

First SAGINAW COUNTY Responder's for Behavioral Interventions Guide

Working together to achieve the Quintuple Aim

- Saginaw Community Mental Health Authority
- 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
- Guardianship Services of Saginaw County
- Saginaw County Jail
- Saginaw County Department of Health & Human Services
- Mobile Medical Response

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Acknowledgements

“The *Saginaw County First Responder’s Guide for Behavioral Interventions* represents a significant collaborative effort among many dedicated professionals committed to improving our community’s response to individuals experiencing a behavioral health crisis. I extend my sincere appreciation to the members of the work group who made this updated guide possible. Special thanks to Nancy Johnson, Supervisor of Crisis Intervention Services at SCCMHA, who chaired this group and coordinated the review and revision process. Also, Adrienne Calhoun for her immense work on making sure we all completed our projects! I am also grateful to all who contributed their time, insight, and professional experience to ensure that this guide will serve as a practical and reliable resource for first responders throughout Saginaw County. The collaboration is exemplified and acknowledged by all who are signatory to this guide. It is my hope that not only will Saginaw County citizens benefit from their work, but also citizens in every county throughout the state who may adopt a similar resource such as ours. Michigan Judges will find this guide a welcome resource and starting point for their own counties.”

Honorable Patrick J. McGraw, *Chief Judge of Saginaw County Probate Court*

“As a sitting judge for the Juvenile and Family Division serving our Saginaw community, I deeply appreciate the dedication, courage, and professionalism our first responders demonstrate every day. The Saginaw First Responders Guide is an invaluable resource that strengthens coordination, improves safety, and ensures that our police, fire, and medical teams have clear, reliable information when it matters most. This guide reflects our shared commitment to protecting the well-being of all residents, and I fully support its continued use and development.”

Honorable Barbara L. Meter, *Judge of the Juvenile & Family Division 10th Judicial Circuit Court Juvenile & Family Division*

“As the country continues to navigate growing behavioral health needs, collaboration, compassion, and coordinated response have never been more important. The updated Saginaw County First Responders Guide for Behavioral Interventions reflects our community’s commitment to ensuring that those experiencing a behavioral health crisis receive timely, trauma-informed, and person-centered care. This guide represents the partnership of first responders, healthcare professionals, behavioral health providers, emergency dispatch personnel, courts, and community agencies working together toward a shared goal: improving outcomes for individuals and families in crisis while supporting the safety and well-being of our entire community. I extend my sincere gratitude to every organization and individual who contributed their time and expertise to this important resource. Your work strengthens our system of care and helps build a safer, healthier community for all.

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

“ The First Responders Guide is an invaluable resource for our community. It assists with identifying behavioral traits or characteristics more commonly associated with individuals experiencing mental health crisis and thereby equips first responders with a training guide – giving them the tools necessary to diffuse situations while assisting at-risk individuals with access to treatment. The guide provides a multifaceted approach to improving impact and increase for the individual’s, as well as overall community safety. “

Honorable Elian E. H. Fichtner, *70th District Court Division 2, Mental Health Treatment Court*

“ The *Saginaw County First Responder’s Guide for Behavioral Interventions* is an invaluable resource that significantly enhances the capacity of medical first responders to effectively and compassionately manage behavioral health crises. The guide focuses on Patient-Centered Care by a “well informed and prepared team” that can effectively respond to a crisis while respecting the dignity of individuals and families who are at their most vulnerable.

Dr. Aaron Smith, *Medical Director, Covenant Healthcare Emergency Care Center*

“ We extend our deepest gratitude to the first responders who tirelessly serve and protect our communities. Your commitment to saving lives and helping others, often in the face of significant stress and trauma, is an inspiration. It is our sincere hope that this guide provides valuable support and resources as you prioritize your own behavioral health and well-being. Thank you for your service.”

Chief Donald C. Mawer, *Frankenmuth City Police Department*

Section 1: Overview







Introduction

Welcome and thank you for opening this reference guide. We hope you find it helpful in your work. Our goal is to support you, the professional first responders, our frontline heroes who serve Saginaw County, in coming together as a highly effective team.

As you can tell from the title, this guide is meant to address conditions experienced by citizens of all ages with all levels of mental illness, intellectual and developmental disability (IDD) including those on the Autism Spectrum (ASD), individuals with substance use disorders (SUDs), co-occurring disorders (including people with psychiatric and substance use disorders and comorbid medical conditions), youth with emotional disturbances, and older adults with cognitive disorders such as dementia.

The Saginaw County community partner agencies recognize the importance of joining together to ensure the protection and safety of some of our most vulnerable citizens. Therefore, this document is intended to be welcoming and inclusive. It serves not only as a reference and procedural guide, but also signifies a firm commitment and written endorsement by our community partners to work together to improve the experience of individuals, families, agencies, health and social service providers, first responders, and the community as a whole.

We recognize that the services we provide are often needed when individuals and families are in crisis and at their most vulnerable. 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. People have often been in a state of impending crisis for some days and weeks leading up to the intervention and so may arrive at the point of asking for help with limited capacity to cope with challenges.

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 healthier outcomes found within the context of the crisis while at the same time moving as quickly as possible through process steps which can be complex and involve diverse professionals, agencies, and costly resources. To achieve this, we rely on the principles embodied in the Institute for Healthcare Improvement's **Quintuple Aim** as we strive to make information available to the people we serve and their families in an expeditious manner that allows them effectively to make informed decisions.

The Quintuple Aim

For health care improvement



- Patient Experience:** We aim to partner with the people we serve in a person/family-centered, trauma-informed manner that fosters effective communication, respects individual preferences and values, and meets the unique needs and expectations of each person served. We accomplish this by welcoming everyone; treating everyone with dignity and respect; meeting people “where they are;” ensuring there is “no wrong door” to accessing services; employing a diverse work force that includes individuals with lived experience; using evidence-based practices; and actively seeking community input and feedback through community needs assessments and consumer satisfaction surveys as part of our continuous quality improvement processes.
- Population Health:** We aim to ensure Saginaw County experiences optimum use of inpatient psychiatric care that is accessible when needed and maximizes the opportunity to achieve beneficial outcomes for the people we serve. We recognize that individuals diagnosed with mental health conditions experience chronic health conditions at a higher rate than their counterparts in the general population and we strive to provide whole-person care by identifying and addressing comorbidities that include general health conditions, mental health conditions, substance use disorders, cognitive challenges, and intellectual and developmental disabilities.
- Cost of Care:** We aim to provide cost-effective care by clearly delineating the roles and interface functions of response teams so that participating community agencies will achieve efficiencies of operations. We also aim to provide the right care, at the right time, at the right intensity, and for the right duration in order to maximize the opportunity to achieve the best outcome while minimizing unnecessary expenses. We work to provide services and supports in a cost-effective manner by communicating collaboratively with community partners to coordinate care and providing that care in the least restrictive setting in accordance with accepted medical necessity criteria.
- Clinician/Care Team Well-Being:** We aim to provide a well-informed and prepared team that is able to effectively respond to a crisis using evidence-based interventions that reflect our support for and respect of the dignity and worth of the people we serve provided through an effective coalition of health system, human service, and public safety resources. We accomplish this by attending to the emotional, physical, financial, occupational, and spiritual well-being of staff, providing them with the necessary tools, resources

and support as well as ongoing training using a trauma-informed approach, making EAP¹ services available, and providing support during critical incidents to assist staff in addressing the ongoing demands of providing quality care to the people and community we serve. We believe that an environment in which staff feel physically and emotionally safe promotes a culture of well-being and self-care.

