

Saginaw County **First Responder's Guide** *for* Behavioral Interventions

AUGUST 2016

4th Edition – Updated February 2018



Working together to achieve the Triple Aim

Community Mental Health

Substance Use Disorder Treatment Agencies

Saginaw County Courts

Law Enforcement Agencies

Emergency Medical Response

Saginaw County 9-1-1 Central Dispatch

Hospital Emergency Departments

Psychiatric Inpatient Hospitals

Acute Care Diversion Programs

Saginaw Public Guardian

Saginaw County Jail

Saginaw County Department of Health & Human Services

Saginaw Fire Department

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Acknowledgements

"The updated Saginaw County First Responder's Guide for Behavioral Interventions was a massive undertaking that would be impossible to develop without the various members of the work group who produced and edited this update. Special thanks to Nancy Johnson, Supervisor of Crisis Intervention Services at Saginaw County Community Mental Health Authority, who served as Chair of this group and made sure that we all met in a timely and efficient manner, and kept on track for the mission that were charged. Saginaw County is well served by all of these individuals who worked on this document and who put in many hours and thoughts to be sure that a mechanism exists that provides collaboration among all of us in Saginaw County. The document is serving as a model for many other counties throughout the State of Michigan. I was asked, and gave permission to, the Michigan Judicial Institute to place this in a member's only section for Judges in counties other than Saginaw to begin to develop their own document to serve their county. It is my hope that your inspiration will lead others counties to collaborate for the benefit and good of their citizens. For this, we thank you all for working so hard to make this document a reality."

Honorable Patrick J. McGraw & Honorable Faye M. Harrison
Saginaw County Probate Court and 10th Judicial Circuit Court Family Division

"These are very encouraging times in health care, ripe with opportunities for new ideas and system innovations. Saginaw is in the spotlight for healthcare reform activities in Michigan. These opportunities will provide both the impetus and the leverage for us to develop some of Saginaw's progressive approaches to problems that are experienced throughout Michigan in the interface between physical health care, behavioral health care and human services. The Saginaw County First Responder's Guide for Behavioral Interventions is a model which we can build on. It is unique in the array of agencies which participated demonstrating the essential partnerships in health care and human services. Saginaw has much to be proud of in the assembled expertise and the commitment of the community leaders who participated. Thank you to everyone involved."

Sandra M. Lindsey, CEO
Saginaw County Community Mental Health Authority

"As the mental health court develops we have an integrated process to support individuals who are identified as having a mental health condition as they interface with the legal system. As part of post booking diversion there may be an opportunity to divert an individual to acute intervention during a behavioral crisis. This promotes individual and community safety. "

Honorable A.T. Frank
Saginaw County 70th District Court - Mental Health Treatment Court

"The Saginaw County First Responder's Guide for Behavioral Interventions is a result of a collaborative effort by multiple agencies. Saginaw County residents will benefit from the hard work by all on this initiative."

Dr. Brian Purchase, Medical Director
Covenant Healthcare Emergency Care Center

"Central Dispatch staff support community agencies working together to continually improve the timely and quality response to individuals in Saginaw County."

Tom McIntyre, Executive Director
Saginaw County 9-1-1 Central Dispatch

SECTION 1

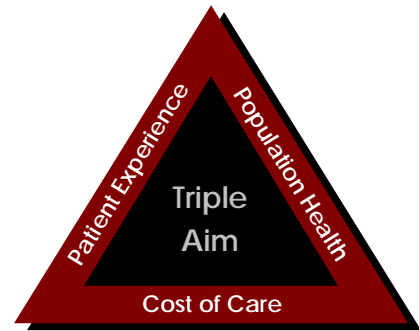
Overview

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

ACCOMMODATIONS: Agencies represented in the First Responder's Guide are committed to providing accommodations to individuals who need communication/language assistance. Area Agency Interpretation Protocols of service providers for each agency can be found in the appendix.

1.2 Saginaw County Informational Guide for Mental Health/Probate Matters

Throughout the First Responder's Guide you will find reference to another Saginaw publication, its formal title is the **Informational Guide for Mental Health/Probate Matters**. The Probate Matters guide had a similar start to the First Responder's Guide when in 1999 Judge Patrick J. McGraw called together a different cross agency team to help in the task of documenting the correct use of all the probate forms involved in the implementation of chapters four and five of the Michigan Mental Health Code. These are the chapters which guide the court in steps related to psychiatric hospitalization both voluntary and involuntary, adolescents and adults, the judicial admission of individuals with developmental disabilities and individuals adjudicated through the judicial system as a person "Not guilty by reason of insanity" (NGRI).

Together with leadership from the Saginaw County Assistant Prosecuting Attorney, Bernard Coppolino and Crisis Intervention Supervisor Nancy Johnson, the Probate Matters Guide is updated regularly and lays the foundation for the interagency teamwork in the First Responder's Guide.

The Probate Matters Guide is like the First Responder's Guide in that it defines the roles of all of the parties involved, step by step, who fills out what forms, when and why. We have discovered many times over how invaluable it has been to codify our understanding about each of the interactions and functions detailed in the Probate Court Rules and the Mental Health Code at this most basic level of "filling out the forms."

1.3 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.

In 2013, the Saginaw County 70th District Court and Judge A.T. Frank, took the lead in the implementation of a Mental Health Court. The mental health court is evidence of both a strong judiciary commitment to jail diversion as well as a demonstration of a coalition of health systems, human service, public safety and judiciary dedicated to improving population health for Saginaw County.

1.4 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 second 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.

In spite of 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. The First Responder's Leadership Group quickly discovered that reducing the time in one segment of the process often led to increase in time in another segment. They 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. This was not an easy conversation.

Performance Measure: The SCCMHA Quality Improvement program facilitates a study which will sample the administrative data for 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 will be defined, collected and trended from the various admission documents generated by the participating agencies and centrally collected in the mental health center. This quality improvement project will be reported to the First Responder's Leadership workgroup for analysis and response.

1.5 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 both individuals 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. It is to this end that the Saginaw First Responder's Guide names individual members when appropriate, recognizing the value of the individual members who are capable of working above the institutional limits of their roles to facilitate a high level of creative problem solving when the need presents. This level of commitment in Saginaw is demonstrated on a regular basis. Most of the members of this First Responder leadership team share cell phone numbers and are available to each other 24/7 in order 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

Saginaw County Community Mental Health Authority (SCCMHA)

- Provides 24/7 crisis response including preadmission screening for psychiatric inpatient care for both voluntary and involuntary admission requests
- Provides Mobile Urgent Treatment Team (MUTT) first response for enrolled families with children with serious emotional disturbance
- Provides assistance to family and community members who wish to initiate involuntary psychiatric admission with the Saginaw County Probate Court
- Provides care coordination throughout the SCCMHA network of mental health providers including over 200 agencies in Saginaw County ranging from group homes to clinical treatment teams
- Provides authorization for payment for all Medicaid and indigent psychiatric inpatient care
- Provides Alternative Treatment Plans for involuntary commitment proceedings and continuum of care by monitoring court order status
- Provides education and support for staff as Saginaw County Probate Court suggests revisions in mental health procedures and form processing

Substance Use Disorder Coordinating Agency

Mid-State Health Network (MSHN)

- Provides referrals to approved providers through SCCMHA Central Access and Intake and Crisis Intervention staff 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

Saginaw County Courts

Saginaw County Probate Court and 10th 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

Saginaw County 70th District Court (Mental Health Treatment Court)

- Provides jail diversion services to persons in police custody who require mental health treatment provided through the SCCMHA forensic team
- Provides coordinated court supervision for enrolled participants

Law Enforcement (16 agencies)

Saginaw County Sheriff's Office

Saginaw City Police Department

Saginaw Township Police Department

- These three 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 Saginaw County Law Enforcement Agencies and Michigan State Police

- Provide first response to emergency dispatch calls. In Saginaw City the Saginaw City Police Department accompanies all MMR responses dispatched through Central Dispatch
- Provide protective custody and transportation to preadmission screening site (SCCMHA or Covenant Emergency Care Center)
- Provide peace officer's application when no other party is willing or able to serve as applicant for an involuntary admission assessment

Saginaw County Central Dispatch

- Provides 9-1-1 emergency medical and law enforcement dispatch for Saginaw County
- Provides triage and assists callers on the phone until the first responder team arrives on the scene

Saginaw County Prosecutor

- Provides prosecuting attorney assignment to represent the county in mental health commitment hearings
- Provides processing of deferral decisions
- Provides processing of non-compliance petitions

Emergency Medical Response

Mobile Medical Response (MMR)

- 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

Saginaw Valley Medical Control Authority (SVMCA)

- Provides regional oversight of medical first responder agencies including fire and police medical first responders and ambulance advanced and basic life support units

Saginaw County 9-1-1 Central Dispatch

- 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

Covenant Healthcare Emergency Care Center

St. Mary's of Michigan Emergency Department

- 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 SCCMHA Crisis Intervention clinicians for persons who are served with preadmission screening service
- Provides physician order for medical transport to admitting psychiatric facility

Psychiatric Inpatient Hospitals and Acute Care Diversion Programs

HealthSource Saginaw

McLaren Bay Region Hospital

Saginaw Meadows Crisis Residential Unit

- Provide admission screening via phone triage
- Provide admission assessment and Formal Voluntary Admissions and Psychiatric Certification for Involuntary Admissions
- Provide acute and sub-acute care treatment for voluntary and involuntary patients
- Provide a venue for video probate court proceedings

Saginaw Public Guardian

- Provides ad litem guardian services when requested for persons petitioned through the Saginaw County Probate Court
- Provides payee, limited and full guardianship services for persons deemed as incapacitated individuals

Saginaw County Jail

Jail Administrator

- Provides mental health screening at the time of booking and facilitates appropriate diversion
- Provides incarceration for persons who are arrested and booked for alleged crimes in Saginaw County

Corizon Health, Inc. (healthcare provider for Saginaw County jail)

- Provides health and behavioral health treatment to persons housed in the Saginaw County Jail and may file a petition or application for involuntary psychiatric admission of persons assessed as in need of treatment in an inpatient psychiatric unit

Saginaw County Department of Health & Human Services (DHHS)

- 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

1.6 First Responder's Guide Contributors

Many thanks to those who collaboratively updated the First Responder's Guide for Behavioral Interventions.

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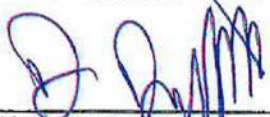






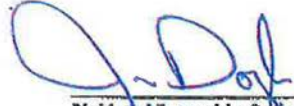

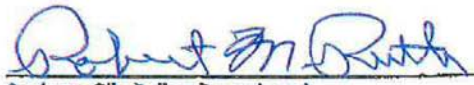


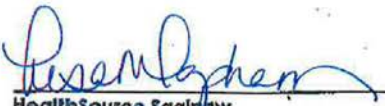

Saginaw Valley Medical Control Authority


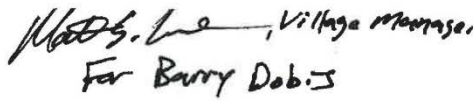

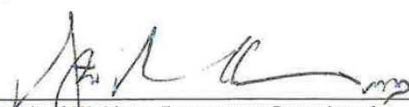





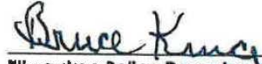

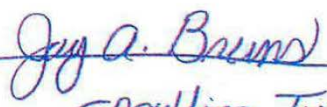
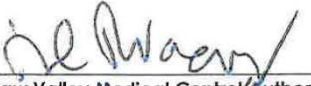

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SECTION 2

Psychiatric Hospital Screening, Admission and Discharge Procedures

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

Ambulance Service, Covenant HealthCare, HealthSource Saginaw (HSS), Law Enforcement Agencies, McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw Meadows Crisis Residential Unit (CRU) and St. Mary's of Michigan

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

Updated by

Bridget Cashin (MBR), LaTecia Cirilo (Saginaw County Probate Court), Shane Hunt (St. Mary's of Michigan), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Beth Miller (Saginaw County Probate Court), Lynne Price (HSS), Dr. K. Raval (HSS), Sheri Short (Covenant), Allie Steffenson (Saginaw Meadows CRU), Nancy Szczepanik (HSS) and Jennifer Whyte (MBR)

Policy

Individuals will be evaluated and needs determined. Following assessment and the determination that the individual meets criteria for admission, an intake with the appropriate facility will be completed. The type of admission (voluntary, involuntary, judicial or administrative) will be communicated between the clinician and intake staff. Specific information regarding health/safety issues, medical conditions, medications, legal, and behavioral concerns will be communicated and documented as part of the intake process.

The intake staff will focus on obtaining all information that will assure suitable disposition of the referral.

The referral clinician will communicate all pertinent information to secure a disposition that will meet the individual's clinical needs in the least restrictive setting. 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. A direct nurse to nurse contact may be necessary.

Procedures

County of residence should be established prior to the assessment. Individuals with Medicaid or no insurance who are not residents of Saginaw County will require an authorization for screening from the individual's county of residence. A Saginaw County Community Mental Health Authority (SCCMHA) representative will also need to authorize payment for hospital days. The SCCMHA Crisis Intervention Services (CIS) and the receiving unit will document the name of the individual authorizing payment. Saginaw Meadows Crisis Residential Unit (CRU) is restricted to accepting individuals from counties who they have a contract with.

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. Criteria for admission include blood alcohol level below .1, medically clear, and stable for transport. Information regarding level of agitation and chemical or physical restraint precautions will be communicated as part of the intake process. 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.

Action 1: Intake information collected on an SCCMHA Prescreening Timeliness form is communicated between the clinician and intake nurse. Information that is pending and transferred between CIS staff should be documented on the SCCMHA Transfer/Pending Information form.

Responsible Party: SCCMHA CIS Staff, Intake Staff, CRU Staff

Action 2: Utilizing the Intake Unit's Inquiry/Assessment form (HealthSource Saginaw White Pine Mental Health Center Inquiry/Assessment BM-MR 188 or the McLaren Bay Region Behavioral Health Inquiry/Assessment MH-2552 or the Crisis Residential Unit Referral 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. A nurse to nurse or physician to physician contact may also be indicated. Communicate to units the presence or history of substance use.

Responsible Party: Clinician, Intake Staff, Hospital Nurse, Attending Physician

Action 3: 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: SCCMHA CIS Staff for screening and exchange of intake information. HSS Staff, MBR Staff, CRU Staff for the actual signature or verbal consent (unit policy).

Action 4: 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.

Responsible Party: SCCMHA CIS Staff, Intake Staff, Staff at the Facility

Action 5: Transportation should be arranged. Individuals who are being admitted voluntarily may be transported by self, family or taxi, 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. SCCMHA is responsible for transportation from the prescreen site to the admitting facility for involuntary admissions.

Responsible Party: SCCMHA CIS Staff


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 mental health worker. By taxi if a person is coming from a mental health unit.

Responsible Party: Ambulance Service, Law Enforcement

Exhibits:

1. SCCMHA Prescreening Timeliness
2. SCCMHA Transfer/Pending Information
3. HealthSource Saginaw White Pine Mental Health Center Inquiry/Assessment BM-MR 188
4. McLaren Bay Region Behavioral Health Inquiry/Assessment MH-2552
5. Crisis Residential Unit Referral Form

SCCMHA Prescreening Timeliness (page 1 of 12)



Prescreening Timeliness

Name: _____ **Case #:** _____
Date: _____ **Clinician Name:** _____ **Clinician #:** _____

Voluntary ☐ **Involuntary** ☐ **Negative Cert** ☐ **County:** _____

Insurance: Medicaid ☐ Medicare ☐ Healthy MI ☐ Private ☐ VA ☐ None ☐

Disposition: Diversion ☐ SA Referral ☐ MH Referral ☐ ACCESS Referral ☐ Negative Cert ☐

Was Crisis Residential called? Yes ☐ No ☐ **Phone/Courtesy Screen:** Yes ☐ No ☐

Probate Status: None ☐ Deferral ☐ (email day-staff) 60/90 order ☐ (email day-staff) 90/1 yr. order ☐ (email day-staff)

Intake Information	CRTP	Health Source	McLaren Bay Region
Time Unit Called			
Staff Taking Intake			
Time Notified of Acceptance/Denial			
Doctor Involved			
Court Signed Documents/Police Pick-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time Patient Can Be Transported for Admission			
Medical Clearance Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Labs Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Labs Were Requested, Which Ones			
Reason and time for Denial (Choose from Below)	Reason	Time	Reason
			Reason
			Time

Other Hospital Refusals

Hospital	Physician	Nurse	Reason	Time
1.				
2.				
3.				
4.				
5.				
6.				

Reasons: (1) At capacity → all licensed beds occupied (2) Gender (3) Age (4) Race (5) Handicap (6) Milieu
 (7) Legal Issues (8) Violent/Disruptive behavioral issues (9) Comorbidities → list (10) Payment rate issues
 (11) Ability to pay (12) Source of payment (13) Substance Abuse (14) Sexual orientation (15) National origin
 (16) Beds available/insufficient staff (17) Beds available/no appropriately trained staff (18) Commitment status
 (19) Organic Issues (Dementia, Alzheimer's, Brain Injury) (20) Extenuating Circumstances (no call back, no response)


Outcome: Where was Consumer admitted: _____

Hospital label if applicable

For admission to hospitals other than CRTP, HSS, or McLaren Bay

Time accepted: _____ **Approximate transport time:** _____

SCCMHA Transfer/Pending Information



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

Transfer/Pending Information

Time: _____ Date: _____

Crisis Worker Completing Transfer/Pending: _____

Client's Name: _____ Case #: _____

Parent's Name: _____ County: _____

Caller's Name: _____ Call Back #: _____

Provider Out-Patient Services: ☐ None ☐ CMH ☐ TTI ☐ ACT ☐ List ☐ Westlund
☐ Saginaw Psych ☐ Jane's Street ☐ Other

Current Location of Client: ☐ At Residence
☐ Hospital (Medical Floor, ER Dept., Mental Health Unit)
☐ Whereabouts unknown

What has been Complete?

