorney explains the nature and possible consequences of commitment procedures. The court order will be a public document. The person signs a Request to Defer (PCM 235) and will be under the court's supervision for 180 days. A deferral may be offered to the person up until the time of the hearing. The request to defer must identify outpatient treatment under the supervision of a specific provider, and the hospital must arrange the transfer of services with the NCCMH hospital liaison.

Responsible Party: Contracted psychiatric hospitals, Charlevoix County Probate Court, law enforcement, NCCMH

Admission Procedure 5: Receipt of Request to Defer: When the Deferral Conference is completed, the attorney notifies the probate court as to the status of the deferral. The probate court sends notice of whether the individual signed a Request to Defer to NCCMH and the prosecutor's office. The court then removes the case from the docket. During the admission process or hospital stay, if the individual refuses to comply with treatment, the hospital staff may file a demand for hearing and a hearing will be scheduled.

Responsible Party: Charlevoix County Probate court

Admission Procedure 6: When the individual is in the community: When the individual is in the community and the NCCMH treatment team files a petition for a Second Mental Health Treatment Order (PCM 218), Petition for Continuing Treatment Order (PCM 218a), or an Alternative Outpatient Treatment Order (AOT) Kevin's Law, NCCMH hospital liaison will complete the Order and Report on Alternative Treatment (PCM 216) and forward this to Probate Court once the hearing is set. Probate Court will then complete the Notice of Hearing and Advice of Rights (PCM 212), Notice of Hearing (PC 562), Proof of Service (PC564) and Notice of Hearing Letter is sent by Probate Court to the individual, advising them of the date, time, and location of the hearing.

Responsible Party: Charlevoix County Probate Court, NCCMH treatment team, NCCMH hospital Liaison

Admission Procedure 7: Stipulating the Order: When the meeting with the court appointed attorney, prior to the hearing for an initial order or prior to the hearing for a second or continuing order, the individual can "stipulate to the order" or waive their appearance at the hearing. The document is presented to the individual by the attorney for signature. The attorney then notifies the court of their client's decision. The judge signs the order, the order is entered into the court record, and no hearing occurs.

Responsible Party: Charlevoix County Probate Court

Admission Procedure 8: The Hearing: The need for treatment must be established by clear and convincing evidence. The individual has the right to be present at all hearings and to give testimony. The individual must have representation by an appointed attorney. The individual may stipulate the order and waive their appearance at a hearing. At the hearing, testimony is given by a psychiatrist or clinically competent person who has personally examined the individual. The person has a right to a jury trial.

Outcomes of the Hearing:

- The probate judge may dismiss the case
- The individual may have stipulated to the order and waived their attendance at the hearing.
- The judge may decide that from the testimony given and the court's own observation, the court finds by clear and convincing evidence that the individual is a person entitled to treatment as defined by Section 401 of the Michigan Mental Health Code and does have a mental illness.
    - By clear and convincing evidence, the individual is a person requiring treatment because they have a mental illness, and as a result of the mental illness can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others and has engaged in acts or made significant threats that are substantially supportive of this expectation
    - As a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future or has demonstrated that inability by failing to attend to those basic physical needs.
    - Whose judgment is so impaired by mental illness and whose lack of understanding of the need for treatment has caused them to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition and presents a substantial risk of significant physical or mental harm to the individual or others.

- The order is completed by the prosecuting attorney, signed by the Probate Judge, and includes the item checked that allows law enforcement to transport the individual in the event of need for readmission.
- Box 16 on the Initial Order OR box 17 on the Second or Continuing Order must be checked to allow a peace officer to take into protective custody and transport the individual to a prescreening site if they are non-compliant.
- Judge Signs the order.
- Orders are entered into court record and sent to NCCMH, the hospital and prosecutors office by the probate court.

Responsible Party: Contracted psychiatric hospital, Charlevoix County Probate Court

Exhibits

1. **Order and Report on Alternative Mental Health Treatment PCM 216 (Click here)**
2. **Notice of Hearing PCM 212 (Click here)**
3. **Notice of Hearing PC 562 (Click here)**
4. **Proof of Service PC 564 (Click here)**
5. **Order for Adjournment MC 309 (Click here)**
6. **Request to Defer PCM 235 (Click here)**
7. **Second Mental Health Treatment Order PCM 218 (Click here)**
8. **Petition for Continuing Treatment Order PCM 218a (Click here)**
9. **Notice of Hospitalization and Certificate of Service PCM 211 (Click here)**

4.2 Post Hospitalization, Voluntary Treatment, Involuntary Treatment Orders, NGRI, and Community Treatment Options

Purpose

The purpose of this procedure is to define all steps that occur post-admission and with regard to treatment as established post discharge within the community. This section will specifically define options for treatment within the community and legal forms of involuntary treatment.