- **Health Equity:** We aim to ensure everyone we serve has the opportunity to attain their full health potential, and no one is disadvantaged from achieving their potential because of social position or other socially determined circumstances. We aim to tailor services to the individual while avoiding a “one size fits all” solution. We accomplish this by working to eliminate the stigma experienced by many who seek behavioral health services as a first step in advancing health equity. We also strive to ensure parity in resources, benefits, and access to both general health and behavioral health services delivered in a culturally sensitive manner.

Words Matter: A Note About Terminology

The terms used by first responders to identify an individual can vary based on the context and nature of the interaction or service provided as well as the culture, system, and setting. Common terms include “client,” “patient,” “student,” “subject,” “individual,” “person,” “suspect,” “offender,” “inmate,” “victim,” “consumer,” “person served,” “alleged mentally ill,” “inmate,” “youth,” “minor,” and others.

The words we use to describe individuals with mental health conditions and substance use disorders can impact the likelihood that people will seek help and the quality of the help they receive. Research indicates that stigma (negative attitudes toward individuals based on distinguishing characteristics) contributes in multiple ways to poorer health outcomes.

In recent years there has been a general trend towards more respectful and inclusive language, particularly in mental health and educational settings. Person-first means using language to recognize a person’s experience with a condition, illness, or disability as only part of them as a person because people are so much more than their substance use disorder, mental health condition, or disability. Using person-first or person-centered language is about respecting the dignity, worth, and unique qualities and strengths of every individual and emphasizes the person first rather than the condition, illness, or disability.

Conversely, using deficits-based language filtered through diagnostic labels can lead to becoming negatively biased and depersonalize the individual. Using casual labels such as “junkie” for an individual with a substance use history or “cutter” for an individual who engages in self-harm is demeaning, negative, and stigmatizing and can result in discriminatory and ineffective care.

The language we use to describe individuals we work with matters. Words can be harmful or healing and we need to pay attention to what we say and how we refer to others and remember that a person’s identity and self-image are closely linked to the words used to describe them.

¹An Employee Assistance Program offers free and confidential assessments, short-term counseling, referrals, and follow-up services for employees.

PERSON-CENTERED LANGUAGE

Deficits-Based	Strengths-Based
Addict	Person with a substance use disorder
Frequent flyer	Utilizes services and supports when necessary
Hostile, aggressive	Protective
Helpless, hopeless	Unaware of capabilities/opportunities
Mentally ill	Person with a mental illness
Lazy	Ambivalent, working to build hope
Manipulative	Resourceful
Unfit parent	Person experiencing barriers to successful parenting
Resistant	Chooses not to, isn't ready for, not open to
Suffering with	Working to recover from, experiencing, living with
Abuses the system	Good self-advocate
Weaknesses	Barriers to change or needs

Source: The University of Minnesota, Center for Practice Transformation

What Has Changed?

This is the fourth edition of the *Saginaw County First Responders Guide for Behavioral Health*. The original was published almost two decades ago in 2007, with updates in 2014, 2016, and 2018. This iteration of the guide reflects our work over the course of several months during the Fall of 2025 and Winter of 2026 to ensure the current edition contains the most up-to-date information.

Both the County of Saginaw and this guide have evolved over the years. New programs and services have been developed, existing programs and services have been expanded, refined, or eliminated, the leadership of various agencies has changed, and organizational mergers have resulted in name changes. We have added a number of collaborative community safety outreach agencies and organizations to Section 5 including new ones such as SCCMHA's Crisis Connect Services resulting in an expansion of resources listed for immediate access by the reader.

Policies, procedures, workflows, and forms have been updated and revised as a result of our ongoing efforts to meet the growing needs of the community and people we serve, as well as reduce stigma, strengthen our community partnerships, eliminate unnecessary duplication of services, and find efficiencies to reduce costs. We have added to, edited, refined, and updated many policies and procedures to specify the most effective and efficient workflows, as well as identify the parties responsible for the various actions contained within those protocols.

Agency and Probate Court forms require constant modification and updates in order to be accurate and current. Moreover, many of our community partners continue to address unforeseen challenges resulting

from the COVID-19 pandemic. Fortunately, advances in technology have resulted in faster and more efficient communication among community partners enabling us to effectively develop and share updates and changes in a timely manner.

Since the first edition of this guide was published, the Triple Aim has also evolved. It became the Quadruple Aim with the addition of clinician well-being to the formula, and it is now known as the Quintuple Aim with the inclusion of the principle of health equity.

We have added a Glossary and an Index (for the printed version) to this document with hyperlinks (in blue) to various websites in the electronic version and spelled out hyperlinks for the print edition.

Collaborative Care in Action

The Saginaw County community partner agencies recognize the importance of joining together to ensure the protection and safety of some of our most vulnerable citizens. This guide is evidence of the cooperation between the participating agencies. Ongoing collaborative discussions have 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.

This document is intended to be welcoming and inclusive. It serves not only as a reference and procedural guide, but also signifies a firm commitment and written endorsement by our community partners to work together to improve the experience of individuals, families, agencies, health and social service providers, first responders, and the community as a whole.

Community partnerships are integral to holistic, person-centered care and provide coordination of care across settings and providers to ensure seamless transitions across the full spectrum of health services including acute, chronic, and behavioral health needs for each person served.

This guide reflects the collaboration and partnerships that have evolved over the years to provide a strong foundation upon which we can effectively address the needs of individuals experiencing a behavioral health crisis.

To the outside reader, we would like to convey that the convening of executive leadership and resulting formation of a context for the enhancement of joint processes is a 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. A review of the signatories to this document attests to the commitment of Saginaw County leadership to achieving the Quintuple Aim of this guide and is an impressive statement about the level of collaboration in Saginaw.