☐ Prescreen

☐ Petition (filed with Probate Court: Yes or No)

☐ Demand for Hearing (filed with Probate Court: Yes or No)

☐ Non-Compliance (filed with Probate Court: Yes or No)

☐ Pick-up Order Delivered to: Sheriff Dept: _____
Saginaw City: _____
Saginaw Twp: _____

☐ Entered into SENTRI

☐ Bed arranged at _____

☐ Other (specify) _____

Contact Person for Client: _____ Phone: _____

Information to be transferred: _____

Crisis Worker accepting Transfer/Pending: _____

Time: _____ Date: _____

Update: _____ Update: _____

Update: _____ Update: _____

Last Modified: 1-8-14

HealthSource Saginaw White Pine Mental Health Center Inquiry/Assessment BM-MR 188 (page 1 of 2)


ETA _____		HealthSource Saginaw, Inc.		Reviewed by: _____	
Rm# _____		White Pine Mental Health Center		Program/Med Dir. Sig/Date _____	
Physician: _____		INQUIRY/ASSESSMENT			
Call Date: _____		Call Time: _____ AM PM			
Name of Clinician Taking Call/Signature: _____				Time: _____	
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary, and if so: <input type="checkbox"/> Petition <input type="checkbox"/> 1st Cert <input type="checkbox"/> Demand <input type="checkbox"/> Non-Compliance <input type="checkbox"/> On prior <input type="checkbox"/> Order? <input type="checkbox"/> Deferral?					
Patient's Full Name: _____				Referral Source (Full Name and Title/Relationship to Patient): _____	
Age: _____	D.O.B: _____	MO _____	DAY _____	YR _____	Home Phone: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Company Calling From (clarify if caller works for ED, CMH, etc.): _____	
Soc. Sec. #: _____		County: _____		Phone: _____	
Legal Street Address: _____		P.O. Box: _____			
City: _____		State: _____		ZIP: _____	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other					
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Undetermined					
Race: _____					
Employer: _____					
<input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Primary Physician & Phone: _____					
Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Psychiatrist: _____					
Spouse's Name: _____					
Spouse's D.O.B.: _____ Spouse's SS#: _____					
Family Member/Guardian/Conservator/Foster Care/POA/Payee: _____					
Mother's Name _____					
SS#: _____		D.O.B. _____		Phone: _____	
Father's Name _____					
SS#: _____		D.O.B. _____		Phone: _____	
Stepparent's Name _____					
SS#: _____		D.O.B. _____		Phone: _____	
Adult/Child Foster Care: _____					
Contact Name: _____		Phone: _____			
Street Address: _____					
City: _____		State: _____		ZIP: _____	
Primary Insurance: _____					
Card #: _____					
Phone: _____					
Subscriber's Name: _____					
Subscriber's D.O.B.: _____		SS#: _____			
Relationship to Patient: _____					
Employer: _____		Phone: _____			
Contact Person: _____					
# of Days Authorized: _____					
Secondary Insurance: _____					
Card #: _____					
Phone: _____					
Subscriber's Name: _____					
Subscriber's D.O.B.: _____		SS#: _____			
Previously been inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No Within last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ MR#: _____ Where: <input type="checkbox"/> HSS <input type="checkbox"/> Other _____					
Currently active in outpatient treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Last Appointment: _____ Therapist: _____					
Pending or Current Legal Status/Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, add ADDITIONAL INFORMATION sheet with explanation					
Physician Consultation/Disposition: <input type="checkbox"/> Dr. Raval <input type="checkbox"/> Dr. Movva <input type="checkbox"/> Dr. Rao <input type="checkbox"/> Dr. H. Talasila <input type="checkbox"/> Dr. V. Talasila <input type="checkbox"/> Dr. Parashar <input type="checkbox"/> Dr. _____ HSS Medical Consult Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No Physician's Full Name: _____ Date: _____ Time: _____					
Provisional Diagnosis: _____					
Disposition and Status: <input type="checkbox"/> Admission Pending <input type="checkbox"/> Admission Criteria Not Met <input type="checkbox"/> No Space <input type="checkbox"/> Not Panel Provider to Insurance <input type="checkbox"/> General Info Only <input type="checkbox"/> Patient Refused Admission <input type="checkbox"/> Patient/Family Chose Another Facility <input type="checkbox"/> Medical Condition Primary <input type="checkbox"/> Age Inappropriate <input type="checkbox"/> Other _____					
Physician Admission Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date/Time: _____ Denial Reason: _____					
Referral Source Notified of Disposition: Date/Time: _____ Referred to: _____					


N:\WP\ADULT.WP\InquiryAssessmentFeb2014.docx BM-MR 188 02/2014

Page 1

(place Addressograph here if admitted)

McLaren Bay Region Behavioral Health Inquiry/Assessment MH-2552 (page 1 of 2)

 BEHAVIORAL HEALTH INQUIRY/ASSESSMENT				Reviewed by: <small>(Program Director's Signature/Date)</small>
Call Date:		Call Time:		A.M. P.M. Time Referral Source was Notified of Disposition:
Time Physician Called for Disposition:		<input type="checkbox"/> Approved Time: <input type="checkbox"/> Denied Time:		ETA of Patient:
Name of Nurse Completing Assessment:		<input type="checkbox"/> Voluntary <input type="checkbox"/> Petition <input type="checkbox"/> 1st Cert <input type="checkbox"/> Involuntary <input type="checkbox"/> ATO <input type="checkbox"/> Deferment Date		
<input type="checkbox"/> Dr. Foster <input type="checkbox"/> Dr. Kondapaneni <input type="checkbox"/> Dr. Syed		Reason Denied:		
<input type="checkbox"/> Dr. Ingram <input type="checkbox"/> Dr. Lathia <input type="checkbox"/> Dr. Tadeo				
		Referred To:		
		Provisional Diagnosis:		
Patient's Full Name:		Name of staff taking call: _____ Time: _____		
Age:	D.O.B. MO DAY YR	Home Phone:	Name of Caller: _____ Relationship To Patient: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow	Company Calling From:	
Soc. Sec. #		Phone:		
Address:		Other:		
Employer:		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Physician & Phone:		Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No Previously been an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychiatrist:		If yes, last time: _____ MR#: _____		
Spouse's Name (if applicable):		When: _____ Where: _____		
Spouse's D.O.B.:		Spouse's Soc. Sec. #: _____ Currently active in outpatient TX? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance:		If yes, where: _____ Last Appt.: _____		
Subscriber's Name:		Therapist:		
Subscriber's D.O.B.:		Legal Status:		
Relationship to Patient:				
Employer:		Phone:		
Primary:		Phone:		
Card #:		Pre-Cert Prior To Admission: Blue Care Network 800-482-5982 Health Plus 800-555-5025 Sanilac CMH Access Center 888-225-4447 Priority Health 800-673-8043 Value Options (GM/Delphi) process within 24° 800-235-2302		
Contact Person:		Other Psychiatric Hospitals: HealthSource - Saginaw 989-790-7745 Mid-Michigan Medical Center - Midland 989-839-3690 Gratiot Medical Center - Alma 989-463-1101 Havenwyck Hospital - Auburn Hills 800-401-2727 Alpena Regional Medical Center - Alpena 989-356-7000		
Secondary:		Phone:		
Card #:				



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MH-2552 PAGE 1 OF 2 09/08

ADDRESSOGRAPH

Crisis Residential Unit Referral Form

CRU Referral Form:

Date: _____ Time of Call: _____ Arrival time to CRU: _____

Location of consumer for pick up: _____

Consumer Name: _____

CMH Case # _____ DOB: _____ Social Security Number: _____

Diagnosis: _____ Insurance: _____

Presenting Problems: (medical necessity for CRU services) _____

Does this consumer have a guardian? Y/N Verbal Consent: Y/N Name and Number: _____

Is this consumer under a court order (ATO, CSC, Tether, etc.)? Y/N _____

Is this consumer in an AFC home? : Y/N? _____

Name of program and case manager _____

Does this consumer have a substance abuse history? Y/N _____

Name of substance abuse treatment program: _____

Name of employee placing referral: _____

Emergency Contact person name and phone number. _____

Does this person require adaptive equipment? Cane, Walker, Wheel Chair: Y/N? _____

Health concerns: Diabetes, High Blood Pressure, Low Blood Pressure, COPD, Heart Disease, Seizure Disorder, Asthma,

High Cholesterol, ETC: _____

Is the consumer coming to CRU with any prescriptions for medications? Y/N _____

List medications: _____

Do they have a three day supply? Y/N? _____

Signature of CRU staff completing referral: _____

Number of days authorized _____

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 in order to prevent failed care transitions which are costly to all resources and which delay a disposition.

Applies to

Covenant HealthCare, HealthSource Saginaw (HSS), Law Enforcement Agencies, McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw County Prosecutor's Office, Saginaw Meadows Crisis Residential Unit (CRU) and St. Mary's of Michigan

Updated by

Jennifer Brin (MMR), LaTecia Cirilo (Saginaw County Probate Court), Nathan House (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Beth Miller (Saginaw County Probate Court), John Pelkki (Saginaw Township Police Department), Lynne Price (HSS), Randy Price (Saginaw County Prosecutor's Office), Sheri Short (Covenant) and Nancy Szczepanik (HSS)

Policy

Upon completion of the assessment for involuntary admission, all legal documents will be faxed to the inpatient facility (HSS/MBR) 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/Application for Hospitalization 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, taxi, ambulance, agency staff, or law enforcement.

HSS/MBR 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: SCCMHA Crisis Intervention Services (CIS) Staff, Emergency Department (ED), Staff, 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/Application for Hospitalization PCM 201
- Clinical Certificate PCM 208
- 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 Alternative Treatment or Combined Hospitalization and Alternative 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: SCCMHA CIS Staff, ED Staff

Action 4: The intake staff will review the documents and clarify concerns with the referring agency. Upon validation of the documents, the intake staff will contact the 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 CIS or the medical hospital. "True Copies" or originals will accompany the individual to the unit.

Responsible Party: SCCMHA CIS Staff, ED 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 from SCCMHA to MMR. When a voluntary placement at CRU is determined, medications will be secured and transported by staff.

Responsible Party: Ambulance Service, Law Enforcement

Action 7: Individuals being admitted on an adult formal voluntary basis can be transported by the individual, family or taxi. If the attending physician requires

ambulance transport on a voluntary admit, the payment is the responsibility of the individual unless pre-authorized and documented by CIS.

Responsible Party: Individual being admitted unless ordered by Physician (with preauthorization)

Exhibits:

1. Petition/Application for Hospitalization PCM 201
2. Clinical Certificate PCM 208
3. Adult Formal Voluntary Admission Application DCH-0086
4. Notification of Noncompliance and Request for Modified Order PCM 230
5. Order for Report After Notification and Report PCM 231
6. Order to Modify Order for Alternative Treatment or Combined Hospitalization and Alternative Treatment PCM 217a
7. Psychiatrist Letter of Non-Compliance
8. Demand for Hearing PCM 236
9. Involuntary Transfer Instructions from SCCMHA to MMR

Petition/Application for Hospitalization PCM 201 (page 1 of 2)

Approved, SCAO		JIS CODE: AFH/PFH	
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION/APPLICATION FOR HOSPITALIZATION	FILE NO.	

In the matter of _____ XXX-XX-
Last four digits of SSN

Court ORI	Date of birth	Place of birth	Race	Sex
-----------	---------------	----------------	------	-----

1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
 I believe the individual named above needs treatment.

2. The individual was born _____, has a permanent residence in _____
Date
 County at _____
Street address City State Zip
 and can presently be found at _____
Address

☐ This petition is for a person who was found not guilty by reason of insanity in this county.

3. I believe the individual has mental illness and

☐ a. as a result of this mental illness, the individual can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

☐ b. the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

☐ c. the individual's judgment is so impaired s/he is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others. (If this is the only item checked, you must file this petition with the court before the person can be hospitalized.)

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 201 (11/11) PETITION / APPLICATION FOR HOSPITALIZATION

MCL 330.1424, MCL 330.1434, MCL 330.1438, MCL 330.2050

Clinical Certificate PCM 208 (page 1 of 2)

Approved, SCAO		JIS CODE: CCT
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	CLINICAL CERTIFICATE	FILE NO.

In the matter of _____

1. TO THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.

2. I further certify that I, _____, personally examined _____

Name of examiner (type or print) Patient

at _____

Name of place where examined and its address

on _____ starting at _____ and continuing for _____ minutes.

Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

3. My determination is that the person is

☐ mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).

☐ not mentally ill.

☐ 4. (if applicable) The person has

☐ convulsive disorder. ☐ alcoholism. ☐ other drug dependence.

☐ mental processes weakened by reason of advanced years.

☐ other (specify): _____

☐ been hospitalized involuntarily two or more times within the two-year period immediately preceding the filing of the petition and has rejected aftercare programs and treatment.

5. My diagnosis is: _____

6. Facts serving as the basis for my determination are: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 208 (9/07) CLINICAL CERTIFICATE

MCL 330.1425, MCL 330.1435

Adult Formal Voluntary Admission Application DCH-0086 (page 1 of 2)

	Admission Date _____								
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH ADULT FORMAL VOLUNTARY ADMISSION APPLICATION									
<p>TO: The Director Of _____</p> <p>I, _____, wish to request formal voluntary admission to your hospital.</p> <p>I understand the hospital may continue to hold me for a period of up to 3 days, excluding Sundays and holidays, after I give written notice of my intention to leave the hospital. The written notice shall be on a form which shall be given to me immediately when I request it or when I inform the hospital of my desire to leave.</p> <p>I also understand that if I still wish to leave, and if the director of the hospital believes that pursuant to Chapter 4 of the Michigan Mental Health Code I still require hospital treatment, the director may, within those 3 days, file an application and necessary clinical certifications(s) with the probate court for my continued hospitalization and treatment. Under such circumstances, I will have to remain in the hospital pending the court hearing.</p> <p>I understand the admission is temporary and that I will be discharged when, in the hospital director's opinion, I am no longer clinically suitable for inpatient treatment.</p> <p>I agree to disclose such information as is required by law to determine my financial status and ability to pay for mental health services. I understand that, if the mental health services are to be publicly supported, a financial determination will be made subsequent to admission and that a notice of the determination and appeal procedure will be sent to me as required by law.</p> <p>I have been informed as to whether the community mental health services program serving the county in which I live contracts with this hospital for inpatient care. If it does, I further understand that information concerning my admission and treatment will be shared with them if there is any expectation on my part and the hospital's that the community mental health services program will be expected to reimburse the hospital, in whole or in part, for the services I am provided.</p>									
Person to be admitted (adult applicant): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">County of Residence</td> </tr> <tr> <td>Street address/PO Box</td> <td>Date of Birth</td> </tr> <tr> <td>City, State, Zip Code</td> <td>Phone #</td> </tr> <tr> <td>Guardian (applicant)</td> <td>Patient Advocate designated in psychiatric advance directive (applicant)</td> </tr> </table>		Name	County of Residence	Street address/PO Box	Date of Birth	City, State, Zip Code	Phone #	Guardian (applicant)	Patient Advocate designated in psychiatric advance directive (applicant)
Name	County of Residence								
Street address/PO Box	Date of Birth								
City, State, Zip Code	Phone #								
Guardian (applicant)	Patient Advocate designated in psychiatric advance directive (applicant)								
<p>Signature of Adult Applicant: _____ Date: _____</p> <p>Signature of Guardian: _____ Date: _____</p> <p style="text-align: center;">OR</p> <p>Signature of Patient Advocate: _____ Date: _____</p>									
<small>This legal form is approved for use by the State Department of Community Health and cannot be altered or abridged without formal approval.</small>									
<small>DCH-0086 Rev. 3/2008</small>	<small>Page 1 of 2</small>								

Notification of Noncompliance and Request for Modified Order PCM 230

Approved, SCAO _____		JIS CODE: NCA	
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTIFICATION OF NONCOMPLIANCE <input type="checkbox"/> REQUEST FOR MODIFIED ORDER	FILE NO. _____	

In the matter of _____

1. I, _____, make this notification as the
Name (type or print)

☐ agency. ☐ mental health professional who is supervising the individual's alternative/assisted outpatient treatment program.
☐ individual.

2. The individual who is the subject of this notification was ordered to undergo a program of alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.

☐ a. The alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.

☐ b. The individual is not complying with the order for alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.

☐ c. I believe that my alternative treatment program is not appropriate.

☐ 3. There remain _____ days of hospitalization under the last order. The individual needs immediate hospitalization.

4. This conclusion is based upon

☐ a. my personal observation of the individual doing the following acts and saying the following things:

☐ b. conduct and statements seen or heard by others and related to me: state the conduct and statements and the name, address, and telephone number of each witness.

☐ 5. A psychiatrist has ordered the individual to return to the hospital.

☐ 6. I request the court to modify its last order of ☐ alternative treatment ☐ assisted outpatient treatment to direct the individual to:

☐ combined hospitalization and alternative/assisted outpatient treatment

☐ a. undergo another alternative/assisted outpatient treatment program.

☐ b. undergo hospitalization or combined hospitalization and alternative/assisted outpatient treatment, with hospitalization not to exceed _____ days.

☐ c. to be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

Date _____	Signature _____
Title _____	Business address _____
Agency _____	City, state, zip _____ Telephone no. _____

Do not write below this line - For court use only

PCM 230 (9/06) NOTIFICATION OF NONCOMPLIANCE AND REQUEST FOR MODIFIED ORDER MCL 330.1475, MCR 5.744(B)

Order for Report After Notification and Report PCM 231 (page 1 of 2)

Approved, SCAO _____		JIS CODE: ORN
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER FOR REPORT AFTER NOTIFICATION AND REPORT	FILE NO. _____

In the matter of _____

1. The court has received notification that

☐ a. the 90-day order for alternative treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.

☐ b. the one-year order for alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.

☐ c. the individual named above is not complying with the order of alternative treatment.

☐ d. it is believed that the alternative treatment program is not appropriate.

2. **IT IS ORDERED** that the _____ community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative treatment program or in a hospital or center.

Date _____ Judge _____

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE TREATMENT

3. I, _____, as _____ of the _____ community mental health services program, report as follows.

4. I have ☐ reviewed the notification to the court to report on ☐ spoken with the person who notified the court to report on

☐ reviewed other available records to report on ☐ spoken with other knowledgeable persons to report on

a. the reason for concern about the adequacy of the ordered care or treatment: _____

b. the continued suitability of the care or treatment: _____

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or center: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 231 (9/07) ORDER FOR REPORT AFTER NOTIFICATION AND REPORT

- MCL 330.1519 -

Order to Modify Order for Alternative Treatment or Combined Hospitalization and Alternative Treatment PCM 217a (page 1 of 2)

Approved, SCAO : _____	JIS CODE: C9M	
STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ORDER TO MODIFY ORDER FOR ALTERNATIVE TREATMENT OR COMBINED HOSPITALIZATION AND ALTERNATIVE TREATMENT	FILE NO.

In the matter of _____

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. This court issued an ☐ initial ☐ second ☐ continuing order on _____ directing the individual
Date _____
named above to undergo a program of alternative treatment or combined hospitalization and alternative treatment.

3. The court has been notified that
☐ the individual is not complying with the order for alternative treatment or combined hospitalization and alternative treatment.
☐ alternative treatment has not been or will not be sufficient to prevent harm or injury the individual may inflict upon self or others.
☐ the individual believes that the alternative treatment program is not appropriate.

4. **THE COURT FINDS:**

IT IS ORDERED:

☐ 5. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall undergo a program of alternative treatment under the supervision of _____
☐ a community mental health services program
☐ a mental health agency or professional
 as follows: _____

This alternative treatment shall not exceed the time from the date of issuance of the
☐ initial ☐ second ☐ continuing order.

☐ 6. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall be hospitalized at _____
 for a period not to exceed the remainder of the previously-ordered hospitalization portion of the
☐ initial ☐ second ☐ continuing combined order.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 217a (9/13) **ORDER TO MODIFY ORDER FOR ALTERNATIVE TREATMENT OR COMBINED HOSPITALIZATION
AND ALTERNATIVE TREATMENT** MCL 330.1475, MCR 5.744

Psychiatrist Letter of Non-Compliance

NAME _____

FILE # _____

DATE OF BIRTH _____

_____, Alleged Mentally Ill Person, is currently on a valid court order for mental health treatment under the supervision of Saginaw County Mental Health Authority.

Expiration date of the order: _____

Number of hospital days remaining: _____ Admitted to: _____

Let this document stand as my directive that the above named person is to return to inpatient hospitalization, based on the following:

___ Non compliant with mental health treatment

___ Non compliant with psychotropic medication

___ Present danger to self by threats or action

___ Acts or threats of danger to others

___ Actively psychotic, delusional or disoriented

___ Unable to attend to basis daily living needs or care for self

___ Other: _____

Signature of Psychiatrist_____
Date_____
Printed name_____
Agency represented_____
Telephone number

___ Attached copy of PCM 214 (60/90)

___ Attached copy PCM 219 (90/1yr)

Original to probate court office— Copy to Prosecutor—Copy to SCCMHA—Copy to hospital

Demand for Hearing PCM 236

Approved, SCAO _____		JIS CODE: DFH
STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	DEMAND FOR HEARING	FILE NO. _____

In the matter of _____

☐ 1. I am the individual, and I demand a court hearing.