Applies to

North Country Community Mental Health, contracted psychiatric hospitals and CRUs, Charlevoix County Probate Court, Law Enforcement agencies, NGRI committee, state psychiatric hospitals

Policy

Individuals admitted and discharged voluntary from a psychiatric facility or CRU are connected to services post discharge within the community at their will and as agreed upon with the individual at treatment centers of their choosing and based on providers that accept their insurance. If the individual choses to receive services post-discharge at NCCMH, they are linked to services pre-discharge via the NCCMH hospital liaison and provided follow up appointments. They may also choose to forego treatment at their choosing. Individuals admitted involuntarily and discharging on an involuntary treatment order, may discharge on a variety of involuntary orders as noted below. They are then set up with treatment providers, likely NCCMH, for Medicaid recipients and individuals that are uninsured, for follow up treatment as prescribed at discharge. Service needs will be assessed at NCCMH intake for all incoming individuals. Services will be provided as recommended regardless of insurance; however, individuals will need to be established as an individual with a severe and persistent mental illness, co-occurring SPMI with a substance use disorder, or an intellectual-developmental disorder. In addition, individuals with no insurance or commercial insurance will need to be approved administratively for payment through general funds if services are recommended and meet high level of severity.

Treatment must be arranged in the county the person will be residing. The person must have housing in the county where they will be residing. If the county where they are residing differs from the county in which the involuntary treatment order was signed, the Probate Court in the county where the person will be residing, NCCMH may submit a request for change in venue, via the filing of a Change of Venue (PC 608o) form to be considered by Probate Court.

Types of Involuntary Treatment Orders:

- 180-day Deferral PCM 235
- 60-day Hospital Only PCM 214
- 60/180 Combined Initial Order PCM 214
- 180 AOT Kevin's Law PCM 214
- 90 Day Second Order PCM 219
- 1 Year Hospital Only PCM 219 or PCM 219a
- 1 Year Combined PCM 219a or PCM 219a
- **NGRI (Not Guilty by Reason of Insanity) with ALS (Authorized Leave Status)/1 year hospital only order OR Assisted Outpatient Treatment (AOT)

Procedures

Treatment Option Procedure 1: Individual on NGRI Status in the Community on Active Leave Status (ALS): Individuals on NGRI status are on a 1-year hospital only order. The individual may be on Authorized Leave Status with a community placement. A NCCMH case manager, ACT team member, or other designated staff, works directly with the NGRI committee. Documents and reports are completed at prescribed intervals, filed with the court, and provided to the NGRI committee.

If the individual does not comply with the provisions of the ALS or needs to be readmitted, the state hospital facility and the NGRI committee are contacted immediately. The ALS may be revoked, and the individual returned to the state facility for treatment if deemed necessary by the hospital and NGRI committee. The individual may be admitted involuntarily to an acute psychiatric facility until arrangement are made by NCCMH for the return to a state facility.

It should be noted that significant changes to the NGRI process were initiated affective Aug 1, 2021; however, concerns arose, and the changes were put on hold until an agreement can be reached. Changes proposed included: hospital only orders being replaced by Assisted Outpatient Orders if the person continues to meet criteria for a person requiring treatment. ALS contracts being phased out and replaced with Individual Plans of Service with utilization of risk mitigation strategies for identified areas of risk. A forensic psychiatrist would be assigned to each state hospital to help coordinate and advise teams on the NGRI process. A new review process would begin for NGRI patients denied by the NGRI committee for discharge or leave of absence. There is a NGRI handbook: Center for Forensic Psychiatry Information Guide for Consumers available. This manual and subsequent process will be updated once official changes are solidified and implemented.

Responsible Party: Contracted psychiatric hospitals and CRU's, NCCMH case managers and NCCMH staff, Charlevoix County Probate Court, NGRI Committee

Treatment Procedure 2: Monitoring of an Order: NCCMH or another designated agency may be providing the treatment services. Treatment services and housing are outlined on the Order and Report on Alternative Mental Health Treatment (PCM 216). A 1-year order requires that the treatment team complete a 6-month review report (PCM226). Petition for Discharge from Continuing Treatment (PCM 220) is also presented to the individual. The individual may request a hearing or agree to continue. The forms are filed with the court. If an individual is on a 60/180-day deferral and is not admitted during the 180 days, the deferral expires, and the individual is no longer under the court's supervision.

Responsible Party: NCCMH, Charlevoix County Probate Court.

Treatment Procedure 3: Nonadherence to an Assisted Outpatient Treatment order (AOT) or Deferral: In non-emergency situations, if NCCMH or provider agency becomes aware the individual is not adhering to the prescribed AOT or Deferral, the individual should be notified by telephone or mail and encouraged to comply and informed of the possible consequence. If the individual does not reply or the situation present a risk to the individual or others, steps are taken to begin the readmission process. When NCCMH determines that the individual is not adhering to the AOT, a Notice of Non-Compliance PCM 230 is filed with the court. If an individual is not complying with a Deferral, a Demand for Hearing form is completed. Once the legal documents are filed, Probate Court will either order the police to pick up the individual (AOT Non-compliance) or schedule a hearing (Deferral Non-Compliance) to prompt possible re-admission to psychiatric inpatient care. A physician who is consulted as part of the intake and admission process must abide by the Judge's decision that the individual is noncompliant with treatment. The individual is to be admitted and evaluated by NCCMH crisis intervention staff to determine suitability for admission.