ACCOMMODATIONS: Agencies represented in the *Saginaw County First Responder's Guide for Behavioral Interventions* are committed to providing accommodations to individuals who need communication/ language assistance. Area agency Interpretation 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, of adolescents and adults, the judicial admission of individuals with intellectual/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 laid 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, indicating 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 Working Together to Make the Mental Health Code Work

Chapter 4 Civil Admission and Discharge Procedures for Adult Individuals with Mental Illness – A Community Approach in Saginaw, Michigan

Available free of charge from the [SCCMHA website](https://www.sccmha.org), this informative one-hour video and accompanying slide deck provide comprehensive training for local partner agencies and professionals directly involved in the civil commitment procedures documented in Chapter 4 of the *Michigan Mental Health Code* for adults with mental illness. The materials include detailed information

on legal procedures and their execution in Saginaw County under the jurisdiction of the Saginaw County Probate Court. The video content is delivered by the community partners to the Saginaw Probate Court in their essential roles as judge, prosecutor, community mental health, hospital emergency care centers, law enforcement, psychiatry, and other behavioral health providers with expert knowledge and first-hand accounts of circumstances prompting the need for probate procedures to direct citizens with mental illness to inpatient psychiatric admission and outpatient treatment as needed under court supervision.

The video and accompanying downloadable slide deck can be found on the SCCMHA website at <https://www.sccmha.org/resources/articles-and-pages/working-together-to-make-the-mental-health-code-work-chapter-4.html>.



1.4 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. If we are effective in reaching people who are 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 Health and Human Services (MDHHS) requires every community to 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.

1.5 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 this guide specify which agencies each 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 unacquainted with agency protocols, as well as to professionals from other counties, it is important to document our agreement on the many roles and the array of community resources involved in our integrated delivery system.

Finally, we would like to acknowledge our belief that the effectiveness of the First Responder's Guide is twofold. First, this guide not only represents a well-developed set of roles within 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 persons served and a profound commitment to the community and the professional team of first responders who serve the community.

The *Saginaw County First Responder's Guide for Behavioral Health Interventions* intentionally names both individuals and their roles in the narrative. We acknowledge that this contravenes the conventional wisdom about documents such as this. While people come and go in their roles and effective procedures should not be dependent upon personalities, 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 team 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 often with identified needs that were not 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 24/7 Mobile Response & Stabilization Services (MRSS) first response for individuals and families experiencing a mental health crisis.
- Provides assistance to families and community members who wish to initiate involuntary psychiatric admission through 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 residential settings 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.
- Behavioral Urgent Care Clinic under development, to be implemented in 2026.

Substance Use Disorder (SUD) Coordinating Agency

Mid-State Health Network (MSHN)

- Provides referrals to approved providers through SCCMHA Central Access and Intake (CAI) and Crisis Intervention Services (CIS) staff who present seeking SUD treatment.
- Provides treatment for individuals with a substance use disorder who have Medicaid or Healthy Michigan throughout the twenty-one-county region MSHN serves.

Saginaw County Courts

Saginaw County Probate Court and 10th Judicial Circuit Juvenile & Family Division

- Provide the venue for adjudication of involuntary mental health commitment petitions.
- Provide orders for transport for assessment for involuntary admissions.
- Provide assignment of counsel for persons who are the subject of the petition.
- Provide council on behalf of the County and Specialty Courts.
- Provide a venue for judicial admissions and guardianship for individuals with intellectual/developmental disabilities (IDD)



Saginaw County Specialty Courts

Saginaw County 70th District Court (Saginaw County Mental Health 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.
- Reduces the involvement of persons with mental health conditions, cooccurring at substance use disorders in the criminal justice system.
- Reduces the number of individuals with nonviolent charges detained in the jail.
- Coheres stakeholders and treatments providers to support individuals, provide community supervision, judicial review, and case management to promote success.

Saginaw County 70th District Structured Treatment And Recovery (STAR) Program

- Provides linkages to treatment for individuals with a history of alcohol use and encounters with law enforcement.
- Participants must meet specific requirements as they progress through several phases of the program including individual and group counseling, curfews, community service, weekly attendance at self-help meetings (e.g., Alcoholics Anonymous), regular contact with a case manager, frequent and random drug and alcohol testing, and random home visits.
- Defendants are required to serve a term of probation with intensive supervision for approximately 18 to 24 months, which may include residential SUD treatment for 90 to 180 days or longer.

Saginaw County Adult Drug Treatment Court (Recovery Court)

- Provides links to treatment with close supervision that includes frequent drug testing, home visits, regular court appearances, and community service for adults with substance use, mental health, and untreated trauma issues for adults with felony charges.

Saginaw County Veterans Treatment Court

- Provides veterans who have been arrested and have mental health or substance use issues linked to their military service, and which contributed to their criminal conduct, with support.
- Incorporates elements of drug and mental health support to help veterans resolve underlying issues that may have contributed to their arrest.

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 the City of Saginaw, 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.
- Participates in Specialty Courts (Mental Health Court, Adult Drug Treatment Court, and Veterans Treatment Court).

Emergency Medical Response**Mobile Medical Response (MMR)**

- Provides advanced and basic life support first response and transport for persons between the 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 or text messages for emergency assistance for behavioral crises.
- Notifies appropriate the department to respond.
- Remains on the line until assistance arrives.

Emergency Departments**Covenant Healthcare Emergency Care Center,****MyMichigan Medical Center Saginaw Emergency Department**

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

Psychiatric Inpatient Hospitals and Acute Care Diversion Programs**HealthSource Saginaw, Saginaw Meadows Crisis Residential Unit (CRU)**

- Provides admission screening via phone triage.
- Provides admission assessment and Formal Voluntary Admissions and Psychiatric Certification for Involuntary Admissions.
- Provides acute and sub-acute care treatment for voluntary and involuntary patients.
- Provides a venue for video probate court proceedings.
- Provides an average length of stay of 5 days.



Guardianship Services of Saginaw County, Inc. (GSSC)



- 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.
- Additional information can be found on the GSSC web site: <https://saginawguardian.com/> and/or by calling (989) 755-1532.

Saginaw County Jail

Jail Administrator,

Vital Core (healthcare provider for the Saginaw County jail)



- 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.
- Provides health and behavioral health treatment to persons housed in the Saginaw County Jail. Staff may file a petition or application for involuntary psychiatric admission of persons assessed as in need of treatment in an inpatient psychiatric unit.
- Staff coordinate services for individuals currently receiving services through SCCMHA and Network Providers. Linking and coordination of services may also occur for individuals upon release; this will occur through the Jail Diversion Specialist or SCCMHA CAI (Central Access & Intake) unit.

Saginaw County Michigan Department of Health & Human Services (MDHHS)



- Provides Children's Protective Services (CPS) response for investigation when assigned by MDHHS centralized intake.
- Provides response and investigation to Adult Protective Services 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 worked collaboratively to update the Saginaw County First Responder's Guide for Behavioral Interventions.