☐ 2. I am the ☐ hospital director/designee, ☐ alternative treatment provider/designee, and I demand a court hearing because ☐ the individual refuses to accept prescribed treatment. ☐ the individual orally demanded a hearing.

☐ 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an alternative treatment program in the community. The deferral period ends on _____ Date _____.

☐ I believe s/he continues to require treatment, but s/he refuses to sign a voluntary treatment form, and I demand a court hearing.

☐ I believe s/he continues to require treatment, but s/he is found not suitable for voluntary treatment, and I demand a court hearing.

☐ 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on _____ Date _____. I believe the individual continues to require treatment and

☐ will not agree to sign a formal voluntary admission, and I demand a court hearing.

☐ is not suitable for voluntary admission, and I demand a court hearing.

☐ 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the _____ hospital pending the hearing.

6. The individual is located at _____

Date _____

Signature _____

Name (type or print) _____

Address _____

City, state, zip _____ Telephone no. _____

(Complete only if item 5 is checked.)

ORDER

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. A peace officer shall take the individual into protective custody and transport him/her to the hospital stated above.

Signature _____

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

PCM 236 (9/11) **DEMAND FOR HEARING**

MCL 330.1455(5), (7)-(10)

Involuntary Transfer Instructions from SCCMHA to MMR



November 14, 2013

Mobile Medical Response
Attention: Operations Director

Dear Operations Director:

We are currently updating the Saginaw County First Responders Guide for Behavioral Intervention. This letter will replace the letter written in 2007.

I am enclosing a list of all documents that would allow a patient to be transferred involuntarily to a Mental Health Unit.

1. Petition/Application for Hospitalization AND Supplemental Petition to Application for Hospitalization and Order for Examination. These two documents would be stamped by the Probate Court.
2. Petition/Application for Hospitalization AND Clinical Certificate—These two documents must be the **ORIGINALS**.
3. Petition/Application for Hospitalization (a true copy stamped by the probate court) and a Clinical Certificate (Original)
4. DEMAND for HEARING. A copy of the Request to Defer may be attached but is not necessary. The Demand for hearing allows transport.
5. Letter of Non Compliance signed by treating Psychiatrist. A copy of the initial order for treatment may accompany the letter of non compliance.
6. Notification of Noncompliance and request to modify order. Order to Modify Order and Order for Report after Notification.
7. ORDER FOR TRANSPORTATION signed by the Judge

If you have any questions please call me.

Thanks,

Nancy Johnson,
Crisis Intervention Services
989-792-9732

500 HANCOCK ST. • SAGINAW, MI • 48602 • PHONE: 989-792-9732 • HANCOCK FAX: 989-797-3477 • COVENANT FAX: 989-583-4252

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 pre admission 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

Covenant HealthCare, HealthSource Saginaw (HSS), McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw Meadows Crisis Residential Unit (CRU) and St. Mary's of Michigan

Updated by

Bridget Cashin (MBR), LaTecia Cirilo (Saginaw County Probate Court), Shane Hunt (St. Mary's of Michigan), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Beth Miller (Saginaw County Probate Court), Lynne Price (HSS), Dr. K. Raval (HSS), Sheri Short (Covenant), Allie Steffenson (Saginaw Meadows CRU), Nancy Szczepanik (HSS) and Jennifer Whyte (MBR)

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.

In the event that a potential patient requires Medical Clearance per the provider's admitting physician, 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 physician 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: Individual will be assessed to determine if criteria for admission is met.

Responsible Party: SCCMHA Crisis Intervention Services (CIS) Staff, Hospital Social Worker, HealthSource Saginaw (HSS) Intake Nurse, Emergency Department (ED) Staff, Medical Floor Staff

Action 2: The physician 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 physician. 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 provider physician and the physician who has made the clearance determination. If not resolved at the physician-to-physician 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. Reference HealthSource Saginaw Exclusionary Criteria/Safety Concerns.

Responsible Party: SCCMHA CIS Staff, Hospital Social Worker, HSS Intake Nurse, ED Staff, Medical Floor Staff

Exhibits:

1. Petition/Application for Hospitalization PCM 201
2. Clinical Certificate PCM 208
3. HealthSource Saginaw Exclusionary Criteria/Safety Concerns

Petition/Application for Hospitalization PCM 201 (page 1 of 2)

Approved, SCAO		JIS CODE: AFH/PFH	
STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION/APPLICATION FOR HOSPITALIZATION	FILE NO.	
CIRCUIT COURT - FAMILY DIVISION			

In the matter of _____ **XXX-XX-**
Last four digits of SSN

Court ORI	Date of birth	Place of birth	Race	Sex
-----------	---------------	----------------	------	-----

1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
 I believe the individual named above needs treatment.

2. The individual was born _____, has a permanent residence in _____
Date
 County at _____
Street address City State Zip
 and can presently be found at _____
Address

☐ This petition is for a person who was found not guilty by reason of insanity in this county.

3. I believe the individual has mental illness and

☐ a. as a result of this mental illness, the individual can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
☐ b. the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
☐ c. the individual's judgment is so impaired s/he is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others. (If this is the only item checked, you must file this petition with the court before the person can be hospitalized.)

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 201 (11/11) PETITION / APPLICATION FOR HOSPITALIZATION
MCL 330.1424, MCL 330.1434, MCL 330.1438, MCL 330.2050

Clinical Certificate PCM 208 (page 1 of 2)

Approved, SCAO		JIS CODE: CCT
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	CLINICAL CERTIFICATE	FILE NO.

In the matter of _____

1. TO THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.

2. I further certify that I, _____, personally examined _____

Name of examiner (type or print) Patient

at _____

Name of place where examined and its address

on _____ starting at _____ and continuing for _____ minutes.

Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

3. My determination is that the person is

☐ mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).

☐ not mentally ill.

☐ 4. (if applicable) The person has

☐ convulsive disorder. ☐ alcoholism. ☐ other drug dependence.

☐ mental processes weakened by reason of advanced years.

☐ other (specify): _____

☐ been hospitalized involuntarily two or more times within the two-year period immediately preceding the filing of the petition and has rejected aftercare programs and treatment.

5. My diagnosis is: _____

6. Facts serving as the basis for my determination are: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 208 (9/07) CLINICAL CERTIFICATE

MCL 330.1425, MCL 330.1435

HealthSource Saginaw Exclusionary Criteria/Safety Concerns



Behavioral Medicine Services

Exclusionary Criteria/Safety Concerns

The following items have been approved by the Medical Director of the Behavioral Medicine Department of HealthSource Saginaw as potential exclusionary and or safety concerns for admission. This list is subject to change at any time.

- Patients with a tracheotomy
- Patients with active MRSA
- Patients with any type of feed tubes
- Patients who require 24/7 Oxygen Therapy
(All other oxygen therapy patients will be reviewed on a case by case basis by the on call physician)
- Patients with any type of IV therapy
- Patients who require Dialysis therapy
- Patients who require a lift for transfer while on the unit
- Patients with catheters, both Foley or Suprapubic
- *** Patients who are unable to perform all ADL's and/or is cognitively unable to participate in the daily programming of the unit
- *** Patients with a colostomy

***These items will be reviewed by the on-call physician on a case by case basis.

Final admission decisions are made by the on-call Psychiatrist, Medical Director and/or Medical Physician only.

**K.J. Raval, MD Psychiatrist
Medical Director**

**Nancy Szczepanik, RN, BS
Nurse Manager Child/Adolescent Inpatient unit, Pathways**

**Kimberly Sutter, RN, MSN
Nurse Manager, Adult Inpatient**

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 are assigned to the public or a private 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

Covenant HealthCare, Guardianship Services of Saginaw County, HealthSource Saginaw (HSS), McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw Meadows Crisis Residential Unit (CRU) and St. Mary's of Michigan

Developed by

LaTecia Cirilo (Saginaw County Probate Court), Joy Ebig (Guardianship Services), Nancy Johnson (SCCMHA), Lynne Price (HSS) and Nancy Szczepanik (HSS)

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.

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: SCCMHA Crisis Intervention Services (CIS) Staff, Emergency Department (ED) Staff, Medical Floor Staff

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: SCCMHA CIS Staff, ED Staff, Medical Floor Staff, Guardian

Action 3: If the Individual requires an involuntary admission: In the advent the court has signed a petition and supplemental, or 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, and the mental health unit is made aware the individual has a court appointed guardian.

Responsible Party: SCCMHA CIS Staff, ED Staff, Medical Floor Staff, Guardian

Definitions:

Guardian: an individual or an agency that is appointed by the court to make decisions on behalf of the incapacitated individual

Involuntary Admission: a legal process whereby an individual with symptoms of severe mental illness is ordered by the court to receive treatment in an inpatient psychiatric hospital or other mental health facility

Parents or Court Appointed Person(s): the person who serves as the guardian for an individual under the age of 18 years

Voluntary Admission: is the act or practice of a person being admitted to a psychiatric hospital, or other mental health facility, voluntarily

Ward: a person for whom a guardianship has been established through the court

Exhibits:

1. Letters of Guardianship PC 633
2. Letters of Guardianship of Individual with Developmental Disability PC 662

Letters of Guardianship PC 633 (page 1 of 2)

Approved, SCAO		JIS CODE: LOG
STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	LETTERS OF GUARDIANSHIP	FILE NO. _____

In the matter of _____

TO: Name and address
Guardian's telephone no.

1. You have been appointed ☐ by will or other witnessed writing ☐ by the court as _____
 guardian of the individual named above. Type of guardian (full, limited, temporary, etc.)

2. Having filed an acceptance of appointment, you have the care, custody, and control of that individual:

☐ a. together with all authority and responsibilities granted and imposed by law.

☐ b. except as follows:

☐ c. as to the following powers and responsibilities only:

☐ 3. These letters of guardianship expire on _____
Date

Date Judge Bar no.

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

Date Deputy probate register/clerk

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

PC 633 (9/12) **LETTERS OF GUARDIANSHIP**

MCL 330.1631, MCL 700.5103, MCL 700.5214, MCL 700.5215(f), (g), MCL 700.5314(a), (e),
MCL 700.5417, MCR 5.202, MCR 5.402(D), MCR 5.405(C), MCR 5.406(A), MCR 5.409

Letters of Guardianship of Individual with Developmental Disability PC 662 (page 1 of 2)

Approved, SCAO _____		JIS CODE: LOG _____
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.

In the matter of _____, an individual with a developmental disability

TO: Name, address, city, state, and zip

You have been appointed and have qualified as ☐ partial guardian ☐ plenary guardian of the ☐ estate ☐ person of the individual named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules, and order of this court unless limited below.

☐ The guardian's authority is limited to those acts specifically set forth below:

The order appointing you as guardian expires on _____ .
Date

_____ Date
 _____ Judge
 _____ Bar no.

_____ Attorney name (type or print)
 _____ Bar no.

_____ Address
 _____ City, state, zip
 _____ Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

_____ Date
 _____ Deputy probate register/clerk

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MCR 5.202, MCR 5.402(D)

PC 662 (10/07) **LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY**

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 Saginaw County Community Mental Health Authority, hospital medical floor, emergency care center, or detention facility.

Applies to

Covenant HealthCare, Department of Health and Human Services (DHHS), HealthSource Saginaw (HSS), McLaren Bay Region (MBR), Parents and Guardians, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw County Child Protective Services (CPS), Saginaw County Juvenile Detention Center and St. Mary's of Michigan, Saginaw County Sheriff's Office

Updated by

Nancy Johnson (SCCMHA), Judge Patrick J. McGraw (Saginaw County Probate Court), Judge Barbara Meter (Saginaw County Family Court), Randy Price (Prosecutor's Office), Michelle Horn (Saginaw County Family Court), Karla DeJesus (DHHS), Tammy Bruno (DHHS), Patricia Vaughn (DHHS), Dave Kendzioriski (Saginaw City Police Department), Randy Pfau (Saginaw County Sheriff's Office), Sheri Short (Covenant), Laura Cosier (Covenant), Michael McEmber (MMR), Kelly Durkacy (St. Mary's), Lynne Price (HSS), Mark Puckett (HSS)

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 must be functioning at a minimum of an 8 year-old to 17 year-old, to be admitted at HealthSource Saginaw (HSS), to be assessed for admission. Children need to be accompanied by a custodial parent, legal guardian, representative of the Department of Health and Human Services (DHHS) or the Probate Court's Juvenile/Family Division), 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. A parent has input into the selection of an inpatient unit, however, clinical factors, payer type, and continuum of care are necessary considerations. A minor in placement should be accompanied by a representative of that facility. For a Saginaw County resident — Saginaw County Child Protective Services (CPS) can also act for children currently located in Saginaw 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 in order to make contact with a DHHS on-call worker, as well as faxing their report — a 3200 form to 616-977-1158. Crisis Intervention staff (CIS) will inform CI staff this is an urgent situation and CIS staff would like a return call as

soon as possible with the disposition. If CIS staff have not heard back from CI staff or Saginaw DHHS in three hours; CIS 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 SCCMHA or a contracted provider may also be eligible for services through the Mobile Urgent Treatment Team (MUTT). Involvement with the MUTT team can be verified through the SCCMHA Electronic Medical Record (EMR). MUTT services are available every day from 5:00 p.m. to 10:00 p.m. by calling 989-928-4593.

Screening: An individual 14 or older can consent to an intervention by SCCMHA Crisis staff or the Mobile Urgent Treatment Team (MUTT). 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 may be indicated. Urine Drug Screen/Blood Alcohol Level may be indicated, but are not standard.

Admission: A parent, legal guardian, or person with legal authority such as DHHS or Juvenile Court 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. Reference the Saginaw County Informational Guide for Mental Health/Probate Matters page 11-12 Hospitalization of Minors.

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 in to 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: SCCMHA Crisis Intervention Services (CIS) staff completes the mental health evaluation, Medical 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 pre-screen 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: SCCMHA Crisis Intervention Services (CIS), Medical Staff, 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: SCCMHA CIS Staff, Hospital Social Worker, Medical Unit 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. CIS staff will be contacted with a decision.

Responsible Party: SCCMHA CIS Staff, Medical Staff, Receiving Mental Health Unit Staff

Action 5: If the admission is declined, CIS Staff will pursue another unit. If the admission is accepted, CIS Staff, Medical 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 CIS to the receiving unit.

Responsible Party: SCCMHA CIS Staff, Medical Staff, Receiving Mental Health Unit, Staff, Ambulance Service Staff

Action 6: In the event a minor presents without a parent or legal guardian by law enforcement and they have an idea where the parents are, a taxi can be sent for the parent if needed to get them to the ECC or medical floor on behalf of SCCMHA. When a parent or guardian is incarcerated in the Saginaw County jail, jail staff (Corizon) will assist in getting the guardian's signature.

Responsible Party: SCCMHA CIS Staff, Law Enforcement, Jail Staff

Exhibits:

1. Saginaw County Informational Guide for Mental Health/Probate Matters: Hospitalization of Minors (<18 yrs.)
2. Pick Up Orders for Minors

Saginaw County Informational Guide for Mental Health/Probate Matters: Hospitalization of Minors (<18 yrs.) (page 1 of 2)

HOSPITALIZATION OF MINORS (<18 YRS.)

Who Can Request?

1. Minor's parent, guardian, person acting in loco parentis
2. FIA (DSS), in certain circumstances
Circumstances under which FIA can make the request:
 - a. Child is committed to FIA under Act 220
 - b. Child is a ward of the court under Act 288 and FIA is empowered to make this decision by order of the court
 - c. Child is committed to FIA under Act 150, except if still living with his/her custodial parent, the consent of the parent is required
3. Minor 14 years or older who requests hospitalization and is found to be suitable for hospitalization

A Minor Is Not Suitable For Hospitalization If Only 1 Or More Of The Following Conditions Exist:

1. Epilepsy
2. Developmental disability
3. Brief periods of intoxication caused by substances such as alcohol or drugs OR by dependence upon or addiction to those substances
4. Juvenile offenses, including school truancy, home truancy, or incorrigibility
5. Sexual activity
6. Religious activity or beliefs
7. Political activity or beliefs

Evaluation Parameters

1. A minor shall be evaluated for suitability for hospitalization as soon as possible after the request is made.
2. Evaluation will be completed by the children's diagnostic and treatment service of the local CMH program (or the nearest CMH with such a unit if the local unit is not certified as such)
3. The evaluation will do all of the following:
 - a. Determine whether the minor is requiring treatment and that the minor is expected to benefit from hospitalization.
 - b. Determine if there is an appropriate alternative to hospitalization, and if there is, refer the minor to that program.
 - c. Consult with the appropriate school, hospital, and other public and private agencies.
 - d. *If the minor is suitable for hospitalization, refer to the appropriate hospital.*
 - e. If the minor is not suitable for hospitalization, determine if the minor needs mental health services, and if so, offer an appropriate treatment program or refer the minor to any other appropriate agency for services.

Second Opinion

If a minor is assessed and found not to be suitable for hospitalization, CMH shall inform the requesting individual of appropriate alternative services to which a referral will be made and of the process for a request of a second opinion.

Second opinions can be offered by a psychiatrist, other physician, or licensed psychologist, designated by the CMH executive director, as soon as possible.

If the conclusion of the second opinion is different from the conclusion of the children's diagnostic and treatment service, the CMH executive director, in conjunction with the CMH medical director, shall make a decision based on all clinical information available.

Saginaw County Informational Guide for Mental Health/Probate Matters: Hospitalization of Minors (<18 yrs.) (page 2 of 2)

When Referred To A Hospital

1. The hospital director may accept the referral and admit the minor
OR
2. The hospital director may order an immediate examination to confirm suitability for hospitalization. If suitability is confirmed, the hospital may admit. The hospital shall cause the minor to be examined by a **child psychiatrist** within 48 hours after admission.
3. If the hospital confirms the suitability and has insufficient space to admit, the minor shall be placed on a waiting list at this facility
AND
CMH will provide necessary interim services and may refer to another hospital.
4. If the hospital does not confirm suitability, CMH shall offer an appropriate treatment plan for the minor or refer the minor to any other agency for services.

Other Emergency Admission Conditions

1. A parent, guardian or person in loco parentis may request emergency admission of a minor to a hospital not under contract to CMH if the person making the request has reason to believe the minor is a minor requiring treatment and that the minor presents a serious danger to self or others.
2. If the hospital receiving such a request is under contract with CMH, the hospital shall direct the request to the local CMH. At that time, all of the Evaluation Parameters discussed above apply.
3. If the request is made by a person in loco parentis and the minor is admitted, the hospital director or the local CMH shall immediately notify the parent, parents, or guardian of the minor.
4. If a **peace officer, as a result of personal observation**, believes a minor is requiring treatment **and** the minor presents a serious danger to himself or others, **and** a reasonable effort has been made to locate the parent, guardian or person in loco parentis, the peace officer may take the minor into custody and transport the minor to the local CMH pre-admission screening unit. After transporting the minor, the peace officer shall provide a written request for emergency hospitalization stating the reasons, based upon personal observation, he believes the emergency admission is necessary **and** that a reasonable effort has been made by the officer to locate the parent, guardian, or person acting in loco parentis.