Responsible Party: NCCMH treatment team, Charlevoix County Probate Court

Treatment Procedure 4: Requesting Continued Court Supervision:

- Individuals on AOT-Initial 60/180, Second Order or 1 year Combined Continued Order, may have a Notice of Non-Compliance completed up to 14 days prior to the expiration of the order.

Responsible Party: NCCMH, Charlevoix County Probate Court

Treatment Procedure 5: Non-Compliance: When it is determined appropriate for an individual to be screened for involuntary admission to a psychiatric unit while under the court's supervision, legal documents must be completed and filed with the court. NCCMH staff complete the applicable non-compliance documents as noted in Treatment Procedure 3 and file with Probate Court. Both the Notice of Non-Compliance and Demand for Hearing will prompt the judge to order the individual to be picked up and transported to the local emergency room for screening.

For individuals with an active treatment team, a Letter of Non-Compliance is signed by the treating psychiatrist and will accompany the appropriate court documents for non-compliance. An affidavit may also be completed and submitted to the court by the treatment staff documenting the specifics of the noncompliance. The individual may be

transported by law enforcement per box checked on the order or Order for transport/exam. Medical clearance is then completed. A Petition and Clinical Certificate should not be needed for individuals on an AOT as their readmission criteria are outlined in the order. The individual may be hospitalized for a period not to exceed the remaining hospital days on the order (hospital days cannot exceed calendar days left on the order).

Responsible Party: NCCMH, Charlevoix County Probate Court, Law Enforcement

Treatment Procedure 6: Readmission: When an individual on a Deferral is readmitted to inpatient care on a Demand for Hearing, they are not to be offered a voluntary admission. The individual remains in the hospital until a hearing is held and the psychiatrist determines readiness for discharge. When an individual on a treatment order is readmitted on a Non-compliance order, they are not offered a voluntary admission by the admitting hospital. There is no probate hearing scheduled. The number of days the individual is hospitalized cannot exceed the number of hospital days remaining on the order. The treating psychiatrist determines when the person is ready for discharge.

Responsible Party: NCCMH, Charlevoix County Probate Court, Contracted psychiatric hospitals

Treatment Procedures 7: Continuing Orders in the Community:

- When the individual is currently on an Initial Order for Mental Health Treatment and the treatment team believes it is appropriate for the person to continue under the court's supervision, a petition for second (PCM 218) along with a Clinical Certificate is completed.
- When the person is currently on a Second Order, it is a 90-day order (PCM 219) and the treatment team believes it is appropriate for the individual to remain under the court's supervision, a petition for Continuing Mental Health Treatment (PCM 218a) is completed along with a Clinical Certificate.
- When the person is currently on a Continuing Order 1 year/Combined order, a petition for a Continuing Mental Health Treatment Order (PCM 218a) is completed along with a Clinical Certificate.
- A person on a 1-year hospital only order would be currently admitted to a long-term facility. A Petition for a Continuing Mental Health Treatment Order would be completed to allow continued admission to the facility.
- When the individual is currently on a 1-year Hospital only order with NGRI status and is on ALS in the community, it is important to adhere to the guidelines as outlined by the NGRI committee.

Responsible Party: NCCMH, Charlevoix County Probate Court, NGRI Committee, state psychiatric hospital, contracted psychiatric hospitals.

Treatment Procedure 8: AOT/Kevin's Law: Kevin's Law was first adopted in 2004 and amended in 2018. A petition for Mental Health Treatment (PCM 201) is used. Check the box that indicates request for outpatient treatment. A clinical certification is completed by a clinical psychiatrist. If the person refuses to be examined, an Order for Examination/Transport can be secured. Law enforcement can transport the individual to a prescreening unit for examination. The individual is released after the examination unless it is determined the individual needs admission, in that case a petition seeking admission would be filed. A psychiatrist's testimony is not required if a psychiatrist signs the petition and a physician or psychologist who has personally examined the individual provides testimony. The Petition for Mental Health Treatment and Clinical Certification are filed with the court. The court appoints an attorney to represent the individual. Court will schedule a hearing within 28 days.

- Criteria for seeking an AOT order:
  - "An individual who has a diagnosed mental health condition, whose judgement is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused them to demonstrate an unwillingness to voluntarily participate or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent relapse or harmful deterioration of their condition, and present a substantial risk of significant physical or mental harm to the individual or others?" (MCL 330.140)
    - AOT only (or a combined order) is available if the individual meets 401 a., b., or c. "a person requiring treatment".
    - AOT and hospitalization combined order
- If there are concerns of safety of "sufficiency" of the court order, the court shall be notified immediately; upon notification, if the court learns the AOT is insufficient "to prevent harm to the individual or to others", or AOT program is "not appropriate" the court may do 1) consider alternatives to hospitalization and modify the AOT order for the duration of the AOT order OR 2) modify the AOT order and direct the individual to undergo hospitalization or combined hospitalization/AOT.
- Process for AOT/Kevin's Law:
  - A treatment plan that is supervised by the psychiatrist must be completed in 30 days and submitted to the court within 3 days of completion.
  - The court will appoint an attorney to represent the individual.
  - The individual has the right to be present at the hearing
  - The individual may stipulate to the order and waive the hearing.