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Vital Core – Saginaw County Jail

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Saginaw County 9-1-1 Central Dispatch

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Blair Stevenson, Assistant Prosecutor

Saginaw County Sheriff's Office

William L. Federspiel, Sheriff

Miguel Gomez, Undersheriff

Ebony Rasco, Lieutenant

Saginaw Township Police Department

Andrew Myers, Lieutenant

Scott Malace, Chief of Police

Saginaw Valley Medical Control Authority

Dr. Noel Wagner, Medical Director

Saginaw County Department of Health and Human Services

Jennifer Boose, Saginaw County MDHHS Director

Saginaw County Probate Court and 10th Judicial Circuit Juvenile & Family Division

Patrick J. McGraw, Chief Judge of Probate
and 10th Judicial Family Division

Barbara L. Meter, Judge of Juvenile & Family Division

LaTecia Cirilo, Deputy Register

Lori Husen, Deputy Register

Saginaw Meadows Crisis Residential Unit

Katrina Lisik, Assistance Program Director

Connie Whelton, Case Manager

CMU Consultation & Liaison Psychiatry

Lori Garces, MD

MyMichigan Medical Center & Towne Centre Emergency Department

Dr. Steve McLean, Medical Director

Jeremy Keinath, ER Manager RN

Mary Jo Steven, Patient Care Director

Genoa Healthcare

Miriam Sraj, Associate, Director/p Manager

Michigan Supreme Court – State Court Administrative Office

Kristina Morgan, Behavioral Health Administrator

Barbara Glassheim, Technical Writing Consultant

1.7 Memorandum of Understanding (MOU)

I. PURPOSE:

This Memorandum of Understanding (MOU) affirms the shared commitment of the signatory organizations to support, promote, and implement the *Saginaw County First Responders Guide for Behavioral Interventions* (“the Guide”). The signatories agree to work collaboratively to strengthen safe, coordinated, trauma-informed responses to individuals experiencing behavioral health crises.

II. BACKGROUND:

The [Michigan Mental Health Code](#) [MCL 330.1207a] requires Community Mental Health Services Programs (CMHSPs) to have a written interagency agreement in place for a collaborative program to provide mental health treatment and assistance to persons with serious mental illness who are involved in the criminal justice system. Moreover, a CMHSP is a required party to each interagency agreement, the mandatory components of which include but are not limited to:

- Guidelines for program eligibility (a)
- Day-to-day program administration (c)
- Resource sharing between the parties to the interagency agreement (h)
- Screening and assessment procedures (g)
- Guidelines for case management (i)
- Procedures for first response to potential cases, including response to crises (m)

The code also states that counties are not required to provide funds for the program except to the extent appropriated annually by the Legislature. The statute provides no release of this obligation for people within the CMHSP’s duties who are recipients of Medicaid.

Behavioral health crises require timely, compassionate, and coordinated responses across multiple disciplines. First responders — including law enforcement, fire and rescue, emergency medical services (EMS), 911 communications personnel, mobile crisis teams, and other emergency partners — play a critical role in ensuring safety, stabilizing situations, and connecting individuals to appropriate care.

The Guide provides shared principles, operational protocols, and best practices to support consistent, equitable, and effective crisis response across jurisdictions and agencies.

III. SHARED PRINCIPLES:

The signatories endorse the following principles:

- Safety for individuals in crisis, responders, and the community
- Trauma-informed, person-centered, and culturally responsive practices
- Least-restrictive, recovery-oriented approaches
- Respect for dignity, rights, and diversity
- Cross-agency collaboration and responsible information-sharing
- Continuous improvement through training, evaluation, and feedback
- Commitments of the signatories

Each organization agrees to:

- Adopt and promote the Guide by integrating its principles into policies, protocols, and training.
- Collaborate across agencies through joint planning, communication, and problem-solving.
- Support coordinated crisis response by using shared pathways, tools, and practices outlined in the Guide.
- Participate in ongoing improvement by providing feedback and engaging in periodic review and updates to the Guide.

IV. CONFIDENTIALITY:

All parties will comply with applicable laws and regulations governing confidentiality, including HIPAA, 42 CFR Part 2, and relevant criminal justice information standards. Information will be shared only as permitted and necessary to support coordinated crisis response and system improvement.

V. NON-BINDING AGREEMENT:

The undersigned organizations affirm their commitment to the principles and responsibilities outlined in this Memorandum of Understanding. This MOU reflects the good-faith intentions of the signatories and does not create legal or financial obligations.

1.8 First Responder's Guide Endorsements

We, the undersigned, acknowledge our agreement with and with intent to adhere to the tenets outlined in this document in accordance with the memorandum of understanding.

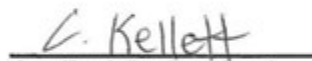
Saginaw County First Responder's Guide for Behavioral Interventions

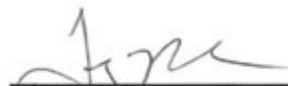
We, the undersigned, acknowledge our agreement with and intent to adhere to the tenets outlined in this document in accordance with the memorandum of understanding.


Birch Run Police Department
 Jason Leidel, Chief of Police

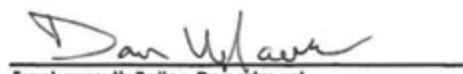

Bridgeport Police Department
 Erik Skabardis, Chief of Police


Buena Vista Township Police Department
 Reginald Williams, Chief of Police

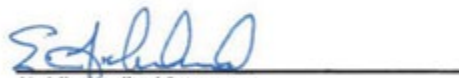

Carrollton Police Department
 Christopher Kellett, Chief of Police


Chesaning Police Department
 Troy Meder, Chief of Police


Covenant HealthCare Emergency Care Center
 Patrice Lanczak, Vice President of Patient Services


Frankenmuth Police Department
 Donald C. Mawer, Chief of Police

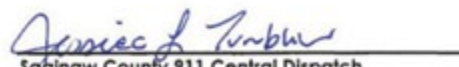

HealthSource Saginaw
 Michelle Trevillian, CEO

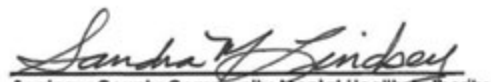

Mobile Medical Response
 Eric Snidersich, Vice President of Operations


Michigan State Police
 Dan Nease, 1st Lieutenant


Richland Township Police Department
 Christopher Goldman, Chief of Police


Saginaw City Police Department
 Robert Ruth, Chief of Police #300


Saginaw County 911 Central Dispatch
 Jessica Tumblin, Executive Director

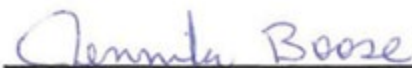

Saginaw County Community Mental Health Authority
 Sandra M. Lindsey, Chief Executive Officer

First Responder's Guide Endorsements Continued

We, the undersigned, acknowledge our agreement with and with intent to adhere to the tenets outlined in this document in accordance with the memorandum of understanding.