If the local CMH determines that the minor is not suitable for hospitalization, the minor shall be returned to his parent, guardian, or person acting in loco parentis if they can be located. If they cannot be located, the minor shall be turned over to the protective services program of FIA.

If the local CMH determines the minor is suitable for hospitalization, the minor shall be admitted to a hospital and the parent, guardian, or person acting in loco parentis is notified immediately.

Hospital Responsibility When An Emergency Admission Is Made

1. The evaluation by the hospital must begin immediately after admission, and must be examined by a **child psychiatrist** within 48 hours.
2. If this evaluation determines the minor is not suitable for hospitalization, the minor shall be released into the custody of his parent, guardian, or person in loco parentis **and** shall be referred to the local CMH to determine if the minor is in need of mental health services. If mental health services are needed, CMH will provide those or refer the minor to another agency for services.
3. If the minor is not suitable for hospitalization and the hospital cannot locate the parent, guardian or person in loco parentis, the hospital director shall obtain direction from the probate court.

Pick Up Orders for Minors

PICK UP ORDER FOR MINORS

The purpose of this order is to allow for police transportation of a minor who is deemed appropriate for admission to a facility and is unable to be transported by parents, mental health professionals, or other lay persons due to the child's mental status. This aberrant mental status may indicate that the minor is a danger to himself or others, or his judgement is so impaired that he could become such a danger during a transport.

In most instances, this aberrant mental status has been determined by a clinician in the Children's Diagnostic and Treatment Unit at SCCMHA, or by another equally qualified mental health professional that is functioning in the local CMH pre-admission screening unit. Consideration of the need for a pick up order should include the professional mental status and a statement of need issued by the adult(s) who is responsible for the care of the minor.

When a person responsible for a minor determines that a minor needs to be evaluated, and that person cannot persuade the minor to go for the evaluation, the person responsible may seek assistance from law enforcement. In this situation, the officer will have the opportunity to assist the parent in persuasion of the minor to be cooperative, or, if the minor is deemed appropriate, will take the minor into police custody and provide the necessary transportation for the evaluation at the local CMH pre-admission screening unit. At this point the officer is functioning as a peace officer, and as a result of the officer's personal observation, believes a minor is requiring treatment and the minor presents a serious danger to himself or others.

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.

Applies to

Covenant HealthCare, Department of Health and Human Services (DHHS), HealthSource Saginaw (HSS), McLaren Bay Region (MBR), Parents and Guardians, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw County Child Protective Services (CPS) and St. Mary's of Michigan

Updated by

Lori Denter (SCCHMA), Jennifer Dillard (DHS), Nancy Johnson (SCCHMA), Patrice Lanczak (Covenant), Beth Miller (Saginaw County Probate Court), Lynne Price (HSS), Nancy Szczepanik (HSS) and Kristie Wolbert (SCCMHA)

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. HealthSource Saginaw accepts individuals with intellectual and developmental disabilities depending on functional abilities. HealthSource requires that children who are developmentally delayed must be functioning at the level comparable to an 8 year-old for admission due to the vast difference in level of independent functioning, language skill, self-care, and cognitive ability.

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 in regard to the individual's ability to be safe on the unit and benefit from the program.

Responsible Party: SCCMHA Crisis Intervention Services (CIS) Staff, Emergency Department (ED) Staff, Medical Staff

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.

Responsible Party: SCCMHA CIS Staff, ED Staff, Medical Staff

Action 3: If psychiatric inpatient care is not deemed to be the appropriate level of treatment, SCCMHA may contact the Center for Positive Living and request a consultation from the crisis team.

Responsible Party: SCCMHA CIS Staff, Clinical Program Director

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. SCCMHA and Mid-State Health Network (MSHN) 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 in order to determine the most appropriate level or type of care for acute treatment needs.

Applies to

Saginaw County Community Mental Health Authority (SCCMHA), Mid-State Health Network (MSHN) and HealthSource Saginaw (HSS)

Updated by

Nancy Johnson (SCCMHA), Amy Murawski (SCCMHA)

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 CareNet system.

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 alternative treatment order 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 Pathways or other suitable provider. Poly substance dependence may be present however, alcohol, opiates, and/or prescription drug dependence is necessary. An individual who presents in an emergency department with a blood alcohol of greater than .1 can be admitted to a chemical dependency unit as long as the individual is medically stable for transfer.
- Individuals with commercial insurance may also independently seek treatment at other centers. Refer to either Pathways, or other providers in that individual's insurance network. If the individual's insurance does not cover services — refer to MSHN provider network for referral to their substance use disorder provider partners.
- Individuals with a primary diagnosis of a substance use disorder who have Saginaw County Medicaid or no insurance should be referred to SCCMHA Central Access and Intake (CAI) department during business hours or the Crisis

Intervention (CIS) department after hours. If it is after business hours, refer to Pathways who provides face-to-face screening 24/7. If Pathways are not able to provide service, the central intake staff will contact the appropriate service provider, or the Individual can be referred to the SCCMHA CAI department.

- Individuals with commercial insurance who present with other chemical addictions such as cocaine, crack, or marijuana may be referred to any agency on the Substance Use Disorder Provider List shown on the next page or may contact their commercial insurance customer service representative for an assessment for level of care needed.
- 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 CIS.

Procedures

Action 1: Individuals who present in the Emergency Department (ED) or at SCCMHA Crisis Center (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. Staff should verify or establish a CareNet record.

Responsible Party: SCCMHA Crisis Intervention Service (CIS) Staff, ED Staff, Medical Staff, HSS Pathways Central Intake Staff

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 .1 to be admitted to an inpatient mental health unit.

Responsible Party: SCCMHA CIS Staff, ED Staff, Medical Staff, HSS Pathways Central Intake Staff

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: SCCMHA CIS Staff, ED Staff, Hospital Social Worker, Medical Staff, HSS Pathways Central Intake Staff

Action 4: If an individual admitted to HealthSource White Mental Health Center appears to be primary chemical dependence, a HealthSource Saginaw Pathways Chemical Dependency Center Inquiry/Assessment form will be done and a transfer made without discharging the individual into the community. When there is no bed

available at Pathways, the Individual may contact suitable providers or contact CAI or CIS for assistance.

Responsible Party: HHS Pathways Central Intake Staff, CAI, CIS

Action 5: An individual admitted to HSS Pathways who appears to have primary psychiatric issues that are not a result of the detox process will be assessed for transfer to HSS White Mental Health Center without discharge to the community. When an individual with Saginaw Medicaid or no insurance needs a transfer between units, SCCMHA CIS should be contacted to authorize payment for psychiatric admission.

Responsible Party: SCCMHA CIS Staff, HSS Pathways Central Intake Staff, Ambulance Service

Action 6: 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: SCCMHA CIS Staff, Hospital Social Worker, HSS Pathways Central Intake Staff

Exhibits:

1. Saginaw County Substance Use Disorder (SUD) Treatment Provider List
2. SCCMHA Substance Use Referrals
3. HealthSource Saginaw Pathways Chemical Dependency Center Inquiry/Assessment

Saginaw County Substance Use Disorder (SUD) Treatment Provider List

DOT Caring Centers, Inc.: 6840 Midland Road, Freeland, MI 48623. Phone: (989) 692-2160, Fax: (989) 692-2165. Services offered: Detox, Residential. Medicaid provider. Website: <http://www.dotcaringcentersinc.com>. Recipient Rights Advisor: Kim Murphy. English, interpreter service provided.

DOT Caring Centers, Inc.: 3190 Hallmark Court, Suite 1, Saginaw, MI 48603. Phone: (800) 822-7464, Fax: (989) 790-5027. Services offered: Outpatient, Peer Recovery, Recovery Support. Medicaid provider. Website: <http://www.dotcaringcentersinc.com>. Recipient Rights Advisor: Kim Murphy. English, interpreter service provided.

HealthSource Saginaw: 3340 Hospital Road, Saginaw, MI 48603. Phone: (989) 790-7783, Fax: (979) 964-5008. Services offered: Residential. Medicaid provider. Website: www.healthsourcesaginaw.org/Behavioral.aspx. Recipient Rights Advisor: Patty Reynolds. English, interpreter service provided.

Holy Cross Services: Kairos Healthcare (Queen of Angels): 3400 S. Washington, Saginaw, MI 48601. Admissions Phone: 844-4KAİROS (844-452-4767), Office Phone: (989) 755-1072, Fax: (989) 755-1401. Services offered: Adult Women Outpatient, Adult Women Specialty, Adult Women Residential/Detox, Adolescent Outpatient, Adolescent Detox. Medicaid provider. Website: www.HolyCrossServices.org. Recipient Rights Advisor: Mary Kronquist. English, interpreter service provided.

Holy Cross Services: Kairos Healthcare (Fayette): 1321 S. Fayette Street, Saginaw, MI 48602. Admissions Phone: 844-4KAİROS (844-452-4767), Office Phone: (989) 792-8000, Fax: (989) 792-8445. Services offered: Adult Men Outpatient, Adult Men Residential/Detox. Medicaid provider. Website: www.HolyCrossServices.org. Recipient Rights Advisor: Mary Kronquist. English, interpreter service provided.

Professional Psychological & Psychiatric Services: 1600 N. Michigan Ave, Suite 503, Saginaw, MI 48602. Phone: (989) 755-8225, Fax: (989) 755-8221. Services offered: Outpatient. Medicaid provider. Website: www.pppshealthcare.com. Recipient Rights Advisor: Barbra Whiter. English, interpreter service provided.

Sacred Heart Rehabilitation Center: 301 East Genesee, Saginaw, MI 48607. Phone: (989) 776-6000, Fax: (989) 776-1740. Services offered: Early Intervention, Prevention. Medicaid provider. Website: <http://www.sacredheartcenter.com>. Recipient Rights Advisor: Tammy Murray. English, interpreter service provided.

Saginaw Odyssey House: 128 N. Warren Avenue, Saginaw, MI 48607. Phone: (989) 754-8598, Fax: (989) 754-5154. Services offered: Women's Specialty long-term Residential. Medicaid provider. Website: www.odysseyvillage.com. Recipient Rights Advisor: Ronald Brown. English, Interpreter service provided.

Saginaw Psychological Services: 2100 Hemmeter, Saginaw, MI 48603. Phone: (989) 799-2100, Fax: (989) 799-2637. Services offered: Outpatient, Women's Specialty. Medicaid provider. Website: <http://www.sagpsych.com>. Recipient Rights Advisor: Frances Erwin. English, interpreter service provided.

Victory Clinical Services: 500-508 Shattuck Road, Saginaw, MI 48604. Phone: (989) 752-7867, Fax: (989) 752-6830. Services offered: Outpatient Methadone. Medicaid provider. Website: <http://www.victoryclinic.com>. Recipient Rights Advisor: Kimberly Kile. English, interpreter service provided.

For questions, please contact: Jeanne L. Diver, MPA, MSHN Customer Services, Phone: (517) 657-3011, Toll Free: (844) 405-3094, jeanne.diver@midstatehealthnetwork.org

Dial 711 for the Michigan Relay Center for individuals with hearing-impairment, hard-of-hearing or speech-impairment.

SCCMHA Substance Use Referrals

Substance Use Referrals compiled by: Saginaw County Community Mental Health • 500 Hancock St., Saginaw, MI • 24 hour Crisis Line: 989-792-9732

FACILITY	PHONE	HOURS	COUNTY	COST/INSURANCE	OTHER INFORMATION
Pathways	989-790-7745	24 hours	Saginaw	Medicaid or Private Insurance	Sub Acute Detox
DOT Caring Centers	989-790-3366	24 hours with available staffing	Saginaw	Medicaid referred through TAPS, or private insurance	Substance Abuse/Mental Health Combination, Residential, Outpatient
PPPS	989-755-8225	Mon – Fri, 8:30 am – 5:30 pm	Saginaw	Medicaid or Private Insurance	Outpatient Treatment
Saginaw Odyssey House	989-754-8598	Mon – Fri, 9 am – 5 pm	Saginaw	No insurance required	Adult females who are pregnant or with children, residential
Flint Odyssey House 529 Martin Luther King Ave Flint, MI 48503	(810) 238-5888				Males and females
Mid State Health	517-253-7525				
Saginaw Psychological	989-799-2100	Mon – Thurs, 8 am – 8 pm; Fri 8 am – 6 pm	Saginaw	Medicaid or Private Insurance	Adult or adolescent outpatient and co-occurring outpatient treatment
Sacred Heart	989-776-6000	Mon – Fri, 8 am – 5 pm	Saginaw	Medicaid or Private Insurance	Outpatient treatment
Teen Challenge	989-249-8818	Mon – Fri, 9 am – 5 pm	Saginaw	No insurance required	Teens, adults one-year residential program, religious orientation
VA Emergency	989-497-2500, 1500 Weiss	Mon-Fri, 8 am – 4:30 pm	Saginaw	Qualified veterans	N/A
Victory Clinic	989-752-7867 508 Shattuck	Mon-Fri, 6 am – 2 pm Sat, 6 am – 9 am	Saginaw	Medicaid, Medicare, Private insurance or pay, Block Grant	Methadone Detox
Celebrate Recovery	989-752-4769 989-249-8696	Weiss/Hemmeter location Old Town location	Saginaw	N/A	Teens, adults – faith-based transportation available
1016 Recovery	989-835-3466 220 Midland and Mt. Pleasant	9 am – 5 pm, after hours detox 989-775-0604 and 775-0604	Saginaw	Medicaid or Private Insurance	Adult residential

Unity Club—989-752-9401. (Self-help for substance abuse).

AA Hotline can be reached at 989-776-1241 for information and support. Usually answer 24 hours per day.

Narcotics Anonymous—989-695-2977

Dual Recovery Anonymous—989-891-0272

Kairos Family—989-755-1072/Young Adult—989-792-8000
• Payment assistance may be available • Or program may be... ability to pay

Brighton Hospital, Brighton, MI 810-227-1211 **McLaren Oakland Addiction Recovery Center (detox)**, Pontiac, MI 248-338-5292 Medicare/private **Sacred Heart**, Memphis, MI 888-802-7472

Salvation Army—6 to 12 month SA program based on a 12-step model—Men's program in Flint call 810-234-2678 X227 Intake/ Women's program in Romulus call 734-729-7842

Ridgeview Behavioral Hospital—1-800-282-5512 17872 Lincoln Hwy., Middlepoint, OH... serving someone with both Medicaid and Medicare (transportation provided).

Bio Medical Behavioral—3 locations Flint, 810-422-9406; Waterford, 248-706-5041; Roseville 586-783-4802. 18 yrs. + with many insurances accepted. Outpatient Methadone.

Sparrow Hospital—517-364-7740 Lansing, MI Sub Abuse Detox Inpatient/outpatient. 18 yrs. + with most insurances accepted.

Revised 2-29-2016 mef

HealthSource Saginaw Pathways Chemical Dependency Center Inquiry/Assessment (page 1 of 2)

HealthSource Saginaw, Inc. Pathways Chemical Dependency Center INQUIRY/ASSESSMENT		Reviewed by: _____ Program/Med Dir. Sig/Date _____																								
Date: _____ Time: _____ Clinician taking call/signature: _____																										
ETA: _____ Caller's Name/Agency: _____ Phone: _____																										
Physician Approval <input type="checkbox"/> Dr. Hendricks <input type="checkbox"/> Dr. Rohr <input type="checkbox"/> Dr. _____																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Disposition and Status:</td> </tr> <tr> <td>Admission Pending</td> <td>Admission Criteria Not Met</td> <td>No Space</td> </tr> <tr> <td>Referred for Medical Clearance</td> <td>Not Panel Provider to Insurance</td> <td>General Info Only</td> </tr> <tr> <td>Age Inappropriate</td> <td>Patient Refused Admission</td> <td>Patient/Family Chose Another Facility</td> </tr> <tr> <td>Medical Condition Primary</td> <td>Other</td> <td></td> </tr> <tr> <td colspan="3"> Physician Admission Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date/Time: _____ </td> </tr> <tr> <td colspan="3">Denial Reason: _____</td> </tr> <tr> <td colspan="3"> Referral Source Notified of Disposition - Date/Time: _____ Referred to: _____ </td> </tr> </table>			Disposition and Status:			Admission Pending	Admission Criteria Not Met	No Space	Referred for Medical Clearance	Not Panel Provider to Insurance	General Info Only	Age Inappropriate	Patient Refused Admission	Patient/Family Chose Another Facility	Medical Condition Primary	Other		Physician Admission Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date/Time: _____			Denial Reason: _____			Referral Source Notified of Disposition - Date/Time: _____ Referred to: _____		
Disposition and Status:																										
Admission Pending	Admission Criteria Not Met	No Space																								
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Age Inappropriate	Patient Refused Admission	Patient/Family Chose Another Facility																								
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Physician Admission Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date/Time: _____																										
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Referral Source Notified of Disposition - Date/Time: _____ Referred to: _____																										
Patient's Name: _____ Address: _____																										
City: _____ County: _____ Zip: _____																										
E-Mail Address: _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed																										
Phone: _____ Sex: _____ Age: _____ D.O.B.: _____ SS #: _____																										
Place of Employment: _____ Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Previous VA Hospital patient? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Undetermined Race: _____																										
Insurance: _____ Card #: _____ If insurance is identified as Magellan, please fill out Form A and attach to this form.																										
Contact Person: _____ # of Days Authorized: _____ Phone: _____																										
Subscriber's Name: _____ Subscriber's D.O.B.: _____ SS#: _____																										
Relationship to Patient: _____ Subscriber's Employer: _____ Phone: _____																										
Prior Treatment Here: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____																										
Elsewhere: <input type="checkbox"/> Yes <input type="checkbox"/> No When & Where: _____																										
Outpatient: <input type="checkbox"/> Yes <input type="checkbox"/> No When & Where: _____																										
Substance	Name	Amount	Freq. of Use	How long?	Last Time Used																					
Alcohol																										
Cocaine																										
Marijuana																										
Opiates																										
Suboxone	Medicaid w/not pay for Suboxone maintenance																									
Other																										

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Page 1

(place Addressograph here if admitted)

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. SCCMHA and Mid-State Health Network (MSHN) 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

Covenant HealthCare, Department of Health and Human Services (DHHS), HealthSource Saginaw (HSS), McLaren Bay Region (MBR), Mid-State Health Network (MSHN), Saginaw County Community Mental Health Authority (SCCMHA), and St. Mary's of Michigan

Updated by

Nancy Johnson (SCCMHA), Amy Murawski (SCCMHA)

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 .1 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 Pathways or any provider in the MSHN approved network during business hours. Screens can also be completed by SCCMHA Central Access and Intake (CAI) by telephone or face to face for intake/assessment and determination of financial responsibility, or after hours contact should be made with Crisis Intervention Services (CIS). Services are documented in CareNet. Transportation to Pathways may be by private vehicle or taxi. 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. SCCMHA staff may assist with transportation via taxi.

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: SCCMHA CIS Staff

Action 2: An individual who is present in the emergency department and seeking treatment for alcohol dependence may call Pathways or other providers from the emergency department when they are stable enough for transport. The hospital or Crisis staff may contact Pathways 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: SCCMHA CIS Staff, Emergency Department (ED) Staff

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 .1. If the person does not meet criteria for admission, an attempt should be made to notify the petitioner that the petition will not be supported by a clinical certification. Referrals for follow up treatment will be provided.