    - At the hearing, if the court finds by clear and convincing evidence, that the individual requires treatment, the court may order a combined order for hospitalization and outpatient or Assisted Outpatient Treatment only.
    - The court may order the individual to receive an AOT for up to 180 days provided by NCCMH or other entity. The treatment plan must take into consideration the individual's preferences and prior experiences.
    - If the court order conflicts with an existing advance directive, an independent psychiatrist must review the matter.
    - The array of services specified in the order may include substance use disorder treatment.
    - Inpatient admission is possible while on an AOT. Notice of Non-Compliance (PCM 230) is completed and filed with the court. The court order would need to be modified (Request for Modified Order) to indicate that treatment order is including hospitalization.
    - No continuing order is permitted, a new AOT is needed.
- Noncompliance of Individual: Noncompliance with the court order can result in a review of the treatment plan before the judge and potentially hospitalization. An AOT is a "civil" remedy, therefore; there is no punishment or "sanction" for non-adherence to treatment by the individual.
    - Court is notified of the individuals' noncompliance: court may require one or more of the following without a hearing:
        - Individual taken to a preadmission screening unit
        - Individual hospitalized for no more than 10 days
        - Individual hospitalized for a period of more than 10 days, but no longer than the AOT order of 90 days, whichever is less.
    - The court may direct a peace officer to transport to a designated facility/PSU; the individual may object to the hospitalization.
- Discharge Provisions: A hospital can discharge the patient from a court order when clinically suitable and with notification of the court. If the provider of AOT or combined hospitalization/AOT determines the individual is clinically suitable for discharge, and no longer meets the criteria for AOT, the person can be discharged from the AOT or the combined hospitalization/AOT order with notification of the court.

Responsible Party: Charlevoix County Probate Court, NCCMH, Law enforcement, contracted psychiatric hospitals

Exhibits:

1. Initial Order After Hearing on Petition for Mental Health Treatment PCM 214 (Click here)
2. Second Order for Mental Health Treatment PCM 219 (Click here)
3. Continuing Order for Mental Health Treatment PCM 219a (Click here)
4. Petition and Order to Change Venue PC 608o (Click here)
5. Six-Month Review Report PCM 226 (Click here)
6. Petition for Discharge from Continuing Treatment PCM 220 (Click here)
7. Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment PCM217a (Click here)
8. Order for Examination/Transport are completed and filed PCM 209 (Click here)
9. Notification of Noncompliance PCM 230 (Click here)
10. Order for Report after Notification and Report PCM 231 (Click here)
11. An Order after Notice of Non-Compliance with Assisted Outpatient Treatment or Combined order PCM 244 (Click here)
12. Order and Report on Alternative Mental Health Treatment PCM 216 (Click here)
13. Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment or Combined Order PCM 217a (Click here)
14. Petition for Continuing Mental Health Treatment Order PCM 218a (Click here)
15. Petition for Second Mental Health Treatment Order PCM 218 (Click here)

Section 5

Law Enforcement

5.1 Transportation
5.2 Order for Pickup
5.3 Individuals in Law Enforcement Protective Custody
5.4 Jail Diversion, Inmate Transfer and Jail Holds

5.1 Transportation

Purpose

The purpose of this procedure is to facilitate appropriate transportation for inpatient admission when law enforcement is involved. Recognition of department jurisdiction and capacity are at the heart of this procedure which implements the Local Transportation Agreement.

Applies to

EMS, Munson Healthcare Charlevoix Hospital, contracted psychiatric hospitals, Charlevoix County Probate Court, North Country Community Mental Health

Policy

Individuals taken into protective custody or simply transported for evaluation at an emergency department or NCCMH are transported at the discretion of the responding law enforcement agency.

Procedures

NCCMH crisis intervention staff will facilitate transportation of the individual requesting law enforcement involvement or consultation. Voluntary placements can be transported by family, friends, or other natural supports. Involuntary placements will be transported by ambulance or law enforcement.

Action 1: Once disposition is determined, transportation is arranged.

Responsible Party: NCCMH, Munson Healthcare Charlevoix Hospital staff

Action 2: A law enforcement agency that has indicated willingness to transport the individual to their residence or to the inpatient facility will be contacted. Reference the Charlevoix County Local Transportation Agreement.

Responsible Party: NCCMH crisis intervention staff

5.2 Order for Pickup

Purpose

The purpose of this procedure is to assist the law enforcement staff from the involved agencies/facilities when a Charlevoix County resident has been petitioned through the Probate Court for admission to a mental health unit. Transports may include initial court ordered Application/Petition, Demand for Hearing, or Non-Compliance with an existing Probate Order for Mental Health Treatment.