Saginaw County First Responder's Guide for Behavioral Interventions

We, the undersigned, acknowledge our agreement with and intent to adhere to the tenets outlined in this document in accordance with the memorandum of understanding.



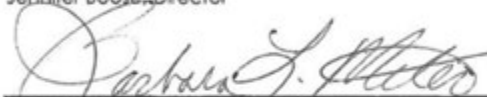
Saginaw County Department of Health & Human Services

Jennifer Boose, Director



Saginaw Valley State University Police

Cliff Block, Chief of Police



Saginaw County Probate Court and
10th Judicial Circuit Court Juvenile & Family Division

Barbara Meter, Judge of Probate and Family Court



St. Charles Police Department

Jason Oliver, Chief of Police



Saginaw County Probate Court and
10th Judicial Circuit Court Juvenile & Family Division

Patrick J. McGraw, Presiding Judge of Probate
And 10th Judicial Family Division



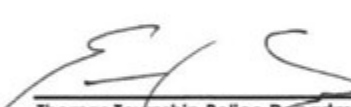
My Michigan Saginaw

Dr. Stevn McLean, Medical Director



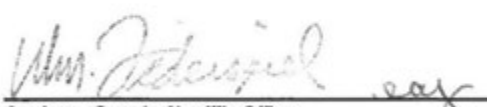
Saginaw County Prosecutor's Office

John A. McColgan Jr., Prosecutor



Thomas Township Police Department

Eric Cowles, Chief of Police



Saginaw County Sheriff's Office

William L. Federspiel, Sheriff



Tittabawassee Township Police Department

David Duffett, Chief of Police



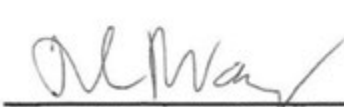
Saginaw Township Police Department

Scott Malace, Chief of Police



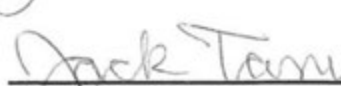
Zilwaukee Police Department

Jason Wise, Chief of Police



Saginaw Valley Medical Control Authority

Dr. Noel Wagner, Medical Director



Saginaw County Board of Commissioners

Jack Tany, Chair

Section 2: Psychiatric Hospital Screening, Admission, and Discharge Procedures





2.1 Admissions Procedures

Purpose

The purpose of this procedure is to describe how care transitions and managed care responsibilities for inpatient care are implemented between the prescreening 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, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw Meadows Crisis Residential Unit (CRU), and MyMichigan Medical Center Saginaw

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

Updated by

LaTecia Cirilo (Saginaw County Probate Court), Jeremy Keinath (MyMichigan Medical Center Saginaw), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Lori Husen (Saginaw County Probate Court), Taylor Pretzer (HSS) Maryann Duchene (HSS), Christina Joseph (Covenant), Connie Whelton (Saginaw Meadows CRU)

Policy

Individuals will be evaluated and the appropriate level of care 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 Behavioral Health unit's 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

The county of residence and financial responsibility 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 for Saginaw residents. 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) only accepts residents of Saginaw County unless there is a special circumstance.

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 a 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 Prescreen Timeliness form.

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

Action 2: Utilizing the Intake Unit's Inquiry/Assessment form (HealthSource Saginaw Behavioral Medicine Center Inquiry/Assessment BM-MR 188 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 and informed of the pending admission. Even if the admission is involuntary, the guardian is contacted and informed of the decision (as stated previously). If the individual has a guardian, please include guardianship paperwork.

Responsible Party: SCCMHA CIS Staff for screening and exchange of intake information. HSS 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. CRU staff will be contacted and provide transportation for CRU 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, and by taxi if a person is coming from a mental health unit.

Responsible Party: Ambulance Service, Law Enforcement

Exhibits:

1. SCCMHA Prescreening Timeliness Form
2. SCCMHA Transfer/Pending Information Form
3. HealthSource Saginaw Behavioral Medical Center Inquiry/Assessment Form BM-MR 188
4. CRU Admission Standards
5. Crisis Residential Unit Referral Form
6. Crisis Residential Referral Form
7. Crisis Residential Medication Tracking Form

If accepted: ETA _____ Rm# _____ Attending Physician: _____ MR# _____ EPI# _____		HealthSource Saginaw, Inc. Behavioral Medicine Center INQUIRY/ASSESSMENT		Reviewed by: _____ Program/Med Dir. Sig/Date _____	
Call Date: _____		Call Time: _____		Time Fax Received: _____	
		(Military)		(Military)	
Referral Source Name: _____		Location: _____		Phone Number: _____	
		(ED, CMH, SCREENING CENTER, etc.)			
PART A: PATIENT INFORMATION					
PATIENT'S FULL NAME			INSURANCE:		
AGE: D.O.B: MO DAY YR Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ Widowed			Primary _____ Phone _____ Policy # _____		
Circle One: ☐ Male ☐ Female Gender patient identifies with: ☐ Male ☐ Female ☐ Other			Secondary _____ Phone _____ Policy # _____		
Soc. Sec. #: _____ County: _____ Preferred Phone: _____			Preauthorization# _____ # days _____ Agency authorizing: _____ Name of authorizing staff: _____		
Legal Street Address: _____ P.O. Box: _____ City: _____ State: _____ ZIP: _____			RESIDENCE: ☐ Home ☐ Group Home ☐ AFC ☐ Shelter ☐ Jail/Jail Hold ☐ Other Will residence accept patient back? ☐ Yes ☐ No How will this patient be transported home? ☐ family/friend ☐ CMH ☐ Bus ☐ Other: _____		
Need for Interpreter or Assisted Hearing Services: ☐ Yes ☐ No Type: _____			LEGAL ISSUES: ☐ Ward of Court ☐ Parole ☐ Probation ☐ Jail ☐ Pending Court Hrg ☐ Alternative Treatment Order ☐ Other: _____		
EMPLOYMENT ☐ Yes ☐ No ☐ Disabled ☐ Retired ☐ Veteran Employer: _____			Name of Guardian/Conservator/Foster Care/POA/Payee, IF ANY: _____		
Spouse's Name: _____ Preferred Phone: _____			Preferred Phone: _____		
IF CHILD/ADOLESCENT:			PART B: TREATMENT HISTORY		
Mother's Name _____ Preferred Phone: _____			Inpatient within last 30 days ☐ No ☐ Yes: Where: _____		
Father's Name _____ Preferred Phone: _____			Outpatient ☐ No ☐ Yes: Where, _____ Date of last appt: _____ Psychiatrist/therapist/(s): _____ Primary Care Provider: _____		
PART C: ASSESSMENT					
Presenting Problem: _____ _____ _____ _____ _____ _____ _____			CRITERIA (if checked): ☐ Suicidal ☐ Attempt ☐ Plan ☐ Thought ☐ Recent Loss, Who _____ ☐ Homicidal ☐ Attempt ☐ Plan ☐ Thought ☐ Self-Inflicted Wound ☐ Aggression toward _____ ☐ Abuse ☐ Physical ☐ Sexual ☐ If recent, is APS/CPS involved? ☐ Yes ☐ No ☐ Hallucinations ☐ Delusions ☐ Autism: ☐ mild ☐ moderate ☐ severe ☐ EI/Spec Ed ☐ FAS ☐ Functional age level: _____		