Responsible Party: SCCMHA CIS Staff, ED Staff

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

HealthSource Saginaw (HSS), McLaren Bay Region (MBR) and Saginaw County Community Mental Health Authority (SCCMHA)

Updated by

Bridget Cashin (MBR), Nancy Johnson (SCCMHA), Lynne Price (HSS), Nancy Szczepanik (HSS) and Jennifer Whyte (MBR)

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: Mental Health Unit Intake Staff, Medical Staff

Action 2: If there is an expectation of payment by SCCMHA for hospital days generated through this readmission, a pre admission screen and authorization must be generated by the SCCMHA Crisis Intervention Services (CIS). 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 county Community Mental Health (CMH), that county needs to be contacted for authorization prior to re-admittance.

Responsible Party: SCCMHA CIS Staff, Mental Health Unit Intake Staff, Medical Staff

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: SCCMHA CIS Staff, Mental Health Unit Intake Staff, Medical Staff

Action 4: The Community Education Representatives and/or nurse manager from the mental health unit will meet with Nancy Johnson, CIS supervisor, monthly to review the documentation of staff regarding admission referrals, delays and denials. Wait times, patterns and trends will be reviewed to address problems and barriers.

Responsible Party: SCCMHA CIS Supervisor, HSS Staff, MBR Staff

SECTION 3

Follow Through and Completing the Process

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. Saginaw County Community Mental Health Authority (SCCMHA) is financially responsible for voluntary or involuntary admissions of Saginaw County residents who have active Saginaw County Medicaid or Medicaid that is assigned to another County but the individual has an independent residence in Saginaw County. SCCMHA is also financially responsible for individuals placed by SCCMHA in dependent living situations in other counties and who's Medicaid may be changed to that county.

Applies to

Covenant HealthCare, HealthSource Saginaw (HSS), McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA), Corizon Health, Inc. – Saginaw County Jail, Saginaw Meadows Crisis Residential Unit (CRU) and St. Mary's of Michigan

Updated by

Nancy Johnson (SCCMHA per Hospital Contract Language), Lynne Price (HSS), Michelle Primas (Corizon Health, Inc.), Paul Russell (Corizon Health, Inc.) and Jeanette Stoltenberg (Corizon Health, Inc.)

Policy

Persons will be assessed for hospitalization based on clinical criteria without regard to ability to pay.

SCCMHA Crisis Intervention Staff (CIS) will authorize one day co-pay for active SCCMHA consumers who have 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 SCCMHA. A Medicaid application is completed whenever possible and appropriate.

Procedures

The CIS will assess all persons in a uniform manner without regard to insurance or ability to pay. The hospital will assess the patient's ability to pay and facilitate coordination of benefits according to contract language.

Out-of-County Residents: Individuals who are residents of other 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.

Responsible Party: SCCMHA CIS Staff

Commercial or Private Insurance: 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.

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

Responsible Party: Hospital Social Worker, Mental Health Unit Staff

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

- Individuals petitioned for admission by SCCMHA CIS staff are the financial responsibility of SCCMHA.
- Individuals identified by jail personnel or by a judicial authority are responsibility of the jail mental health current contract provider.

An effort should be made between the jail staff to notify SCCMHA CIS staff if there is indication the inmate status has changed upon admission to the mental health unit, i.e., PR/release/bond. With proper coordination, SCCMHA may be able to accept financial responsibility for individuals with Saginaw County Medicaid.

Responsible Party: SCCMHA CIS Staff, Corizon Health, Inc.-Jail Staff

Veterans: Veterans who have active Saginaw County Medicaid are the responsibility of SCCMHA. Saginaw County Veterans with no insurance may also be SCCMHA 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 make a determination 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: SCCMHA CIS Staff, VA Staff

3.2 Admission Denials

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 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

Covenant HealthCare, HealthSource Saginaw (HSS), McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA) and St. Mary's of Michigan

Updated by

Bridget Cashin (MBR), Nancy Johnson (SCCMHA), Lynne Price (HSS), Nancy Szczepanik (HSS) and Jennifer Whyte (MBR)

Policy

The Emergency Department (ED) staff or SCCMHA Crisis Intervention Services (CIS) 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, the SCCMHA staff person is to document the reason for denial. If the situation can be remedied with reasonable accommodations, another intake can be presented — For example, the unit has the ability to move individuals, a discharge occurs, or medical clearance can be established.

If the emergency department or CIS 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.

Management reviews all denials routinely the next business day and may seek additional information from CIS or the emergency department to try to clarify questionable delays or denials. Denials and Delays are reviewed at the Monthly Reconciliation Meeting (see section 3.4, Reconciliation of Referrals, for more information). An individual or advocate could also file a Recipient Rights complaint if they felt the denial was unjust or improper.

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

Saginaw County Community Mental Health Authority (SCCMHA)

Developed by

Nancy Johnson (SCCMHA) and Dr. Anne M. Tadeo, Medical Director (SCCMHA)

Policy

For Saginaw County Residents, the Second Opinion is provided by SCCMHA. Upon completion of the assessment, the individual is informed that the admission request has been denied. The individual then is informed that they may submit a request for a second opinion. *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.*

Procedure

Action 1: SCCMHA Crisis Intervention Services (CIS) staff complete the Request for Second Opinion Following Denial for Inpatient Admission and attaches it to the prescreen document. The individual is given information and telephone numbers to contact SCCMHA in order to request for a second opinion. The individual can call or present at CIS (at 500 Hancock), the following business day.

Responsible Party: SCCMHA CIS Staff

Action 2: CIS staff will contact the assistant to the medical director to set up the appointment with either an agency psychiatrist or licensed PhD psychologist. The request begins when the individual contacts the agency. An individual who is assessed in the emergency department may present at 500 Hancock the next day, 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: SCCMHA CIS Staff, SCCMHA Administrative Staff

Action 3: Upon completing the second opinion, the examiner will inform CIS staff of the disposition. When the denial is supported, CIS staff will assist the person in securing


services. When the examiner determines that the individual is appropriate for admission, CIS staff will make the necessary arrangements for admission. The examiner completes the request for second opinion form and it is returned to CIS.

Responsible Party: SCCMHA CIS Staff, SCCMHA Administrative Staff

Exhibits:

1. Request for Second Opinion following Denial for Inpatient Admission

Request for Second Opinion following Denial for Inpatient Admission



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

Copy of Prescreen to be attached

Request for Second Opinion following Denial for Inpatient Admission
(To be completed within 72 hours excluding Sunday)

Client name: _____ Case: _____

Date and time of hospital denial: _____

CIS staff completing evaluation: _____

Date and time consumer requested second opinion: _____

Evaluation completed at: ☐ CMH ☐ Covenant ☐ St. Mary's

☐ Other (specify other): _____

ECC/medical floor physician name: _____

Which labs completed: _____

Rational for denial of hospital admission: _____

Follow-up plan: _____

Date of second opinion: _____

Psychiatrist/Psychologist assigned: _____

Outcome: ☐ Disagree with CIS decision ☐ Agree with CIS decision

Psychiatrist/Psychologist signature: _____

Revised 12/2013 meu

3.4 Reconciliation of Referrals

Purpose

The purpose of this procedure is to support a quality review function established by Saginaw County Community Mental Health Authority, HealthSource Saginaw and McLaren Bay Medical Center. This monthly review and reconciliation of data about the admission referrals which have been made by SCCMHA is used to identify if and where procedure variances have occurred. Discussion and analysis of procedure variance is used to identify need for either a situation specific correction or for procedural improvements.

Applies to

Covenant HealthCare, HealthSource Saginaw (HSS), McLaren Bay Region (MBR) and Saginaw County Community Mental Health Authority (SCCMHA)

Updated by

Bridget Cashin (MBR), Nancy Johnson (SCCMHA), Lynne Price (HSS), Nancy Szczepanik (HSS), and Jennifer Whyte (MBR)

Policy

A disposition on each referral to HealthSource Saginaw (HSS) and/or McLaren Bay Region (MBR) by SCCMHA Crisis Intervention Service (CIS) will be documented by CIS and the corresponding mental health unit. The outcome of the referral (accepted/denied), the time frames, and the reason for denial will be documented by each agency on their standard prescreen form.

Procedure

Meetings will occur at regularly scheduled intervals between SCCMHA, HSS, and MBR 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 and quality assurance component of this process. HSS census is faxed to CIS each business day. MBR will fax daily bed availability to CIS.

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

Responsible Party: SCCMHA CIS Staff, Hospital Social Worker, HSS Staff, Covenant Staff, MBR Staff

Action 2: Upon completion of the prescreen, the disposition will be documented by CIS and the nurse completing the intake on the SCCMHA Prescreening Timeliness form, and the HealthSource Saginaw White Pine Mental Health Center Inquiry/Assessment BM-MR 188 or the McLaren Bay Region Behavioral Health Inquiry/Assessment MH-2552.

Responsible Party: SCCMHA CIS 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: SCCMHA CIS Staff, Intake Nurse

Action 4: Computation of the data will be completed prior to the regularly scheduled meeting by the SCCMHA Crisis Administrative Coordinator for review.

Responsible Party: SCCMHA Crisis Administrative Coordinator


Action 5: HSS Community Education Manager, CIS Supervisor, and Unit Manager will meet on a regular basis to reconcile data, identify trends, and initiate problem solving.

Responsible Party: SCCMHA CIS Supervisor, HSS Community Education and/or Nurse Manager, Representative of MBR Unit Management

Exhibits:

1. SCCMHA Prescreening Timeliness
2. HealthSource Saginaw White Pine Mental Health Center Inquiry/Assessment BM-MR 188
3. McLaren Bay Region Behavioral Health Inquiry/Assessment MH-2552
4. Crisis Residential Unit Referral Form

SCCMHA Prescreening Timeliness (page 1 of 12)



Prescreening Timeliness

Name: _____ **Case #:** _____
Date: _____ **Clinician Name:** _____ **Clinician #:** _____

Voluntary ☐ **Involuntary** ☐ **Negative Cert** ☐ **County:** _____

Insurance: Medicaid ☐ Medicare ☐ Healthy MI ☐ Private ☐ VA ☐ None ☐

Disposition: Diversion ☐ SA Referral ☐ MH Referral ☐ ACCESS Referral ☐ Negative Cert ☐

Was Crisis Residential called? Yes ☐ No ☐ **Phone/Courtesy Screen:** Yes ☐ No ☐

Probate Status: None ☐ Deferral ☐ (email day-staff) 60/90 order ☐ (email day-staff) 90/1 yr. order ☐ (email day-staff)

Intake Information	CRTP	Health Source	McLaren Bay Region
Time Unit Called			
Staff Taking Intake			
Time Notified of Acceptance/Denial			
Doctor Involved			
Court Signed Documents/Police Pick-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time Patient Can Be Transported for Admission			
Medical Clearance Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Labs Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Labs Were Requested, Which Ones			
Reason and time for Denial (Choose from Below)	Reason	Time	Reason
			Reason
			Time

Other Hospital Refusals

Hospital	Physician	Nurse	Reason	Time
1.				
2.				
3.				
4.				
5.				
6.				

Reasons: (1) At capacity → all licensed beds occupied (2) Gender (3) Age (4) Race (5) Handicap (6) Milieu
 (7) Legal Issues (8) Violent/Disruptive behavioral issues (9) Comorbidities → list (10) Payment rate issues
 (11) Ability to pay (12) Source of payment (13) Substance Abuse (14) Sexual orientation (15) National origin
 (16) Beds available/insufficient staff (17) Beds available/no appropriately trained staff (18) Commitment status
 (19) Organic Issues (Dementia, Alzheimer's, Brain Injury) (20) Extenuating Circumstances (no call back, no response)

Outcome: Where was Consumer admitted: _____

Hospital label if applicable

For admission to hospitals other than CRTP, HSS, or McLaren Bay


Time accepted: _____ **Approximate transport time:** _____


HealthSource Saginaw White Pine Mental Health Center Inquiry/Assessment BM-MR 188 (page 1 of 2)

ETA _____		HealthSource Saginaw, Inc.		Reviewed by: _____	
Rm# _____		White Pine Mental Health Center		Program/Med Dir. Sig/Date _____	
Physician: _____		INQUIRY/ASSESSMENT			
Call Date: _____		Call Time: _____ AM PM			
Name of Clinician Taking Call/Signature: _____				Time: _____	
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary, and if so: <input type="checkbox"/> Petition <input type="checkbox"/> 1st Cert <input type="checkbox"/> Demand <input type="checkbox"/> Non-Compliance <input type="checkbox"/> On prior <input type="checkbox"/> Order? <input type="checkbox"/> Deferral?					
Patient's Full Name: _____			Referral Source (Full Name and Title/Relationship to Patient): _____		
Age: _____	D.O.B: _____	MO _____ DAY _____ YR _____	Home Phone: _____		
<input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Company Calling From (clarify if caller works for ED, CMH, etc.): _____	
Soc. Sec. #: _____		County: _____		Phone: _____	
Legal Street Address: _____		P.O. Box: _____			
City: _____		State: _____		ZIP: _____	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other					
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Undetermined					
Race: _____					
Employer: _____					
<input type="checkbox"/> Disabled <input type="checkbox"/> Retired Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Primary Physician & Phone: _____					
Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Psychiatrist: _____					
Spouse's Name: _____					
Spouse's D.O.B.: _____ Spouse's SS#: _____					
Family Member/Guardian/Conservator/Foster Care/POA/Payee: _____					
Mother's Name _____					
SS#: _____		D.O.B. _____		Phone: _____	
Father's Name _____					
SS#: _____		D.O.B. _____		Phone: _____	
Stepparent's Name _____					
SS#: _____		D.O.B. _____		Phone: _____	
Adult/Child Foster Care: _____					
Contact Name: _____		Phone: _____			
Street Address: _____					
City: _____		State: _____		ZIP: _____	
Primary Insurance: _____					
Card #: _____					
Phone: _____					
Subscriber's Name: _____					
Subscriber's D.O.B.: _____		SS#: _____			
Relationship to Patient: _____					
Employer: _____		Phone: _____			
Contact Person: _____					
# of Days Authorized: _____					
Secondary Insurance: _____					
Card #: _____					
Phone: _____					
Subscriber's Name: _____					
Subscriber's D.O.B.: _____		SS#: _____			
Physician Consultation/Disposition: _____					
<input type="checkbox"/> Dr. Raval <input type="checkbox"/> Dr. Movva <input type="checkbox"/> Dr. Rao <input type="checkbox"/> Dr. H. Talasila <input type="checkbox"/> Dr. V. Talasila <input type="checkbox"/> Dr. Parashar <input type="checkbox"/> Dr. _____					
HSS Medical Consult Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physician's Full Name: _____					
Date: _____ Time: _____					
Provisional Diagnosis: _____					
Disposition and Status: _____					
<input type="checkbox"/> Admission Pending <input type="checkbox"/> Admission Criteria Not Met <input type="checkbox"/> No Space <input type="checkbox"/> Not Panel Provider to Insurance <input type="checkbox"/> General Info Only <input type="checkbox"/> Patient Refused Admission <input type="checkbox"/> Patient/Family Chose Another Facility <input type="checkbox"/> Medical Condition Primary <input type="checkbox"/> Age Inappropriate <input type="checkbox"/> Other _____					
Physician Admission Disposition: _____					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date/Time: _____					
Denial Reason: _____					
Referral Source Notified of Disposition: _____					
Date/Time: _____					
Referred to: _____					

N:\WP\ADULT.WP\InquiryAssessmentFeb2014.docx BM-MR 188 02/2014 Page 1 (place Addressograph here if admitted)

McLaren Bay Region Behavioral Health Inquiry/Assessment MH-2552 (page 1 of 2)

 BEHAVIORAL HEALTH INQUIRY/ASSESSMENT				Reviewed by: <small>(Program Director's Signature/Date)</small>
Call Date:	Call Time:	A.M. P.M.	Time Referral Source was Notified of Disposition:	
Time Physician Called for Disposition:		<input type="checkbox"/> Approved Time:	<input type="checkbox"/> Denied Time:	ETA of Patient:
Name of Nurse Completing Assessment:		<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	<input type="checkbox"/> Petition <input type="checkbox"/> ATO	<input type="checkbox"/> 1st Cert <input type="checkbox"/> Deferment Date
<input type="checkbox"/> Dr. Foster	<input type="checkbox"/> Dr. Kondapaneni	<input type="checkbox"/> Dr. Syed	Reason Denied:	
<input type="checkbox"/> Dr. Ingram	<input type="checkbox"/> Dr. Lathia	<input type="checkbox"/> Dr. Tadeo		
			Referred To:	
			Provisional Diagnosis:	
Patient's Full Name:			Name of staff taking call: Time:	
Age:	D.O.B.	MO DAY YR	Home Phone:	Name of Caller: Relationship To Patient:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow	Company Calling From:
Soc. Sec. #			Phone:	
Address:			Other:	
Employer:		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Physician & Phone:		Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychiatrist:			Previously been an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Name (if applicable):			If yes, last time: MR#:	
Spouse's D.O.B.:			When: Where:	
Spouse's Soc. Sec. #:			Currently active in outpatient TX? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance:			If yes, where: Last Appt.:	
Subscriber's Name:			Therapist:	
Subscriber's D.O.B.:			Legal Status:	
Relationship to Patient:				
Employer:		Phone:		
Primary:		Phone:		
Card #:				
Contact Person:		# of Days Authorized:		
Secondary:		Phone:		
Card #:				
			Pre-Cert Prior To Admission: Blue Care Network 800-482-5982 Health Plus 800-555-5025 Sanilac CMH Access Center 888-225-4447 Priority Health 800-673-8043 Value Options (GM/Delphi) process within 24 ^h 800-235-2302	
			Other Psychiatric Hospitals: HealthSource - Saginaw 989-790-7745 Mid-Michigan Medical Center - Midland 989-839-3690 Gratiot Medical Center - Alma 989-463-1101 Havenwyck Hospital - Auburn Hills 800-401-2727 Alpena Regional Medical Center - Alpena 989-356-7000	



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MH-2552 PAGE 1 OF 2 09/08

ADDRESSOGRAPH

Crisis Residential Unit Referral Form

CRU Referral Form:

Date: _____ Time of Call: _____ Arrival time to CRU: _____

Location of consumer for pick up: _____

Consumer Name: _____

CMH Case # _____ DOB: _____ Social Security Number: _____

Diagnosis: _____ Insurance: _____

Presenting Problems: (medical necessity for CRU services) _____

Does this consumer have a guardian? Y/N Verbal Consent: Y/N Name and Number: _____

Is this consumer under a court order (ATO, CSC, Tether, etc.)? Y/N _____

Is this consumer in an AFC home? : Y/N? _____

Name of program and case manager _____

Does this consumer have a substance abuse history? Y/N _____

Name of substance abuse treatment program: _____

Name of employee placing referral: _____

Emergency Contact person name and phone number. _____

Does this person require adaptive equipment? Cane, Walker, Wheel Chair: Y/N? _____

Health concerns: Diabetes, High Blood Pressure, Low Blood Pressure, COPD, Heart Disease, Seizure Disorder, Asthma,

High Cholesterol, ETC: _____

Is the consumer coming to CRU with any prescriptions for medications? Y/N _____

List medications: _____

Do they have a three day supply? Y/N? _____

Signature of CRU staff completing referral: _____

Number of days authorized _____

SECTION 4

Law Enforcement

4.1 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

Ambulance Service, Covenant HealthCare, HealthSource Saginaw (HSS), Law Enforcement Agencies, McLaren Bay Region (MBR), Saginaw County Probate Court, Saginaw County Community Mental Health Authority (SCCMHA) and St. Mary's of Michigan

Updated by

Jennifer Brin (MMR), LaTecia Cirilo (Saginaw County Probate Court), Nathan House (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Beth Miller (Saginaw County Probate Court), John Pelkki (Saginaw Township Police Department), Lynne Price (HSS), Sheri Short (Covenant) and Nancy Szczepanik (HSS)

Policy

Individuals taken into protective custody or simply transported for evaluation at an emergency department or Saginaw County Community Mental Health Authority (SCCMHA) are transported at the discretion of the responding law enforcement agency.