Applies to

EMS, Law Enforcement Agencies, Munson Healthcare Charlevoix Hospital, North Country Community Mental Health, Charlevoix County Probate Court, Charlevoix County Prosecutor's Office.

Policy

Staff from Law Enforcement agencies, NCCMH, Emergency Departments (ED), and ambulance services will work together to ensure timely admission, enhance community safety, and coordinate judicious use of county resources. The current standard in the Michigan Mental Health Code (MMHC) allows 10 days for the pickup of individuals after the filing and approval of court documents. All legal documents are completed by NCCMH crisis intervention staff, medical staff, or hospital social worker. The documents will be approved by a Probate Judge and filed with the Probate Court and Charlevoix County Prosecutor's Office. Admission to a mental health unit will be secured prior to the filing of the legal documents. NCCMH staff will verify the county of residence to be Charlevoix County and the pickup location of the individual to within Charlevoix County. When the admission and the legal documents are completed, NCCMH staff will coordinate delivery of a true copy of those documents in accordance with the Local Transportation Agreement. Individuals being transported to a state psychiatric hospital will require an Order for Transport signed by the probate judge ordering transport to the state facility.

Procedures

Changes in SCAO forms have updated Petitions for Mental Health Treatment to include verbiage and allowances for pick up for examination. A Petition, whether completed by NCCMH staff, law enforcement, or natural supports should be ensured to read transport

is facilitated to the nearest emergency room to ensure the closest transfer to the individual's city of residence within the county. The Charlevoix County Sheriff's Office has compiled a list of contacts in each law enforcement agency to assist with coordination of documents and transport. Although the Michigan Mental Health Code allows 10 days, it is our goal to facilitate the law enforcement pickup in 48 hours whenever possible.

Action 1: Complete the legal documents, facilitate the admission to a mental health unit by a person or fax, and deliver the documents to the designated law enforcement agency.

Responsible Party: NCCMH, Law Enforcement

Action 2: NCCMH will make attempts daily to secure a psychiatric placement. The hospital or pre-screening site will designate a bed for the individual who is the subject of the law enforcement pick up until placement occurs. The bed will be held for 48 hours from the time verification is given that the legal documents are filed with the court and delivered to law enforcement. If the original hospital was unable to hold the bed after the 48 hours is up, and now unable to accommodate the person, court documents should be updated to reflect the mental health unit where the individual was admitted.

Responsible Party: NCCMH crisis intervention staff, Intake Staff

Action 3: NCCMH crisis intervention staff and pre-screening unit will communicate each morning on the status of the admission. NCCMH staff will update hospital staff with information daily as to whether the individual has been approved for admission. If not, NCCMH will contact local hospital staff and provide them with information of the bed status.

Responsible Party: NCCMH will track each day's updated information regarding bed finding on the NCCMH Hospital Follow Up form and updating the chart with a nonbillable note for updates on the status of the case.

5.3 Individuals in Law Enforcement Protective Custody

Purpose

When Law Enforcement officers encounter an individual in the course of duty who appears to be mentally ill, they may choose to take that person into protective custody and transport them to the pre-admission screening site for an evaluation. The Michigan Mental Health Code has long provided for a Peace Officer's Application as a means of ensuring that a Law Enforcement Officer has authority to intervene in a crisis at a level other than arresting and charging a person with a crime. This procedure facilitates the care transition from this starting point.

Applies to

EMS, Law Enforcement Agencies, Munson Healthcare Charlevoix Hospital, North Country Community Mental Health (NCCMH), Charlevoix County Jail, Charlevoix County Probate Court, Charlevoix County Prosecutor's Office

Policy

The individual will be assessed with input from law enforcement, medical and mental health therapists. The disposition will be communicated to law enforcement. The outcome may include involuntary or voluntary admission to a mental health unit. Diversion options may include voluntary admission to crisis residential treatment program, outpatient mental health or substance use disorder services, placement at a chemical dependency facility; a residential detox a medical admission might also result from the assessment. It is also possible the individual may be appropriate for lodging in the Charlevoix County Jail.

Procedures

Action 1: Transport or arrange transportation through medical transport for the prescreen assessment.

Responsible Party: Law Enforcement

Action 2: Complete a Petition for Mental Health Treatment PCM 201.

Responsible Party: Law Enforcement, NCCMH Crisis Intervention Staff, Family Member, Medical Staff

Action 3: Complete a Clinical Certificate PCM 208 and medical clearance.

Responsible Party: Medical Staff

Action 4: Complete a prescreen assessment and coordinate admission if appropriate.

Responsible Party: NCCMH crisis intervention staff, Mental Health Unit Staff

Action 5: If the individual receives a negative clinical certification or the petition is withdrawn, ensure those documents are forwarded to NCCMH and Probate Court

Responsible Party: NCCMH, Charlevoix County Probate Court

Action 6: Coordinate follow-up services and provide resource referrals for services.