PART D: PHYSICAL ASSESSMENT		
ED CLEARANCE: Date/Time: _____		Physician's Name: _____
Vital Signs: BP _____ P _____ T _____ R _____ O ₂ Sat _____ Height: _____ Weight: _____		
Repeat Vital Signs: BP _____ P _____ T _____ R _____ ☐ Actual ☐ Estimate		
BAL _____: Positive for other substances: ☐ No ☐ Yes, list: _____		
☐ Substance Use/Abuse/Dependency History (list substance, quantity/frequency and any treatment): _____		
☐ Creatinine _____ ☐ Abnormal lab results list: _____		
☐ Pregnant ☐ Diabetes Last BS taken? _____ Result: _____ ☐ Seizures/blackouts/fainting ☐ Abnormal bleeding or bruising ☐ Shortness of breath ☐ History of hypertension, stroke, heart disease ☐ History of COPD, asthma, respiratory disease Describe: _____ ☐ Recent hospitalization Reason, when, where: _____ ☐ ADLs: ☐ Independent ☐ Total ☐ Assist, describe: _____ ☐ Special diet, describe: _____		☐ Wounds/dressings Describe: _____ ☐ IV Reason: _____ ☐ G Tube ☐ Foley catheter ☐ Oxygen ☐ Intermittent ☐ Nocturnal ☐ Continuous ☐ Use of inhalers Reason/frequency: _____ ☐ CPAP/BIPAP: _____ ☐ Recent falls/balance problems Describe: _____ ☐ Ambulation: ☐ Independent ☐ Assisted ☐ Mobility devices List: _____ ☐ Prosthetics Explain: _____
OTHER MEDICAL CONDITIONS:		
EXCLUSIONS: ☐ Dialysis ☐ Central lines ☐ Insulin pump ☐ Tracheostomy ☐ TPN ☐ Active infectious disease ☐ Bedridden/non-ambulatory		
PART E: DISPOSITION		
Time Intake completed: Date: _____		Military Time: _____
☐ HSS medical consult required: Physician contacted: _____		Military Time _____ Response _____
Psychiatrist contacted to approve: Name: _____		Military Time _____
☐ Issues/delays in reaching decision. Describe: _____		
RESPONSE TO REFERRAL:		
Time Communicated to referral source: _____		Expected Arrival if accepted: _____
☐ APPROVED FOR ADMISSION	☐ DENIED ADMISSION	☐ OTHER NON-ADMIT REASON
☐ Voluntary	☐ Criteria not met – specify: _____	☐ Patient chose another facility, why: _____
☐ Involuntary		
☐ Court Ordered	☐ No space/bed	☐ Declined single case agreement
☐ Current Deferral		☐ Physician Delay
Provisional Diagnosis:	☐ Not appropriate for milieu/unable to participate in treatment program	☐ Not participating PPO/HMO
	☐ Not appropriate for milieu/unit acuity level	☐ Patient refused admission
	☐ Medically unstable/needs med psych, why: _____	☐ Left message/no response from referral source
		☐ General information only
	☐ Age inappropriate	☐ Sent inpatient elsewhere, where/why: _____
☐ Administrative denial, reason: _____		☐ Sent to lower level of care



Saginaw Meadows Crisis Residential Unit
3353 Hospital Road
Saginaw, MI 48603
Phone: 989-746-9633
Fax: 989-790-1488

The primary focus of a Crisis Residential Program is to prevent admission to the hospital or to decrease the length of stay in the hospital. The Crisis Residential Unit provides a safe structured environment that includes intensive psychiatric symptoms and to stabilize a person's condition to the point of being able to resume his/her role in a community-based setting.

Saginaw Meadows Crisis Residential Unit utilizes a multidisciplinary approach to treatment. Professional staff include a psychiatrist, a nurse practitioner, RN's, case managers, and direct support professionals.

Crisis Residential Unit (CRU) Admission Standards

1. Individuals who are actively withdrawing from any drug cannot be admitted to the residential setting.
2. Patients who are admitted and exhibit drug withdrawal symptoms must be sent to the hospital for treatment.
3. Patients with medical conditions must be admitted with their own medications in order to receive medications to treat those conditions.
4. Patients with recent seizures must be admitted with their medications; the CRU will not accept patients with active seizures from any setting without their medications.
5. No detoxification from any drug will be conducted in the residential setting due to lack of staffing and other capabilities needed to ensure safe detoxification.
6. Patients with active self-harm or self-injurious behavior will not be accepted to the residential setting because they will require a higher level of care such as 1:1 staffing (i.e., inpatient care).

Crisis Residential Medication Tracking Form

MEDICATION TRACKING FORM FOR CRISIS RESIDENTIAL ADMISSION

"Crisis Staff please call Cardinal After Hours (1-866-242-7112) for after hours, weekends & holidays to inform them when a medication is e-scribed. Miriam from Genoa (1-989-574-7727) can also be called if needed"

DATE: _____

CONSUMER NAME: _____ SENTRI #: _____

MEDICATION KEY

1. E-SCRIBED TO GENOA PHARMACY BY DR. _____
2. E-SCRIBED TO WALGREEN PHARMACY BY DR. _____
3. PAPER PRESCRIPTION BY DR. _____
4. CONSUMER HAS MEDICATIONS IN ORIGINAL BOTTLE
5. EXISTING REFILL AT (If refill exist, please include location of refill) _____
6. CONSUMER IS ON NO MEDICATIONS

SOURCE OF INFORMATION: ___ MY MICHIGAN/EPIC ___ SENTRI ___ AFC MED LIST ___ CONSUMER ___ OTHER

MEDICATIONS, DOSE & FREQUENCY:

(CIRCLE ONE)

- | | | | | | | |
|----------|-----------------------|---|---|---|---|---|
| 1. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |
| 2. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |
| 3. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |
| 4. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |
| 5. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |
| 6. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |
| 7. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |
| 8. _____ | Last date taken _____ | 1 | 2 | 3 | 4 | 5 |

INJECTION: _____ DATE OF LAST INJECTION: _____

PHYSICAL HEALTH CONDITIONS: _____

___ DIABETIC ___ INSULIN & OTHER SUPPLIES _____

Completed by: _____

CMU Health

When an individual is admitted to the Emergency Care Center for a mental health evaluation to determine appropriate level of care, a consultation referral to in-house psychiatry may be indicated and requested by the attending physician. The evaluation by the psychiatric consultation-liaison program determines the necessary level of care.