Procedures

Crisis Intervention Services (CIS) staff will facilitate transportation of the individual requesting law enforcement involvement or consultation. Voluntary placements can be transported by family, friends, or taxi. Involuntary placements will be transported by ambulance or law enforcement.

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

Responsible Party: SCCMHA CIS Staff, Medical 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 Saginaw County Local Transportation Agreement.

Responsible Party: SCCMHA CIS Staff

Exhibits:

1. Local Transportation Agreement

Local Transportation Agreement

LOCAL TRANSPORTATION AGREEMENT

Subsequent to a meeting held in September 2000 that included SCCMHA, Judge McGraw, the Prosecutor's office, local law enforcement agencies, Saginaw County's legal representative, representatives from local medical hospitals and Health Source Saginaw this is our current understanding of transportation of mental health patients.

In accordance with the Michigan Mental Health Code, individuals requiring transportation to the prescreening site will be transported by local law enforcement agencies. A valid CLINICAL CERTIFICATION and PETITION, a PETITION and SUPPLEMENTAL PETITION signed by the Judge, a signed DEMAND FOR HEARING or a copy of the INITIAL ORDER/CONTINUING ORDER item #15 properly checked may all serve to direct the law enforcement agency to transport the individual to the site of prescreen/admission.

Saginaw City Police Department will receive the transportation request for individuals residing within the city limits. Saginaw Township Police will be responsible for transporting residents of Saginaw Township. Saginaw County Sheriff department will be responsible for transporting all others.

Transfers

The financial responsibility for individuals requiring transfer from one inpatient unit to another inpatient unit is the responsibility of SCCMHA. SCCMHA can not take individuals into protective custody for the purpose of transport therefore, at the present time arrangements are secured through Medical Mobile Response. If the individual is inappropriate for MMR transfer due to a significant degree of danger, an ORDER FOR TRANSPORT is completed and the Judge will review and make a decision on an individual basis. A signed ORDER is then presented to the appropriate law enforcement agency.

4.2 Order for Pickup

Purpose

The purpose of this procedure is to assist the law enforcement staff from the involved agencies/facilities when a Saginaw 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

Ambulance Service, Covenant HealthCare, HealthSource Saginaw (HSS), Law Enforcement Agencies, McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw County Prosecutor's Office and St. Mary's of Michigan

Updated by

Jennifer Brin (MMR), LaTecia Cirilo (Saginaw County Probate Court), Nathan House (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Beth Miller (Saginaw County Probate Court), John Pelkki (Saginaw Township Police Department), Lynne Price (HSS), Sheri Short (Covenant) and Nancy Szczepanik (HSS)

Policy

Staff from Law Enforcement agencies, Saginaw County Community Mental Health Authority (SCCMHA), Emergency Departments (ED), HealthSource Saginaw (HSS), 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 subsequent to the filing and approval of court documents. Supplemental Petition to Application for Hospitalization and Order for Examination PCM 209.

All legal documents are completed by SCCMHA Crisis Intervention Services (CIS) staff, medical staff, and hospital social worker. The documents will be approved by a Probate Judge and filed with the Probate Court and Saginaw County Prosecutor's Office. Admission to a mental health unit will be secured prior to the filing of the legal documents. For the intent of this protocol, the mental health unit will be HSS but may include McLaren Bay Region (MBR) or other suitable facility.

SCCMHA CIS staff will verify the county of residence to be Saginaw and the pickup location of the individual to be either, Saginaw City, Saginaw Township, or another location within the County. When the admission and the legal documents are completed, CIS staff will coordinate delivery of a true copy of those documents in accordance with the Local Transportation Agreement. Individuals being transported to Caro Center will require an Order for Transport PC47 signed by the

Probate Judge ordering transport by law enforcement to Caro Center, or other state facilities.

Procedures

SCCMHA CIS Staff will fill out the Petition Supplemental to read HSS or other suitable mental health facility. The Saginaw 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 MMHC 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. If the documents are faxed — a follow-through telephone call to the Shift Commander must be generated to confirm the documents were received.

Responsible Party: SCCMHA CIS Staff, Law Enforcement Shift Commander

Action 2: Mental health unit will designate a bed for the individual who is the subject of the law enforcement pickup. 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. After 48 hours, contact should be made by the Crisis Staff with law enforcement for an update on the status of the pickup order. 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 reflect the mental health unit where the individual was admitted.

Responsible Party: SCCMHA CIS Staff, Intake Staff

Action 3: CIS and the mental health unit will communicate each morning on the status of the admission. CIS staff will update information in 24 hours as to whether or not the individual has been picked up for admission. If not, CIS will contact the assigned law enforcement agency and request updated information, informing them of the bed status.

Responsible Party: SCCMHA CIS will track each day's updated information on the SCCMHA Transfer/Pending Information form and the SCCMHA Pickup Notification to Law Enforcement form. The mental health unit will document status of the bed.

Action 4: After 48 hours CIS staff will inform the law enforcement agency on the status of the bed. If it is not possible for the bed to be secured and the individual is picked up, CIS staff will contact other facilities indicating the supplemental designated "other suitable facility." An amended supplemental can also be completed and sent to the court by fax to be recorded the next business day. Reference SCCMHA Communication with Law Enforcement form.

Responsible Party: SCCMHA CIS Staff

Exhibits:

1. Supplemental Petition to Application for Hospitalization and Order for Examination PCM 209
2. Local Transportation Agreement
3. Order for Transport PC47
4. SCCMHA Transfer/Pending Information
5. SCCMHA Pickup Notification to Law Enforcement
6. SCCMHA Communication with Law Enforcement

Supplemental Petition to Application for Hospitalization and Order for Examination PCM 209

Approved, SCAO _____		JIS CODE: SPA
STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	SUPPLEMENTAL PETITION TO APPLICATION FOR HOSPITALIZATION AND ORDER FOR EXAMINATION	FILE NO. _____

In the matter of _____

PETITION

1. I executed the attached Application for Hospitalization (PCM 201). I have been unable to have the individual examined by a physician or licensed psychologist although I have made the following efforts:

2. I request the court to order _____

a. the individual to be examined at _____
the preadmission screening unit designated by the community mental health services program.

☐ b. a peace officer to take the individual into protective custody and transport him/her to the preadmission screening unit named above for the examination.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____	Signature of petitioner _____
Attorney name (type or print) _____ Bar no. _____	Name (type or print) _____
Address _____	Address _____
City, state, zip _____ Telephone no. _____	City, state, zip _____

ORDER

THE COURT FINDS:

3. The application ☐ is ☐ is not reasonable and in full compliance with section 424 of the Mental Health Code.

4. A reasonable effort ☐ was ☐ was not made to secure an examination.

☐ 5. It is necessary that a peace officer take the individual into protective custody and immediately transport him or her to the designated preadmission screening unit for the examination.

☐ 6. There does not appear to be probable cause to take action on this petition.

IT IS ORDERED:

☐ 7. The individual be examined at the designated preadmission screening unit.

☐ 8. A peace officer shall take the individual into protective custody and immediately transport him or her to the designated preadmission screening unit provided that the individual is presented for examination by _____, which is within 10 days of the date of execution of the application. Date _____

☐ 9. The petition is denied.

Date _____	Judge _____ Bar no. _____
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USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

MCL 330.1428, MCL 330.1429

PCM 209 (9/13) **SUPPLEMENTAL PETITION TO APPLICATION FOR HOSPITALIZATION AND ORDER FOR EXAMINATION**

Local Transportation Agreement

LOCAL TRANSPORTATION AGREEMENT

Subsequent to a meeting held in September 2000 that included SCCMHA, Judge McGraw, the Prosecutor's office, local law enforcement agencies, Saginaw County's legal representative, representatives from local medical hospitals and Health Source Saginaw this is our current understanding of transportation of mental health patients.

In accordance with the Michigan Mental Health Code, individuals requiring transportation to the prescreening site will be transported by local law enforcement agencies. A valid CLINICAL CERTIFICATION and PETITION, a PETITION and SUPPLEMENTAL PETITION signed by the Judge, a signed DEMAND FOR HEARING or a copy of the INITIAL ORDER/CONTINUING ORDER item #15 properly checked may all serve to direct the law enforcement agency to transport the individual to the site of prescreen/admission.

Saginaw City Police Department will receive the transportation request for individuals residing within the city limits. Saginaw Township Police will be responsible for transporting residents of Saginaw Township. Saginaw County Sheriff department will be responsible for transporting all others.

Transfers

The financial responsibility for individuals requiring transfer from one inpatient unit to another inpatient unit is the responsibility of SCCMHA. SCCMHA can not take individuals into protective custody for the purpose of transport therefore, at the present time arrangements are secured through Medical Mobile Response. If the individual is inappropriate for MMR transfer due to a significant degree of danger, an ORDER FOR TRANSPORT is completed and the Judge will review and make a decision on an individual basis. A signed ORDER is then presented to the appropriate law enforcement agency.

Order for Transport PC47

Approved, SCAO		OSM CODE: NCA
STATE OF MICHIGAN PROBATE COURT SAGINAW COUNTY CIRCUIT COURT—FAMILY DIVISION	ORDER For TRANSPORT	FILE NO.

In the matter of: _____

1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS that:

2. This person is under a Court order for hospitalization at: _____

and it appears he/she will need long term care which can be provided at Kalamazoo Psychiatric Hospital.

IT IS ORDERED that: _____ shall transport _____

from _____ to _____ for treatment

under the Court order dated: _____

Attorney name Bar no.

Address

City, state, zip Telephone no.

Date


Judge of Probate

Do not write below this line—for court use only

ORDER, FORM NO. PC47, Revised 5/13

ORDER FOR TRANSPORT

SCCMHA Transfer/Pending Information



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

Transfer/Pending Information

Time: _____ Date: _____

Crisis Worker Completing Transfer/Pending: _____

Client's Name: _____ Case #: _____

Parent's Name: _____ County: _____

Caller's Name: _____ Call Back #: _____

Provider Out-Patient Services: ☐ None ☐ CMH ☐ TTI ☐ ACT ☐ List ☐ Westlund
☐ Saginaw Psych ☐ Jane's Street ☐ Other

Current Location of Client: ☐ At Residence
☐ Hospital (Medical Floor, ER Dept., Mental Health Unit)
☐ Whereabouts unknown

What has been Complete?

☐ Prescreen

☐ Petition (filed with Probate Court: Yes or No)

☐ Demand for Hearing (filed with Probate Court: Yes or No)

☐ Non-Compliance (filed with Probate Court: Yes or No)

☐ Pick-up Order Delivered to: Sheriff Dept: _____
Saginaw City: _____
Saginaw Twp: _____

☐ Entered into SENTRI

☐ Bed arranged at _____

☐ Other (specify) _____

Contact Person for Client: _____ Phone: _____

Information to be transferred: _____

Crisis Worker accepting Transfer/Pending: _____


Time: _____ Date: _____

Update: _____ Update: _____

Update: _____ Update: _____

Last Modified: 1-8-14

SCCMHA Pickup Notification to Law Enforcement



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

**NOTIFICATION TO LAW ENFORCEMENT
FROM CRISIS INTERVENTION CENTER
(989) 792-9732**

LAW ENFORCEMENT: IF YOU ARE DELAYED IN THE ER, CALL CRISIS CENTER

Consumer Name: _____

Address: _____

Pick up Address: _____

Date/Time Completed: _____

Police Department: _____

This client needs to be transported to: _____

Staff at: _____ that approved admission: _____

Instructions:

- ☐ Please pick up the individual and transport directly to the psychiatric hospital
- ☐ Individual is to be picked up and transported to Covenant ER for medical clearance and then transported to the hospital named above
- ☐ Include drug and alcohol screen
- ☐ Patient is to be picked up, transported to Covenant ER, and then taken by ambulance to the above named psychiatric hospital
- ☐ Please ask Covenant staff to contact the mental health unit prior to the individual being transported — Telephone # _____

Legal Documents Needed for Transport & Admission: _____

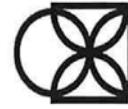
Other Cautions for the Police: _____

PLEASE NOTE... THIS PETITION AND PICK-UP ORDER EXPIRES ON: _____

1-8-14 mef

SCCMHA Communication with Law Enforcement

**Communication From: Saginaw County
Community Mental Health Authority
Crisis Intervention Services**



PHONE: 989-792-9732 • Hosp. Fax: 989-583-4252 • Fax: 989-797-3477

**To: Saginaw City Police Department
Fax #: 759-1659**

FYI--- Subject of Police Pick-Up Order:



- ☐ Was picked up on: _____
- ☐ Pick-up order expired on: _____
- ☐ Pick-up order was withdrawn

Please close out this request for pick-up with your officers.

From crisis staff member: _____

Notice:

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of the communications are strictly prohibited.

4.3 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

Ambulance Service, Covenant HealthCare, HealthSource Saginaw (HSS), Law Enforcement Agencies, McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Jail, Saginaw County Probate Court, Saginaw County Prosecutor's Office and St. Mary's of Michigan

Developed by

Nancy Johnson (SCCMHA) and Linda Tilot (SCCMHA)

Policy

The individual will be assessed with input from law enforcement, medical and mental health therapist. 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 Saginaw 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/Application for Hospitalization PCM 201.

Responsible Party: Law Enforcement, SCCMHA Crisis Intervention Services (CIS) 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: SCCMHA CIS 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 SCCMHA Administrative Coordinator.

Responsible Party: SCCMHA CIS Staff

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

Responsible Party: SCCMHA CIS Staff, Emergency Department Staff

Action 7: Complete a Saginaw CMH Crisis Follow-Up Plan which includes the individual's signature. Provide the individual with a signed copy.

Responsible Party: SCCMHA CIS Staff

Action 8: If the individual is lodged in the Saginaw County Jail, ask them to sign a release of information to allow the results of the assessment to be shared with Jail staff.

Responsible Party: SCCMHA CIS Staff, Law Enforcement, Corizon Health, Inc. - Saginaw County Jail

Exhibits:

1. Petition/Application for Hospitalization PCM 201
2. Clinical Certificate PCM 208
3. Saginaw CMH Crisis Follow-Up Plan

Petition/Application for Hospitalization PCM 201 (page 1 of 2)

Approved, SCAO		JIS CODE: AFH/PFH	
STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION/APPLICATION FOR HOSPITALIZATION	FILE NO.	
CIRCUIT COURT - FAMILY DIVISION			

In the matter of _____ XXX-XX-
Last four digits of SSN

Court ORI	Date of birth	Place of birth	Race	Sex
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1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
 I believe the individual named above needs treatment.

2. The individual was born _____, has a permanent residence in _____
Date
 County at _____
Street address City State Zip
 and can presently be found at _____
Address

☐ This petition is for a person who was found not guilty by reason of insanity in this county.

3. I believe the individual has mental illness and

☐ a. as a result of this mental illness, the individual can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

☐ b. the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

☐ c. the individual's judgment is so impaired s/he is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others. (If this is the only item checked, you must file this petition with the court before the person can be hospitalized.)

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 201 (11/11) PETITION / APPLICATION FOR HOSPITALIZATION
MCL 330.1424, MCL 330.1434, MCL 330.1438, MCL 330.2050

Clinical Certificate PCM 208 (page 1 of 2)

Approved, SCAO		JIS CODE: CCT
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	CLINICAL CERTIFICATE	FILE NO.

In the matter of _____

1. TO THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.

2. I further certify that I, _____, personally examined _____

Name of examiner (type or print) Patient

at _____

Name of place where examined and its address

on _____ starting at _____ and continuing for _____ minutes.

Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

3. My determination is that the person is

☐ mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).

☐ not mentally ill.

☐ 4. (if applicable) The person has

☐ convulsive disorder. ☐ alcoholism. ☐ other drug dependence.

☐ mental processes weakened by reason of advanced years.

☐ other (specify): _____

☐ been hospitalized involuntarily two or more times within the two-year period immediately preceding the filing of the petition and has rejected aftercare programs and treatment.

5. My diagnosis is: _____

6. Facts serving as the basis for my determination are: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

PCM 208 (9/07) CLINICAL CERTIFICATE

MCL 330.1425, MCL 330.1435

Saginaw CMH Crisis Follow-Up Plan



Saginaw County Community Mental Health Authority
Crisis Follow – Up Plan— 24-Hour Phone 792-9732

Client's Name _____ Sentri # _____

Specific Stipulations

- _____ I will not do anything to harm myself or others.
- _____ I will talk to friends, family and / or support people about my concerns.
- _____ I will call the crisis line at 792-9732 or have someone else call for me as needed.
- _____ I will go to the emergency room before hurting myself or others.
- _____ I will contact my therapist or case manager by _____.
- _____ I will contact my psychiatrist by _____.
- _____ I will take my medications as prescribed.
- _____ I will stay with friends, relatives, and / or _____ until my mental health is stable.
- _____ Arrangements have been made for me to go to Crisis Residential Treatment Program. I will go there safely at a designated time.
- _____ I do not have access to weapons.
- _____ I will follow-up with _____ on _____.

_____ **General Safety Guidelines (Only Applicable if Checked)**

Medications: Keep all medications stored and locked in a secure area. This includes medications that have been prescribed by a doctor as well as over-the-counter drugs.

Firearms: It is best not to keep firearms in your home. If you must have firearms, keep them unloaded and locked-up.

Sharps: Keep all sharp objects locked in a drawer—including items such as... knives, razor blades, scissors, etc.

Alcohol/Other Drugs: The consumption of alcohol, misuse of prescribed / over-the-counter drugs, and use of substances increase the risk of suicide. Do not use substances.

I fully understand the above, was not coerced into signing, agree with the stipulations, and intend to be compliant.

Client _____ Date _____

Parent/Guardian/Staff _____ Date _____

Clinician _____ Date _____

Telephone number for follow-up call: _____ or _____

Disposition of follow-up call: _____

Clinician: _____ Date: _____

Entered in Sentri? YES ☐ NO ☐

500 HANCOCK ST. • SAGINAW, MI • 48602 • PHONE: 989-792-9732 • HANCOCK FAX: 989-797-3477 • COVENANT FAX: 989-583-4252

4.4 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

Covenant HealthCare, HealthSource Saginaw (HSS), Law Enforcement Agencies, McLaren Bay Region (MBR), Saginaw County Community Mental Health Authority (SCCMHA) and St. Mary's of Michigan

Updated by

Jennifer Brin (MMR), LaTecia Cirilo (Saginaw County Probate Court), Nathan House (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Beth Miller (Saginaw County Probate Court), John Pelkki (Saginaw Township Police Department), Lynne Price (HSS), Sheri Short (Covenant) and Nancy Szczepanik (HSS)

Policy

An inmate transported to Saginaw County Community Mental Health Authority (SCCMHA) for a scheduled injection or 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 Saginaw County Sheriff's Department 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 police 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 not necessary except in cases where there are potential or identified medical concerns.

Responsible Party: Law Enforcement, Mental Health Unit Staff and Saginaw 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.

Jail Diversion, post booking: An inmate or an individual in police custody may be admitted to the unit as part of a Jail Diversion. These individuals are “diverted” into a mental health unit to follow up with mental health services upon discharge. The diversion plan is agreed upon by the Judge and the bond is modified. Prosecutor’s office should be notified of any Bond modification.