Responsible Party: NCCMH crisis intervention staff, Emergency Department Staff

Action 7: Complete a NCCMH Crisis/Safety/Action Plan and Follow-Up Plan which includes the individual's input. NCCMH will provide the individual with a copy. Under continuity of care, Charlevoix County Jail would also receive a copy.

Responsible Party: NCCMH crisis intervention staff, NCCMH hospital liaison

Exhibits:

1. Petition for Mental Health Treatment PCM 201 (Click here)
2. Protected Personal Identifying Information MC97 (Click here)
3. Clinical Certificate PCM 208 (Click here)

5.4 Jail Diversion, Inmate Transfer and Jail Holds

Purpose

The purpose of this procedure is to address the special considerations which need to be in place when an inmate or an individual in police custody with pending charges is evaluated and accepted for admission to a mental health unit and, to ensure continuous protective custody of the individual.

Applies to

Contracted psychiatric hospitals and CRU's, Law Enforcement Agencies, Munson Healthcare Charlevoix Hospital, North Country Community Mental Health)

Policy

An inmate transported to the Emergency Department (ED) for medical treatment only, is in the physical custody of a deputy and, therefore, no "Jail Hold" is required. A person who is assessed and admitted to a mental health or medical unit may be under a Jail Hold Detainer. When a Detainer is initiated, it will indicate the designated contact person and procedures to follow upon discharge and return to jail. The jail hold should be communicated to the unit and a copy of the Charlevoix County Sheriff's Office Detainer is placed in the medical chart for reference.

Procedures

Police Hold vs. Jail Hold: When an individual is in police custody and is determined appropriate for admission prior to being lodged in the jail (in the custody of local law enforcement with pending charges) and is determined appropriate for inpatient psychiatric admission, the law enforcement agency will make the determination if they wish to place a hold detainer for directions at discharge from the mental health unit.

Responsible Party: Law Enforcement, Mental Health Unit Staff

Jail Hold during business hours: During regular court business hours the presiding Judge may be contacted to modify the conditions of bond to include inpatient mental health admission. A jail hold detainer would still be placed in the medical chart at the unit. Prosecutor's office should be notified of any bond modification. All jail inmate admissions are involuntary and must have the approval of the shift commander. A medical clearance in the emergency department is necessary.

Responsible Party: Law Enforcement, Munson Healthcare Charlevoix Hospital, and Charlevoix County Judicial System

Jail Diversion, pre booking: A jail diversion can be done pre booking with the individual being released to the community if no warrant is being sought by the arresting agency. If the individual is presenting at the emergency room with a petition, the Michigan Mental Health Code indicates that the medical hospital shall retain the individual for screening and determination of need for treatment.

HIPAA (45 CFR 164.512) exception for permitted disclosures indicates that "a covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for the provision of health care to such individuals. This exception would only apply if the client continues to be in custody either criminally or protectively before, during or after the hospital visit. It would no longer apply if the individual has been released from lawful custody.

If the client does not meet criteria for hospitalization, the hospital may then, under 45 CFR 164.512, alert the arresting officer, who would then decide if there were an ongoing public safety issue and the booking process could resume. The Michigan Mental Health Code (MHC 330.1427) also indicates that NCCMH staff are able to provide advice and consultation with peace officers when an individual is taken into protective custody and is screened in the emergency room for involuntary treatment determination. Thus, NCCMH also retains the ability to communicate with law enforcement and allow the arresting officer to make determination regarding the booking process resuming.

Jail Diversion, post booking: An inmate or an individual in police custody may be admitted to a mental health unit (i.e., psychiatric hospital) as part of a Jail Diversion. These individuals are “diverted” into a mental health unit to follow up with mental health services upon discharge. If there is an agreement between the jail, prosecutor, and defense that an individual be diverted, a proposed order can be signed and provided to the judge for review and entry. The diversion plan is then agreed upon by the Judge and the bond is modified.

Action 1: Post-booking, Law enforcement, jail or court personnel have identified an individual deemed as potentially requiring treatment. The individual would be transported by law enforcement to the local emergency room for medical clearance.

Responsible Party: Law Enforcement, NCCMH crisis intervention staff, Charlevoix County Jail, Charlevoix County Judicial System, Munson Healthcare Charlevoix Hospital, Charlevoix County Prosecutor’s Office

Action 2: An assessment by a qualified professional from NCCMH or the mental health provider will be completed at the jail or local hospital. Labs will be required as a part of medical clearance prior to screening. If the individual is deemed appropriate for admission to an acute facility, the proper documents including completed probate forms (Petition PCM 201 and Certification PCM 208) will be sent to be filed with probate court. Petitions may be completed by law enforcement officers or the individual's natural supports who have directly observed concerns regarding the individual as they apply to petition criteria. Certification is completed by the attending ER physician indicating the person requires treatment and should be included with the petition, with copies sent to the court and originals accompanying the individual to the accepting treatment facility. The appropriate judge or prosecutor assigned to the case will also be consulted to ensure the individual can be transferred with the appropriate release and hold documents in place as required in the individual situation.