CMU HEALTH
CENTRAL MICHIGAN UNIVERSITY

Alternatives to admission to a behavioral health unit, such as starting the person on medication or coordinating follow-up outpatient services, may be implemented as a means of diversion to a less restrictive level of care.

An individual admitted to a medical floor with a consultation for a psychiatric evaluation may be seen by an attending physician or resident as part of the interdisciplinary team² to develop and implement an appropriate plan of care.

Coordination with the SCCMHA Crisis Intervention Services occurs when the individual is covered by Medicaid or is uninsured. SCCMHA Crisis staff contact the county of financial responsibility to identify and secure funding prior to inpatient admission.

Original legal documents (Petition for Mental Health Treatment and Clinical Certification) must accompany an individual being admitted on an involuntary basis. Other legal documents which have been filed with the court such as a Demand for Hearing or Noncompliance must also accompany the individual as part of the admission.

SCCMHA Crisis Services staff coordinate with the team of nurses, physicians, CMU psychiatric residents, hospital social worker, and case manager to ensure documents are accurate and timely.

²This interdisciplinary team operates under the supervision of the attending physician and may include residents in the Emergency Medicine program, residents on the Consultation-Liaison Psychiatry service, and medical students on rotation in the emergency department or in SCCMHA Crisis services.

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, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw County Prosecutor's Office, Saginaw Meadows Crisis Residential Unit (CRU), and MyMichigan Medical Center Saginaw

Updated by

Christopher Manriquez (MMR), LaTecia Cirilo (Saginaw County Probate Court), Undersheriff Miguel Gomez (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Lori Husen (Saginaw County Probate Court), Lt. Andrew Myers (Saginaw Township Police Department), Lt. Nathaniel Volker (Saginaw City Police Department) Taylor Pretzer (HSS), Maryann Duchene (HSS), Blair Stevenson (Saginaw County Prosecutor's Office), Christina Joseph (Covenant)

Policy

Upon completion of the assessment for involuntary admission, all legal documents will be faxed to the inpatient facility (HSS/et.al) for review. All legal documents should be reviewed and corrected prior to acceptance when/if a discrepancy is discovered, any errors will be corrected with a strikethrough, correction, and initial on the Petition/Application for Hospitalization Form PCM 201. A "nonapplicable" response is not acceptable. Original documents or "Filed 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.

Inpatient unit 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 Form PCM 201
- Protected Personal Identifying Information Form MC 97
- Clinical Certificate Form PCM 208
- Adult Formal Voluntary Admission Application Form DCH-0086

NOTE: If an individual is currently on a mental health treatment order or deferral, the following “Filed Copy” stamped documents may pertain:

- Notification of Non-Compliance and Request for Modified Order Form PCM 230
- Order for Report After Notification and Report Form PCM 231
- Order to Modify Order for Alternative Treatment or Combined Hospitalization and Alternative Treatment Form PCM 217a
- Psychiatrist Letter of Non-Compliance
- Demand for Hearing Form PCM 236
- Order After Notice of Noncompliance with Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment Order Form PCM 244

Outside Court business hours, the noncompliance 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. All involuntary admissions are transported via ambulance which is arranged by the hospital. “Filed Copy” 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. Individuals in custody of the law may be transported by law enforcement.

Responsible Party: Ambulance Service, Law Enforcement

Action 7: Individuals being admitted on an adult formal voluntary basis can be transported by the individual, guardian, 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

Most updated forms can be found at <https://www.courts.michigan.gov/scao-forms/>

1. Petition/Application for Hospitalization Form PCM 201
2. Protected Personal Identifying Information Form MC 97
3. Clinical Certificate Form PCM 208
4. Adult Formal Voluntary Admission Application Form DCH-0086
5. Notification of Noncompliance and Request for Modified Order Form PCM 230
6. Order for Report After Notification and Report Form PCM 231
7. Order to Modify Order for Alternative Treatment or Combined Hospitalization and Alternative Treatment Form PCM 217a
8. Psychiatrist Letter of Noncompliance
9. Demand for Hearing Form PCM 236
10. Involuntary Transfer Instructions from SCCMHA to MMR
11. Order After Notice of Noncompliance with Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment Order Form PCM 244

Petition/Application for Hospitalization Form PCM 201

PCS Code: PFH/PAS/APM
TCS Code: IPFH/PFH/PAS/APM

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR MENTAL HEALTH TREATMENT ☐ AMENDED	CASE NUMBER and JUDGE
---	---	------------------------------

Court address _____ Court telephone number _____

In the matter of _____ Put last 4 digits of SSN in
First, middle, and last name **XXX-XX-** Ref. No. row 2 on MC 97.
Last 4 digits of SSN

Court ORI	Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license no. Put DLN in Ref. No. row 3 on MC 97	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 _____ Put DOB in Ref. No.
row 1 on MC 97
Date _____ has a permanent residence in _____
County at _____
Street address _____ City, state, zip _____
and can presently be found at _____
Facility name or other address _____
☐ This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).

3. I believe the individual has mental illness and

☐ a. as a result of that mental illness, the individual can reasonably be 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. as a result of that mental illness, 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 by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things: (If necessary, include additional sheets.)

b. the following conduct and statements that others have seen or heard and have told me about: (If necessary, include additional sheets.)

by: _____
Witness name Complete address Telephone no.

Approved: SCAO
Form PCM 201, Rev. 11/25
MCL 330.1100a, MCL 330.1401, MCL 330.1423, MCL 330.1427,
MCL 330.1434, MCL 330.1438, MCL 330.2050, MCR 5.125(C)(18)
Page 1 of 2

SRA

Petition for Mental Health Treatment (11/25)
Page 2 of 2

Case Number _____

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual ☐ is ☐ is not a veteran.

☐ 7. Attached is a ☐ clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
☐ clinical certificate by a psychiatrist taken within the last 72 hours.
☐ no clinical certificate is attached because only assisted outpatient treatment is requested.

☐ 8. (For hospitalization and combined treatment only.) An examination could not be secured because:

I request:

- ☐ a. the individual be examined at _____
the preadmission screening unit or hospital designated by the community mental health services program.
☐ b. a peace officer take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to _____

9. I request the court to determine the individual to be a person requiring treatment and to order:

- ☐ a. hospitalization only.
☐ b. a combination of hospitalization and assisted outpatient treatment.
☐ c. assisted outpatient treatment without hospitalization.

☐ 10. I request the individual be hospitalized pending a hearing.

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.