Individuals involved in the Saginaw County Mental Health Court will receive services through SCCMHA Community Support Forensic Team.

Action 1: An individual that has been working with a jail diversion specialist or mental health court is identified in behavioral health crisis by mental health, law enforcement, jail or court personnel.

Responsible Party: Law Enforcement, Mental Health Court, SCCMHA CIS Staff, SCCMHA Community Support Forensic Team, Corizon Health, Inc.- Saginaw County Jail, Saginaw County Judicial System, Saginaw County Prosecutor’s Office

Action 2: An assessment by a qualified professional from CMH or the mental health provider at the jail will be completed. If the individual is appropriate for admission to an acute facility the proper documents including probate forms will be completed.

Responsible Party: SCCMHA CIS Staff, SCCMHA Community Support Forensic Team, Corizon Health, Inc. — Saginaw County Jail, Mental Health Unit Staff

Action 3: The appropriate judge or prosecutor assigned to the case will be consulted to ensure the individual can be transferred with the appropriate release and hold documents in place.

Responsible Party: Law Enforcement, Corizon Health, Inc.- Saginaw County Jail, Saginaw County Judicial System, Saginaw County Prosecutor’s Office

Action 4: Efforts will be made to identify the source of payment or agency of financial responsibility.

Responsible Party: SCCMHA Community Support Forensic Team, Saginaw County Judicial System

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

Exhibits:

1. Saginaw County Sheriff's Department Detainer

Saginaw County Sheriff's Department	
***** DETAINER *****	
Prisoner's Name	_____
Date of Birth	_____ Charge _____
Dept. Placing HOLD	_____
Date Hold Placed	_____
Contact Person	_____ TX _____
Additional Information	_____

Officer's Name	_____
	10202

SECTION 5

Collaborative Community Safety Outreach

5.1 Saginaw County Care Alert

Purpose

Saginaw County Care Alert is a program that promotes the exchange of critical information between Saginaw County residents and families with First Responders. Information regarding an individual's disability, condition, special needs, behavior or limitations is provided in writing to be shared with First Responders in the event of an emergency. Information is provided voluntarily by the individual, parent or guardian. The amount and type of information can vary according to individual circumstances. Information is used to assist First Responders in the event of an emergency call to Central Dispatch 9-1-1.

Applies to

Law Enforcement, Central Dispatch, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Central Dispatch 9-1-1, Saginaw County residents

Developed by

Nancy Johnson Saginaw County Community Mental Health Authority (SCCMHA), Mary Ellen Freyre, SCCMHA), Dave Kendziorski (Saginaw City Police Department), Randy Pfau (Saginaw County Central Dispatch 9-1-1), Lt. Miguel Gomez (Saginaw County Sheriff's Office).

Policy

Individuals, parents or guardians can complete an information packet which is then returned in writing or electronically to the Saginaw County Sheriff's Office. The informational packet is transferred to Saginaw County Central Dispatch. The information is kept on file. The information can then be shared with First Responders in the event Central Dispatch 9-1-1 dispatches First Responders to the premises in regard to the identified individual.

Procedures

Attaining an application packet: Individuals should complete the Saginaw County Care Alert Assessment Form and return it to the Saginaw County Sheriff's Office. The individual, parent or guardian can complete the packet in writing or electronically. Once the packet is returned to the Sheriff's Office, the information will be forwarded to Saginaw County Central Dispatch 9-1-1 to be kept on file. The Saginaw County Sheriff's Office will have a designated Deputy responsible for the transfer of information.

Responsible Party: Participant, family or guardian, Sheriff Deputy, Central Dispatch

Action 1: Individual, parent or guardian will complete the packet in writing or electronically and return it to the Saginaw County Sheriff's Office. The designated officer will process the application with Saginaw County Central Dispatch.

Responsible Party: Participant, family or guardian, Sheriff's Office

Action 2: Reasonable efforts should be made to keep the information current. The individual, parent or guardian can contact the Sheriff's Office or Central Dispatch with updates such as address or telephone number changes or can opt-out of the program at any time.

Responsible Party: Participant, family or guardian, Sheriff's Office, Central Dispatch

Exhibits:

1. Saginaw County Care Alert / Project Lifesaver Introductory Letter
2. Saginaw Care Alert / Project Lifesaver Brochure
3. Saginaw County Care Alert Assessment Form

Saginaw County Care Alert / Project Lifesaver Introductory Letter

Greetings and Welcome.

Attached you will find the information packet for both Project Lifesaver and the Saginaw County Care Alert Programs. Project Lifesaver and Care Alert provides the opportunity for First Responders to have vital information when an emergency situation occurs involving a Saginaw County Resident who is diagnosed with Alzheimer's or other disabling condition such as Autism Spectrum Disorder, Cognitive Impairment, physical disability or other condition. Project Lifesaver offers a device in which tracking technology is in place for the search and rescue of individuals, as well as an information only option. The Care Alert program is an "information only" option. Individuals can choose which program best meets their objective.

Information Only: The individual, parent or guardian completes the packet. When the Central Dispatch 911 system is contacted for a call at the residence, the 911 operator is alerted that there is a Project Lifesaver/Care Alert information packet on file. Information is then used to assist First Responders in handling the situation in a manner that takes the individual's special needs into consideration.

Project Lifesaver: Upon completing the packet the individual, parent or guardian can elect to become involved in the aspect of the program that includes a device worn on the ankle or wrist to assist in search and rescue. There is a fee for this service; however, funding sources may be available. Agency case management services, grants, or local charities could be considered when you apply.

When completing the packet we encourage you to give as much information as possible in order to assist First Responders in the event of an emergency. However, you can leave questions blank if you do not wish to share that information. Participation in this program is voluntary and can be revoked at any time.

You will be asked to sign a release of information so that in the event of an emergency the information can be shared with First Responders.

You are asked to contact Project Lifesaver/Care Alert when there are significant changes such as change of address or contact telephone numbers. Attempts will also be made to keep the information updated yearly. You may be contacted by a representative working with the programs to assist in making any necessary changes. The release will allow for this process as well.

If you have any questions we encourage you to contact Deputy Charles Wehner at the Saginaw County Sheriff's Office at (989) 790-5441 or Lt. Miguel Gomez at (989) 790-5450.

By applying for Project Lifesaver/Care Alert, you acknowledge and agree that the programs are not intended to replace the care, monitoring, attention, and oversight to be provided to the individual with the disabling condition. You, on behalf of that individual, accept the use of the Project Lifesaver services and equipment and the Care Alert service with the understanding that those services and equipment are intended to be merely an additional and supplementary tool. Neither Saginaw County nor the Saginaw County Sheriff's Office make any warranties as to the use or reliability of those services or equipment.

You hereby release Saginaw County, the Saginaw County Sheriff's Office, and their officers, employees, and agents, from any and all liability relating to the performance or failure of the Project Lifesaver/Care Alert services or equipment, and you agree to indemnify them against any and all claims related to same.

Saginaw Care Alert / Project Lifesaver Brochure



Saginaw Care Alert Project Lifesaver

**Saginaw County
Sheriff's Office**
989-790-5456 OR 989-790-5441
618 Cass St., Saginaw, MI 48602
saginawcounty.com

This publication prepared by Saginaw County
Community Mental Health Authority in support
of the Project Lifesaver program






Critical information in critical times

**Saginaw Care Alert
Project Lifesaver**

*Lifesaving technology for
Saginaw County residents
with disabilities*



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

Wellness is
fundamental.



Emergency situations can be dangerous for anyone. But children and adults with disabilities are especially vulnerable. Physical disabilities may make it difficult or impossible for them to seek help on their own. Cognitive impairment can prevent them from finding their way to safety.

Saginaw Care Alert and Project Lifesaver are two separate programs that offer additional emergency protection for Saginaw County residents with physical and cognitive disabilities.

Project Lifesaver's wearable technology allows emergency responders to find and rescue people with disabilities. Saginaw Care Alert provides first responders with information about the special needs of a participant should they be called to his or her address.

Saginaw Care Alert is a free registration service. Project Lifesaver is sponsored by a number of agencies and has a variety of payment options including Medicaid — for persons who are enrolled in services with Saginaw County Community Mental Health Authority.



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**

500 Hancock St.
Saginaw, MI 48602
SCCMHA.org

Project Lifesaver

We hear stories too often: a vulnerable family member cannot be found. The search is time-intensive and often takes too long; the outcome can be tragic.

Children and adults who are enrolled in Project Lifesaver wear a small transmitter around the wrist or ankle. The size of a wristwatch, the device can be activated to help people find them in an emergency. GPS technology allows responders to quickly locate the person wearing the device. Project Lifesaver wearers are found within an average of 30 minutes from notification.

Project Lifesaver is designed for people with Alzheimer's disease, autism, dementia and other disabilities.

The subscriber's information is available to the Saginaw County Central Dispatchers to assist them in responding to emergency calls. Central Dispatch can provide responders with key information such as physical description should the wearer become lost. They can also provide vital information to responders to any 911 dispatch to the subscriber's home.

Saginaw Care Alert

In an emergency situation, people with disabilities are especially vulnerable, particularly if first responders are not aware of their special needs.

Saginaw Care Alert subscribers complete a highly detailed information packet. It includes information valuable to first responders —

from the person's physical description, details of his or her disability or impairment and communication skills to nicknames, hiding places and notes on how he or she might respond to sirens or people in uniform.

If there is a 911 call at the subscriber's address, dispatchers will be alerted that there is a packet on file. Dispatchers then use the information to help first responders meet the special needs of the subscriber.

Saginaw Care Alert is designed for people with any type of physical, cognitive, intellectual or developmental disability that would require special attention in an emergency situation.



To Apply

You can apply for either Saginaw Care Alert or Project Lifesaver by contacting the Saginaw County Sheriff's Department:

In person or by mail:
618 Cass St.
Saginaw, MI 48602

By phone:
989-790-5456

Neither Project Lifesaver nor Saginaw Care Alert are intended to replace the care, monitoring, attention and oversight that should be provided to a person with disabilities. By applying for either program, you acknowledge and agree that those services and equipment are intended to be an additional and supplementary tool. Neither Saginaw County nor the Saginaw County Sheriff's Department make any warranties as to the use or reliability of these services or equipment.



Saginaw County Care Alert Assessment Form

COMPLETE FORM AND TAKE OR MAIL TO THE
SAGINAW COUNTY SHERIFF'S OFFICE
618 CASS STREET, SAGINAW, MI 48602

Last Name, First Name of Participant

Date Form was Submitted

☐ New ☐ Update ☐ Remove



Saginaw County Care Alert Assessment Form

In conjunction with the First Responder's Guide for Behavioral Interventions

Search Management Section Personal Data Questionnaire

This form is designed for Participant's/Care Givers to provide, in advance, information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information for a more effective search response.

Participant: _____

Address: _____

City/State: _____

Phone: _____ Alternate phone: _____

Address: _____

Name of person filling out this form: _____

Relationship to Participant: _____

Participant's Personal Data

Birthday: _____ ☐ Male ☐ Female Race: _____

Nickname(s): _____

Most recent address: _____

Most recent place of employment: _____

Most recent occupation: _____

Name of spouse/significant other: _____ ☐ Living ☐ Deceased

5.2 Project Lifesaver

PENDING

5.3 Saginaw County Joint Investigation Protocol for Child/Abuse Neglect Cases

Purpose

The Saginaw County Joint Investigation Protocol is provided by the Governor's Task Force. It is a tool that provides description and detail of the assigned responsibilities for each professional and agency representative when intervening on identified cases of child abuse and neglect.

Preventing and prosecuting child abuse and neglect cases are priorities for the Saginaw community. Successful prevention and prosecution require the cooperation of the various community agencies responsible for these activities.

Applies to

Law Enforcement, Prosecutor's Office, Department of Health and Human Services (DHHS), Child Protective Services (CPS), County Child Advocacy Center (CAC), Medical Facilities, Emergency Departments (ED)

Developed by

John McColgan (Saginaw County Prosecutor's Office), Sheriff William Federspiel (Saginaw County Sheriff's Office), Chief Don Mawer (Saginaw County Police Chief's Association), Lt. Dave Simon and Lt. Pat Darrow (Michigan State Police — Tri-City Post), Shelly Marner (DHHS)

Policy: The office of the Saginaw County Prosecuting Attorney, The Saginaw County Department of Health and Human Services, the Great Lakes Bay Region Child Abuse/Neglect Council, and local Law Enforcement agencies have developed procedures, to be used in conjunction with all existing protocols, in accordance with the Child Protection Law to address those situations as described in CPL, Section 8 (3), as amended.

Procedures: Procedures are described in the Saginaw County Joint Investigation Protocol for Child/Abuse Neglect Cases (Revised October 2015) on the following pages.

Exhibits:

1. Saginaw County Joint Investigation Protocol for Child/Abuse Neglect Cases

Saginaw County Joint Investigation Protocol for Child/Abuse Neglect Cases

SAGINAW COUNTY
Joint Investigation Protocol for Child/Abuse Neglect Cases
(Revised October 2015)

Preventing and prosecuting child abuse and neglect are priorities for our community. Successful prevention and prosecution require the cooperation of the various community agencies responsible for these activities. To this end, the Office of the Saginaw County Prosecuting Attorney, the Michigan State Police, The Saginaw County Sheriff's Office, Saginaw County Police Chief's Association, and the Saginaw County Department of Health and Human Services, in collaboration with other community professionals, have developed the following procedures in accordance with the Child Protection Law to address those situations as described in CPL, Section 8 (3), as amended.

The Mission

To investigate child abuse and neglect in a manner that gives primary consideration to the best interests of the child and proceeds in an unbiased and truth-seeking manner that supports and facilitates accurate, fair and just decision-making in the criminal justice and child welfare systems.

Agency Roles

1. The Saginaw County DHHS is responsible for receiving and investigating reports of suspected child abuse and neglect. Michigan Law requires that DHHS and local law enforcement cooperate in the investigation of suspected child abuse and neglect. DHHS staff assigned to this duty are called Children's Protective Services (CPS) workers.
2. The local police department, when available, is responsible for participating in the investigation of suspected child abuse and neglect within the county.
3. The Michigan State Police is responsible for participating in the investigation of suspected child abuse and neglect within the County of Saginaw.
4. The Saginaw County Sheriff's Office is responsible for participating in the investigation of suspected child abuse and neglect within the County of Saginaw.
5. The Saginaw County Office of the Prosecuting Attorney is responsible for the prosecution of criminal child abuse/neglect complaints received from the above agencies. The Prosecuting Attorney's office also prosecutes civil child abuse/neglect petitions received from the Saginaw County DHHS.

Definitions

"Child" means any person who has not yet attained 18 years of age.

"Child Abuse" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare, or by a teacher or teacher's aids, that occurs through non-accidental physical or mental injury; sexual abuse; sexual exploitation; or maltreatment.

"Child Neglect" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare, that occurs through negligent treatment, including but not limited to, the failure to provide adequate food, clothing, shelter, or medical care.

"Coordinated Investigative Team (CIT)" is comprised of the CPS worker, law enforcement investigator, and the prosecutor assigned to the case.

"Non-parent adult" means a person 18 years of age or older and who, regardless of the person's domicile meets all of the following criteria in relation to a child over whom the Court has taken jurisdiction under section 2(b) of Chapter XII a of 1939 PA 288; MCL 712A.2:

- i.) Has substantial and regular contact with the child,
- ii.) Has a close personal relationship with the child's parent or with a person responsible for the child's health or welfare,
- iii.) Is not the child's parent or a person otherwise related to the child by blood or affinity to the third degree.

"Sexual abuse" means engaging in sexual contact or sexual penetration as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, with a child.

"Sexual exploitation" Includes allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act as defined in section 145c of 1931 PA 328; MCL 750.145c.

"Severe physical injury" means brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or physical well-being of a child.

Goals

1. To provide safety, protection, specialized treatment and ongoing support for child victims, their family members and other caregivers.
2. To ensure that child abuse/neglect cases are promptly, properly, effectively, and efficiently investigated and managed.
3. To improve and maintain cooperation and coordination between the agencies responsible for the management of child abuse/neglect cases.
4. To ensure that all professionals covered by this protocol are properly trained and committed to applying that training in order to obtain successful investigating outcomes.
5. To recognize that the investigative process is also traumatic to a child who has suffered abuse/neglect and to implement procedures and practices to minimize the ongoing traumatic impact of the process.
6. To ensure that forensic interviews are conducted in a neutral manner, are fact-finding in nature, and are coordinated within and between agencies to avoid multiple interviews of the child/victim.

Reporting Requirements and Procedures

To contact Michigan Department of Human Services Centralized Intake (CI):

All complaints must be reported to Centralized Intake at 1-855-444-3911, 24 hours a day, seven days a week.

If abuse/neglect alleged to have occurred within 72 hours of the report:

When a child presents to an emergency department of a hospital or other medical facility based upon a report of child abuse or neglect alleged to have occurred within the preceding 72 hours, the medical facility will immediately notify CPS and law enforcement and may proceed with an examination. The ER or hospital may medically clear the child and have an examination conducted by a SANE (Sexual Abuse Nurse Examiner) at another location. The medical facility's reporting procedures must be in compliance with the requirements of the Michigan Child Protection Law, including but not limited to completing a DHS-3200, and submitting it to DHS within the required reporting period.

Upon receiving a report of child abuse or neglect alleged to have occurred within the preceding 72 hours, CPS and law enforcement will contact each other and arrange to schedule a joint interview of the victim to be held at the CAN Council GLBR of Saginaw County Child Advocacy Center (CAC). Either LE or CPS will contact the CAC to arrange the interview. The interview shall be held immediately or within 24 hours. A complete forensic interview will be conducted by the CAC interviewer, unless unavailable or

mutually agreed upon by all parties. Then the interview shall be conducted by either a CPS worker or a law enforcement officer trained in the Forensic Interview Protocol. The other person will observe the interview and provide guidance to the interviewer as needed.

If abuse/neglect alleged to have occurred more than 72 hours prior to the report:

When a child presents to an emergency department, medical facility, or law enforcement based on a report of abuse or neglect that is alleged to have occurred more than 72 hours prior to the initial report of the incident, the child shall be referred to CI immediately. A medical evaluation will be conducted as deemed appropriate. The person receiving the initial report must immediately follow all reporting procedures within the requirements of the Michigan Child Protection Law, including but not limited to completing a DHS-3200, and submitting it to DHS within the required reporting period.

A joint CAC forensic interview will be scheduled as required under CPS policy for face to face contact. If the allegations are sexual abuse or physical injury and the perpetrator will have access to the victim, the interview will be conducted that day. If the perpetrator will not have access, then the interview may be held up to 72 hours later. Steps will be taken to assure the safety of the child (children) before the balance of the protocol is implemented.

Other physical abuse, sexual abuse, or exploitation of a child:

When the alleged physical abuse, sexual abuse, or exploitation of a child is perpetrated by an individual who is not a parent, legal guardian, or other person responsible for the child's health and welfare, CPS and/or CI will refer the complaint to law enforcement, but may not participate further in the ongoing investigation. The roles, goals, and procedures for the investigating law enforcement agency and the assigned prosecutor remain as stated in this protocol for all cases where there is physical abuse, sexual abuse or exploitation of a child.