Responsible Party: NCCMH crisis intervention staff, Law Enforcement, Charlevoix County Jail, Charlevoix County Judicial System, Charlevoix County Prosecutor's Office

Action 3: Efforts will be made to identify the source of payment or agency of financial responsibility.

Responsible Party: NCCMH crisis intervention staff, Charlevoix County Judicial System

Mental health professionals will work with probate court and law enforcement to ensure safe transport to the acute facility, which shall include medical clearance at a local emergency department.

Section 6

Collaborative Community Outreach Via Stepping Up Initiative

6.1 Stepping Up Initiative

6.1 Stepping Up Initiative

Purpose

The purpose of this procedure is to facilitate the mission and vision of The Stepping Up Initiative and bridge mission and vision of North Country Community Mental Health and its' community partners, to reduce individuals with mental illness and co-occurring substance use disorders being housed in in-catchment county jails.

Applies to

NCCMH staff, Law Enforcement Agencies, Munson Healthcare Charlevoix Hospital, Charlevoix Judicial System, Community providers

Policy

Stepping Up Initiative aims to increase collaboration between mental health/substance use providers, medical organizations, law enforcement, or other community partners. The goal is to reduce the number of individuals with a mental illness or co-occurring substance use disorders in the jail, improve public safety, and promote positive outcomes. Stepping Up provides for a collaborative system-wide framework to achieve these outcomes. The Charlevoix Diversion Council was established in September 2015, with NCCMH, Charlevoix County Sheriff's Department, Charlevoix County Courts, and other community providers engaged and voicing commitment to the initiative. Stepping Up Committee meets regularly, along with monthly subcommittee meetings to continue collaborative efforts and improve services in the community.

Benefits for persons or organizations involved include improved and quicker access for individuals requiring treatment, improved experience for the individual, reduced length of incarceration, improved quality of care, reduced costs to the mental health system, reduced risk, and improved overall health status of the person served.

In addition to reducing individuals booked in the Charlevoix County jail with severe and persistent mental illness or co-occurring disorders, the initiative also aims to: shorten the length of stay in jail for this population, increase the number of people connected to treatment in jail or in the community, and reduce recidivism rates for this population back into jail. Stepping Up Initiative functions on an intercept model, with a continuum of opportunity and contact throughout the individual's contact with law enforcement. Interventions and diversion can occur at any time along the continuum of contact. Stepping Up Initiative in Charlevoix County consists of a main committee, an executive committee, a training committee, a data committee, and a strategy committee. Listed below are procedures with projected goals/outcomes for each committee.

Committees, Tasks, and Collaborative Efforts

Executive Committee: The purpose of this committee is to advance the Council's vision and goals by ensuring timely and appropriate decision making between full council meetings.

Committee projects include:

- Connecting with Emmet County Community Connections Advisory Board
- Developing a crisis center
- Establishing mental health and/or drug courts
- Establishing grants funding

Responsible Parties: NCCMH, Charlevoix County Courts and Charlevoix County Prosecuting Attorney, Charlevoix County Commissioner, Charlevoix Sheriff's Department

Training Committee: The purpose of this committee is to ensure that members of the Diversion Council and community receive the necessary training and resources to further the overall goals of the council and to meet the Stepping Up Outcomes.

Committee projects include:

- Identifying cross training opportunities
- Obtaining training "Managing a Mental Health Crisis"
- Identifying officers and others who have already gone through mental health training
- Identifying train the trainers for "Managing a Mental Health Crisis"
- Exploring opportunities for Mental Health First Aid

Responsible Parties: NCCMH, Northern Michigan Regional Entity (NMRE), Charlevoix County Sheriff's Department

Data Committee: The purpose of this committee is to ensure that the Diversion Council has relevant available data on which to base decisions and further its overall goals, and to guide the development of a data repository for the county to use to support diversion efforts.

Committee projects include:

- Collection of data via K6 screening in the jail

- Allocation of appropriate resources for data input
- Building a data process for organization of incoming data
- Determination of relevant data points that engage all stakeholders and determine additional data points

Responsible Parties: BASES, Munson Charlevoix Hospital, Charlevoix County Jail, Charlevoix County Sheriff's Department, NCCMH

Strategies Committee: The purpose of this committee is to identify strategic changes to the current practice to reduce the number of persons with SMI in jail and to enhance the goals of the Diversion Council.

Committee projects include:

- Assessment and definition of SMI vs criminogenic behavior
- Building rapport between NCCMH, Charlevoix County Courts, and Charlevoix County Sheriff's Department
- Creation and utilization of a referral provided by law enforcement staff to individual's they have contact with in the community and who are deemed as requiring treatment. Law enforcement staff provide individuals with a referral sheet and send a copy of the referral to NCCMH. NCCMH then follows up with the individual to aid the individual in connecting to treatment if needed and attempt to enhance follow through.
- Determining and facilitating diversion opportunities. Individuals housed in Charlevoix County Jail will be monitored by jail staff and the jail administrator. NCCMH may be contacted by jail staff to request evaluation for diversion to inpatient services. Pre-screening is then completed by the NCCMH crisis intervention staff or criminal justice behavioral health consultants to determine whether inpatient hospitalization is required. NCCMH staff can also screen to determine the need for suicide precautions/observation while still in the jail. The individual may also receive other diversion facilitation by the criminal justice behavioral health consultants and may include (but not limited to): application for Medicaid/insurance, connection to basic needs resources, assisting with accessing appointments pre-discharge to mental health or substance treatment as indicated, connection to appointments pre-discharge to appointments with a primary care physician, and ensure needs are met for psychotropic medications.
- Development of the 1st Responder's Manual (this document) is created and dispersed for all to better understand roles and procedures that involve all parties and enhance collaborative efforts of the Council's mission.

- Charlevoix County Jail and Sheriff's Department sends NCCMH a daily roster of current inmates. NCCMH center supervisor reviews inmates that are new daily. If the individual is a previous or current consumer/client, the primary case holder and center supervisor will be notified to facilitate awareness of the individual's incarceration, and best ensure NCCMH are aware and able to advocate for treatment of clients as needed. If the individual is not a current or past NCCMH but is identified by Charlevoix County Jail/Sheriff's Department as being an individual requiring treatment, jail staff may contact the NCCMH supervisor or criminal justice behavioral health consultant for support.

Responsible Parties: NCCMH, Charlevoix County Sheriff's Department and Charlevoix County Jail, East Jordan Family Health Center

Section 7

Form Appendix & Community Partner Commitments

7.1 Form Appendix
7.2 Community Partner Commitments

7.2 Forms Index

1. **Protected Personal Identifying Information MC 97 (Click here)**
2. **Addendum to Protected Personal Identifying Information MC97a (Click here)**
3. **Petition for Mental Health Treatment PCM 201 (Click here)**
4. **Clinical Certificate PCM 208 (Click here)**
5. **Adult Formal Voluntary Admission Application DCH-0086 (Click here)**
6. **Notification of Noncompliance and Request for Modified Order PCM 230 (Click here)**
7. **Order for Report After Notification and Report PCM 231 (Click here)**
8. **Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment PCM 217a (Click here)**
9. **Demand for Hearing PCM 236 (Click here)**
10. **Letters of Guardianship PC 633 (Click here)**
11. **Letters of Guardianship of Individual with Developmental Disability PC 662 (Click here)**
12. **Pick Up Orders for Minors: Petition PCM 240m (Click here)**
13. **Order Regarding Transport of Minor PCM240o (Click here)**
14. **Petition for Continued Hospitalization of a Minor PCM 237 (Click here)**
15. **Petition for Judicial Admission PCM 224 (Click here)**
16. **Order and Report on Alternative Mental Health Treatment PCM 216 (Click here)**
17. **Notice of Hearing PCM 212 (Click here)**
18. **Notice of Hearing PC 562 (Click here)**
19. **Proof of Service PC 564 (Click here)**
20. **Order for Adjournment MC 309 (Click here)**
21. **Request to Defer PCM 235 (Click here)**
22. **Second Mental Health Treatment Order PCM 218 (Click here)**
23. **Petition for Continuing Treatment Order PCM 218a (Click here)**
24. **Notice of Hospitalization and Certificate of Service PCM 211 (Click here)**
25. **Initial Order After Hearing on Petition for Mental Health Treatment PCM 214 (Click here)**
26. **Petition and Order to Change Venue PC 608o (Click here)**
27. **Six-Month Review Report PCM 226 (Click here)**
28. **Petition for Discharge from Continuing Treatment PCM 220 (Click here)**
29. **Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment PCM217a (Click here)**

7.2 Forms Index

30. Notification of Noncompliance PCM 230 (**Click here**)
31. Order for Report after Notification and Report PCM 231 (**Click here**)
32. An Order after Notice of Non-Compliance with Assisted Outpatient Treatment or Combined order PCM 244 (**Click here**)
33. Second Order for Mental Health Treatment PCM 219 (Click here)
34. Continuing Order for Mental Health Treatment PCM 219a (**Click here**)

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

North Country Community Mental Health

www.norcocmh.org

Access to Services: 1-877-470-7130

Customer Service: 1-877-470-3195

Crisis Help Line: 1-877-470-4668

Charlevoix County Office: 1-231-547-5885



Charlevoix County Probate Court - 7th Probate District Court

1-231-547-7214

Charlevoix County District Court - 90th District Court

1-231-547-7227

Charlevoix County Circuit Court - 33rd Circuit Court

1-231-547-7243

Charlevoix County Board of Commissioners

1-231-547-7200

Charlevoix County Sheriff's Department
Charlevoix County Jail

1-231-547-4461

Munson Healthcare Charlevoix Hospital

1-231-547-4024

Northern Michigan Regional Entity

1-800-834-3393

East Jordan Family Health Center

1-231-536-2206

**Charlevoix County
Prosecuting Attorney**

231-547-7207



BASES Recovery Center

231-547-1144