Coordinated Investigative Team Procedures

CPS and Law Enforcement Investigations

Section 8(3) of the Michigan Child Protection Law provides:

In conducting its investigation, the department shall seek the assistance of and cooperate with law enforcement officials within 24 hours after becoming aware that 1 or more of the following conditions exist:

- (a) *Abuse or neglect is the suspected cause of a child's death.*
- (b) *The child is the victim of suspected sexual abuse or sexual exploitation.*

- (c) *Abuse or neglect resulting in severe physical injury to the child requires medical treatment or hospitalization. For purposes of this subdivision and section 17, "severe physical injury" means an injury to the child that requires medical treatment or hospitalization and that seriously impairs the health or physical well-being of a child.*
- (d) *Law enforcement intervention is necessary for the protection of the child, a department employee, or another person involved in the investigation.*
- (e) *The alleged perpetrator of the child's injury is not a person responsible for the child's health or welfare.*
- (f) *The child has been exposed to or had contact with methamphetamine production.*

When CPS receives a report of suspected sexual abuse as defined in Section 8(3) of the Child Protection Law, CPS shall:

1. Immediately notify the appropriate designated law enforcement agency.
2. Notify the Office of the Prosecuting Attorney immediately, or on the next business day, if the report is received outside of normal business hours.

Each police agency should establish written procedures addressing:

1. The receiving and processing reports of child sexual abuse or physical abuse after normal business hours, on holiday and on weekends.
2. Procedures for immediate notification to CPS when an initial report of suspected child abuse or neglect is received by a law enforcement agency.
3. Procedures for scheduling a CAC interview.

The role of the assigned Prosecutor

The Saginaw County Prosecuting Attorney or designee shall:

1. Provide legal counsel on issues relative to the investigation of child abuse/neglect cases.
2. Facilitate training for prosecutors assigned to child abuse/neglect cases.
3. Establish and follow consistent practices for the review, charging, plea negotiation and disposition of child abuse and neglect cases.

General Principles and Practices

Investigative Objectives

1. An investigation should, whenever possible, include:
 - A. A forensic interview of all children in the household
 - B. Witness interviews

- C. Collection and preservation of the evidence
- D. Crime Scene examination and preservation
- E. Suspect interview

2. CPS and law enforcement will coordinate their investigation and case management to ensure that:

- A. Investigations are conducted in a manner that minimizes trauma for the victim/child(ren)
- B. Investigations are conducted in an unbiased, professional manner that supports accurate and fair decision making, including but not limited to:
 - i. Making a determination as to whether or not the child was abused or neglect by a person responsible for the child's health and welfare.
 - ii. Making a determination as to whether or not the child is in need of immediate protection from the alleged abuser
 - iii. Making an initial determination as to whether there is probable cause to believe that a crime has been committed and that the alleged abuser committed the crime.

The CIT

- 1. The CIT is comprised of at least one individual from CPS, the law enforcement agency with jurisdiction over the case, and the Office of the Prosecuting Attorney.
- 2. Other professionals, including but not limited to medical, psychiatric or mental health personnel may be invited, if warranted by the facts.
- 3. Open communication between members is necessary throughout the investigative process.
- 4. CPS and law enforcement must maintain the confidentiality, as required by law, of any information obtained and shared during the course of the coordinated investigation. This includes, but is not limited to, the complaint source.
- 5. Reports resulting from the completion of medical, psychiatric or psychological examinations will be shared with the members as allowed by confidentiality laws.
- 6. All member agencies will provide to all other member agencies the names and contact phone numbers for the primary and back-up contact persons for each agency. Lists shall be updated immediately as changes occur.

Responsibilities Specific to Particular Member Agencies

Section 8(5) of the Michigan Child Protection Law provides in relevant part that:

"Involvement of law enforcement officials under this section does not relieve or prevent the department from proceeding with its investigation or treatment if there is reasonable cause to suspect that the child abuse or neglect was committed by a person responsible for the child's health or welfare."

The designated law enforcement member and CPS member shall consult with the Prosecuting Attorney member whenever necessary during the investigative process.

The designated law enforcement member shall be responsible for:

1. The collection and retention of all evidence.
2. Arranging for an immediate medical examination when the abuse or neglect is alleged to have occurred within 72 hours of when the initial report is received, if the report is received by law enforcement.
3. Consult with other members to determine if a medical examination is necessary if the alleged abuse or neglect occurred more than 72 hours before the initial report was received.

The designated CPS member shall be responsible for:

1. Identifying the needs of the victims and their families and make referrals to community agencies in order to meet those needs.
2. Arranging for an immediate medical examination when the abuse or neglect is alleged to have occurred within 72 hours of when the initial report is received, if the report is received by CPS or it is requested by law enforcement.
3. Consult with other members to determine if a medical examination is necessary if the alleged abuse or neglect occurred more than 72 hours before the initial report was received.

Medical Personnel Involvement – Sexual Abuse Nurse Examiner (SANE) or Medical Examiner:

1. If the initial report of suspected child abuse or neglect is received by medical personnel, the person receiving the report shall:
 - a. Make an immediate verbal complaint to CI.
 - b. Completed and submit a DHS-3200 within 72 hours of filing the verbal complaint.
2. Once CPS and/or law enforcement have been notified by medical personnel of the suspected abuse or neglect of a child, the members shall request that medical personnel follow these procedures:
 - a. Physical examination of a child
 - i. Is conducted by specially trained medical personnel
 - ii. When sexual abuse is suspected, is conducted in accordance with the standardized sexual assault protocol (MSP Forensic Science Division – Michigan Medial Forensic Examination Record) including but not

- limited to culturing all appropriate areas of the body, and the collection and testing of blood and other fluids, if found.
- iii. Includes a rape kit when sexual abuse is suspected to have occurred within 72 hours of the initial report.
- iv. Results are carefully and thoroughly documented utilizing body maps and photographs.
- b. Child Interview for the Purpose of the Medical Diagnosis and Treatment
 - i. Is conducted by the person who will complete the examination
 - ii. Is conducted outside of the presence of the parent or caretaker
 - iii. Is thoroughly and carefully documented, including verbatim statements made by the child related to abuse or neglect.
- c. Consultation with and/or referral to expert in the area of child abuse should be considered in unusual, extreme, or especially complex cases.

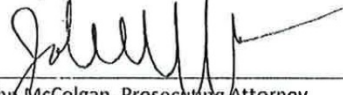
Conclusion

Each member agency has specific responsibilities with regard to the investigation, assessment, medical or therapeutic treatment, and prosecution of suspected child abuse and neglect. Each member agency agrees to support the concepts, philosophies and practices as outlined in this document. On occasion, exceptions to the procedures found in this Protocol may be necessary. Such exceptions shall be granted by the agreement of the member agencies that are involved in the investigation.

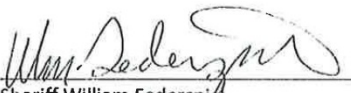
Open communication, cooperation and collaboration are critical to the successful implementation of this protocol. The multi-disciplinary approach will serve to enhance the individual and collective efforts of the member agencies toward the unified goal of protecting the children of our community by aggressively pursuing the prosecution of individual's who perpetrate child abuse and neglect.

Declarations of Agreement and Support


The Team Member Agencies of Saginaw County, through the signatures below, declare their agreement with, support of, and commitment to the Saginaw County Joint Investigative Protocol for Child Abuse and Neglect cases.


 John McColgan, Prosecuting Attorney
 Saginaw County Prosecuting Attorney's Office

5/2/16
 Date


 Sheriff William Federspiel
 Saginaw County Sheriff's Office

5/3/16
 Date


 Chief Don Mawer
 Saginaw County Police Chief's Association

5/3/16
 Date


 Lt. Pat Darrow (for F/Lt Dave Simon)
 MSP Tri-City Post

5/3/16
 Date


 Director Shelly Marner, Saginaw County
 Department of Health and Human Services

5/3/14
 Date

5.4 Saginaw Hoarding Task Force

Purpose

In 2015, the Saginaw County Hoarding Task Force convened to develop local expertise and collaborative protocols to support persons diagnosed with hoarding disorder. This policy and procedure highlights the role of first responders and others in the identification of and intervention(s) with persons with hoarding disorder residing in Saginaw County. Hoarding disorder conditions in residences where found in Saginaw create unique community health and safety risks for residents, as well as home visitors and first responders. The Saginaw Hoarding Task Force is promoting awareness, community education, identification of home sites, clinical treatment and home interventions, and community collaboration.

Applies to

Saginaw County First Responders including law enforcement agencies, fire departments, Mobile Medical Response and Central Dispatch 9-1-1, housing code officials, various home visitors; including the Michigan Department of Health and Human Services (MDHHS) staff, members of the Saginaw Hoarding Task Force and their organizations and affiliates.

Updated by

Ginny Reed (SCCMHA), Nancy Johnson (SCCMHA), Vurlia Wheeler (SCCMHA), Sarah Denman (SCCMHA), Randy Pfau (Saginaw County 9-1-1), Chris Van Loo (Saginaw Fire Department) and Angelic Zizumbo (Saginaw Township)

Policy

Efforts will be made by first responders, Saginaw Hoarding Task Force members and others to identify residential sites and persons with hoarding disorder residing in Saginaw County in order to offer support and interventions and reduce risk for residents and first responders. Hoarding disorder does not abate without evidence-based interventions. Persons who have been identified as having hoarding disorder will be offered clinical treatment and interventions. Various funding sources may be utilized. Persons who refuse treatment will be re-offered treatment in a 90-day follow up. For all persons, in treatment or not, focus will be on harm reduction and mitigation of risk in the home setting, as well as overall improvement in safety and health.

Procedures

Community Awareness & Education: First Responders, Saginaw Hoarding Task Force members, and others referenced in this policy will encourage public awareness and use of the task force website, www.hoardingtaskforcesaginaw.org for general information, and will also promote requests for available community education and training on hoarding disorder. In addition to information available on the website, business cards and brochures for community agencies, families, friends and neighbors are also available for distribution in the community. General home safety and fire prevention are aspects of the education efforts.

Address Registration & Wellbeing Checks: First Responders, Saginaw Hoarding Task Force members, and others referenced in this policy, when not limited by privacy restrictions, will promote the registration of addresses identified with hoarding conditions in Saginaw County, including voluntary registration by persons with hoarding disorder for their own safety. First Responders and other officials are requested to identify known or encountered addresses with relevant information to Central Dispatch 9-1-1. 9-1-1 will manage address registrations, including the confirmation of suspected sites and deployment of law enforcement as needed relative to hoarding sites, including wellbeing checks when requested or indicated. Others – family, friends, and neighbors – may request an address registration or verification anonymously. Address registration promotes identification of the prevalence in Saginaw County, provides advance safety information for first responders and aids in identifying persons with hoarding disorder who are in need of treatment, interventions, and support. The Saginaw County 9-1-1 Premise Hazard Request Form is available for download from the website. Calls will also be accepted at the 9-1-1 non-emergency number 989-797-4580.

Clinical Intervention & Support: As noted on the website, clinical treatment referrals may be made to the Saginaw Community Care HUB at 989-498-2266. As funding is available, persons will be offered treatment, and re-offered in 90 days if refused. Hoarding treatment is a specific evidence-based model of gradual home clean out with associated supports, generally a 6-month long process. Persons who refuse treatment or who are not covered by funding for treatment can still be encouraged to improve safety and health in their home through harm reduction strategies.

Housing Officials Collaboration: Housing code officials and landlords can play a valuable role in supporting persons with hoarding disorder to make changes that will reduce the risk of housing loss or eviction. Housing code staff and landlords can be an important part of the clinical treatment team and/or can promote harm reduction action steps and general home safety for impacted citizens and tenants.

Exhibits:

1. Saginaw County 9-1-1 Premise Hazard Request Form

Saginaw County 9-1-1 – Premise Hazard Request Form

SAGINAW COUNTY 911 – PREMISE HAZARD REQUEST FORM

PREMISE HAZARD TYPE (MEDICAL/ALARM/HOARDING): *Click here to enter text.*

ADDRESS: *Click here to enter text.*

CITY: *Click here to enter text.* APT#: *Click here to enter text.*

COMMON PLACE (BUSN NAME): *Click here to enter text.*

OWNER NAME (OPTIONAL): *Click here to enter text.*

OWNER PHONE NUMBER (OPTIONAL): *Click here to enter text.*

EMERGENCY CONTACT INFO: *Click here to enter text.*

REPORTING NAME/AGENCY: *Click here to enter text.*

COMMENTS (BE AS SPECIFIC AS POSSIBLE): *Click here to enter text.*

EXPIRATION DATE (REVIEW EVERY 12 MONTHS): *Click here to enter text.*

Note: If no expiration date is entered, audit of records will be done in October. Any unvalidated records will be purged the following January.

Please email this completed form to Randy Pfau at 9-1-1 at rpfaus@saginawcounty.com with date of the request for address registration and contact information of referral source.

Rev. 4/25/17



SECTION 6

Appendix

6.1 Interpretation Services

Covenant Healthcare — Cyra com VRI (video remote interpreter). We use VOICE when a person who has a visual and hearing impairment or is intellectually disabled and hearing impaired.

Department of Health and Human Services — Uses various providers Statewide based on the consumer need.

HealthSource Saginaw — Sign-language interpreters are arranged through V.O.I.C.E. (989-497-7111), Shannah Thelen (989-640-5733) or Communication Access Center (810-239-3112). Language interpreters are arranged through Language Services Associates/InterpreTALK (866-560-7907).

Mid-State health Network (MSHN) — Dial 711 for the Michigan Relay Center for individuals with hearing-impairment, hard-of-hearing or speech-impairment.

Mobile Medical Response (MMR) — Language Line Solutions 1-800-752-6096.

St. Mary's of Michigan — Auxiliary communication aids, i.e., Telecommunication Device for the Deaf/TDD/TTY. V.O.I.C.E. for the Hearing Impaired will be utilized if certified American Sign Language interpreters are needed. They can be reached at (989) 497-7111 or by the emergency pager (989) 284-5182. Cyacom interpretation services are to be used exclusively for ALL CLINICAL SITUATIONS by calling 1-800-481-3293.

Saginaw County Central Dispatch — Language Line, 800 523-1786.

Saginaw County Community Mental Health Authority — InterpreTALK Language Services Associates (866-560-7907) and Sign-language interpreters are arranged through VOICE (989-497-7111) for people who are deaf or hearing impaired.

Saginaw County Sheriff's Office — Sign-language interpreters are arranged through Voice (989-497-7111).

Saginaw Township Police Department — ISpeak Language Identification Flashcard found at <http://www.lep.gov/ISpeakCards2004.pdf>

6.2 Emergency Contact Information

Saginaw County First Responder's Emergency Contacts				
CONTACT	OFFICE	CELL	OTHER	EMAIL
Corizon Health, Inc. – Saginaw County Jail				
Jeanette Stoltenberg, Health Services	989-790-5463		810-241-3870	jeanette.stoltenberg@corizonhealth.com
Covenant HealthCare Emergency Care Center				
Patrice Lanczak, Co-Manager	989-583-6259			planczak@chs-mi.com
Dr. Matthew Deibel, Medical Director	989-583-6625			mdeibel@gmail.com
Sheri Short, Nurse Manager	989-583-3447		989-258-0442 (pager)	sshort@chs-mi.com
HealthSource Saginaw				
Dr. Kaushik Raval, Medical Director	989-493-0488		989-201-2539 (pager)	k.j.raval@gmail.com
Nurse Manager	989-790-7743		P.M. spvr. 989-746-5039	Adol. NM 989-790-7714
Mark Puckett, Program Director	989-790-7738			mpuckett@hss-mi.org
Karen Borruso, Therapist Supervisor	989-790-7858			kborruso@hss-mi.org
Mobile Medical Response				
General Number	989-758-2911		request on-call admin	n/a
Jennifer Brin, Operations Manager	989-907-2058	989-280-8446		jbrin@mobilemedical.org
Steve Myers, Director of Patient Access	800-232-6261		888-232-6664 x2450	smyers@mobilemedical.org
McLaren Bay Region				
Bridget Cashin, Director	989-894-3910	989-443-9621	989-894-3911 (unit)	bridget.cashin@mcclaren.org
Jennifer Whyte, Nurse Manager	989-894-5978		989-929-1641 (pager)	jennifer.whyte@mcclaren.org
Saginaw City Police Department				
David Kendzioriski, Lieutenant	989-759-1297			dkendzioriski@saginaw-mi.com
Robert Ruth, Chief of Police	989-759-1269		Central Dispatch after 5 pm	rruth@saginaw-mi.com
On Duty Supervisor	989-797-4580			n/a
Central Dispatch	989-797-4580			n/a
Non-Emergency	989-759-1288			n/a
Saginaw County Community Mental Health Authority				
Nancy Johnson, CIS Supervisor	989-797-3546	989-284-6142	989-929-0515 (pager)	njohnson@sccmha.org
Carey Moffett, MUTT Supervisor	989-797-3413	989-642-5648	989-928-4593 (MUTT)	cmoffett@sccmha.org
Amy Murawski, SUD Coordinator	989-272-0230			amurawski@sccmha.org
Dr. Anne M. Tadeo, Medical Director	989-797-3549	989-574-5128		atadeo@sccmha.org
Linda Tilot, Director of Care Mgt. & Quality	989-797-3506	989-928-0350		ltilot@sccmha.org
Saginaw County Department of Human Services				
Jennifer Shores, Children's Services Manager	989-545-8237			shoresj@mich.gov
Pam Truran	989-293-7111			truranp@mich.gov
Saginaw County Jail				
Paula Lounsbury, Jail Complex Administrator	989-790-5448		989-274-2625	plounsbury@saginawcounty.com
Saginaw County Probate Court and 10th Judicial Circuit Court Family Division				
Patrick J. McGraw, Presiding Probate Judge	989-790-5325			pmcgraw@saginawcounty.com
Barbara Meter, Probate Judge	989-799-4110			bmeter@saginawcounty.com
Saginaw County Prosecutor's Office				
John A. McColgan Jr., Prosecutor	989-790-5330	989-714-5357	989-222-2768 (pager)	jmccolgan@saginawcounty.com
Randy L. Price, Assistant Prosecutor	989-790-5330			rprice@saginawcounty.com
Saginaw County Sheriff's Office				
William L. Federspiel, Sheriff	989-790-5400			wfederspiel@saginawcounty.com
Miguel Gomez, Lieutenant	989-790-5450	989-798-0484		mgomez@saginawcounty.com
Heather Beyerlein, Administrative Sergeant	989-790-5430			hbeyerlein@saginawcounty.com
Tom McIntyre, Deputy Director	989-790-5450			911@saginawcounty.com
Randy Pfau, Deputy Director		989-274-2632		rpfauf@saginawcounty.com
Saginaw Meadows Crisis Residential Unit				
Katrina Lisik, Program Supervisor	989-245-4310			klisik@hopenetwork.org
Saginaw Township Police Department				
John R. Pelkki, Lieutenant	989-791-7212		911 after hours	jpelkki@saginawtownship.net
Donald F. Pussehl Jr., Chief of Police	989-791-7211		989-793-2310 (non-emerg)	dpussehl@saginawtownship.net
Central Dispatch	989-797-4580			n/a
Saginaw Valley Medical Control Authority				
Dr. Noel Wagner, Medical Director	989-583-7940	989-274-6061		noel.wagner@cmich.edu
St. Mary's of Michigan Emergency Department				
Dr. Steve McLean, Medical Director	989-793-7220	989-714-6170		smclean@stmarysofmichigan.org
Shane Hunt, Nurse Director	989-497-3202			shunt@stmarysofmichigan.org

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Michigan Mental Health Code

<http://legislature.mi.gov/doc.aspx?mcl-act-258-of-1974>

The First Responder's Guide for Behavioral Interventions
can be found at

www.sccmha.org

Please acknowledge Saginaw County when using this information.