Signature of attorney _____		Date _____
Name (type or print) _____	Bar no. _____	Signature of petitioner _____
Address _____		Address _____
City, state, zip _____	Telephone no. _____	City, state, zip _____
		Home telephone no. _____ Work telephone no. _____

FOR
HOSPITAL
USE ONLY

This petition for mental health treatment was received by the hospital on _____ at _____
Date Time

Signature of hospital representative _____

Protected Personal Identifying Information Form MC 97

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	JIS Code: PPI CASE NUMBER and JUDGE
Court address		Court telephone number

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID number / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID number
4	Passport number
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account number	Paragraph number
7	Financial institution	Account number	Paragraph number
8	Financial institution	Account number	Paragraph number
9	Financial institution	Account number	Paragraph number

Approved, SCAO
 Form MC 97, Rev. 9/20
 MCR 1.109
 Page 1 of 1

SRA

Clinical Certificate Form PCM 208

STATE OF MICHIGAN PROBATE COURT COUNTY	REPORT ON EXAMINATION AND CLINICAL CERTIFICATE	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of _____
First, middle, and last name

REPORT

TO THE EXAMINER:

After an examination ordered by the court, you must either transmit a clinical certificate to the court or report that a clinical certificate is not warranted.

You must read the following statement 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, if so, whether such treatment should take place in a hospital or through outpatient treatment. 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.

1. I am a ☐ psychiatrist. ☐ licensed psychologist. ☐ physician.
2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
3. I further certify that I, _____, personally examined _____
Name (type or print) Patient
 at _____
Name and address where examination took place
 on _____ starting at _____ and continuing for _____ minutes.
Date Time
 Additionally, I ☐ reviewed records. ☐ consulted with current treatment providers.

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.

1. My determination is that the individual:
 - ☐ is not a person requiring treatment under the Mental Health Code and a clinical certificate is not warranted. (Proceed to item 3.)
 - ☐ is a person requiring treatment under the Mental Health Code and requires hospitalization pending the hearing.
 - ☐ is a person requiring treatment under the Mental Health Code and does not require hospitalization pending the hearing.
 - ☐ is a person requiring treatment under the Mental Health Code and has voluntarily accepted the recommended course of treatment. MCL 330.1406.

CLINICAL CERTIFICATE

- ☐ 2. I believe the individual has mental illness, specifically _____ and _____
State diagnoses
☐ a. as a result of that mental illness, the individual can reasonably be 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.
 Facts in support: _____

Report on Examination and Clinical Certificate (8/25)
Page 2 of 2

Case No. _____

- ☐ b. as a result of that mental illness, 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.

Facts in support:

- ☐ c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

Facts in support:

3. Additional information that underlies the conclusion that the individual ☐ is ☐ is not a person requiring treatment:

- ☐ 4. (optional) I recommend: ☐ assisted outpatient treatment without hospitalization
☐ a combination of hospitalization and assisted outpatient treatment
☐ hospitalization only

as follows: _____

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this document has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date Time of signing Signature

Print or type name and business telephone no.

Adult Formal Voluntary Admission Application Form DCH-0086

Admission Date

FORMAL VOLUNTARY ADMISSION APPLICATION - ADULT

Michigan Department of Health and Human Services

To the Director of _____

I _____, consent to the formal voluntary admission and mental health treatment of _____. I understand the admission is temporary and discharge will occur when, in the hospital director's opinion, inpatient treatment is no longer required.

DISCLOSURE OF INFORMATION

I agree to disclose such information, as is required by law, to determine the individual's and other legally responsible individual's ability to pay for mental health services. The applicant understands that, if the mental health services are state supported, determination of ability to pay will be made subsequent to admission and a notice of the determination and appeal procedure will be sent to the individual and other legally liable persons as required by law.

The applicant has been informed as to whether the community mental health services program serving the county in which the recipient lives contracts with this hospital for inpatient care. If it does, I further understand that information concerning admission and treatment will be shared with them.

CONSENT AND AUTHORIZATION

The applicant consents to and authorizes the hospital to provide treatment including medication but understands that consent to electroshock, psychosurgery, experimental drugs, and surgical procedures must be obtained separately by the hospital.

PERSON TO BE ADMITTED

Name		
Address	City	State
Phone	Birth Date	County Residence
Name of Applicant		
The applicant is the:		
☐ Recipient ☐ Guardian ☐ Patient Advocate designated in Psychiatric Advance Directive		
Signature of Adult Applicant	Date	Time

ACKNOWLEDGEMENT OF PROVISION OF A WRITTEN AND ORAL EXPLANATION OF THE RIGHTS OF RECIPIENT OF MENTAL HEALTH SERVICES (MCL 330.1416; MCL 330.1706)

Signature of Recipient	Date	Time
Signature of Guardian/Advocate	Date	Time

DCH-0086 (Rev. 4-19)
Previous edition obsolete.

1

The required oral explanation to the individual was not given at this time since it is my opinion that the individual is not presently capable of comprehending the explanation because:

Name of Person Providing Explanation	Date	Time
--------------------------------------	------	------

ACKNOWLEDGEMENT OF THE RECIPIENT OF A COPY OF THIS APPLICATION (MCL 330.1416)

Signature of Adult Applicant	Date	Time
Signature of Guardian/Advocate	Date	Time

ADDITIONAL PERSON DESIGNATED BY APPLICANT TO RECEIVE A COPY OF THIS APPLICATION

Name		
Address	City	State

ACTION BY THE HOSPITAL

A determination of clinical suitability for formal voluntary admission shall be based on one of the following criteria:

- a) The individual has a condition that the hospital director determines can benefit from the inpatient treatment that is offered by the hospital;
- b) Appropriate alternatives to hospitalization have been considered by the hospital, and, with the consent of the individual, the Community Mental Health program in the individual's county of residence;
- c) Adequate alternative treatment is not available or suitable at the time of admission as determined by the hospital and, with the consent of the individual, the Community Mental Health program in the individual's county of residence.

☐ Clinically Suitable for Admission	☐ Not Clinically Suitable for Admission
--	--

If determined to be not clinically suitable, describe rationale for this decision (indicate the outpatient programs that the recipient is being referred to)

Physician Name		
Physician Signature	Date	Time

Authority: Public Act 256 of 1974 as amended. Administrative Rule Code 330.4031
Information contained on this form is covered by Federal and
State privacy and confidentiality laws.

THIS LEGAL FORM IS APPROVED BY THE
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND CANNOT BE ALTERED OR ABRIDGED WITHOUT FORMAL APPROVAL.

Notification of Noncompliance and Request for Modified Order Form PCM 230

PCS Code: NCA
TCS Code: NCAD

STATE OF MICHIGAN PROBATE COURT COUNTY	NOTIFICATION OF NONCOMPLIANCE ☐ REQUEST FOR MODIFIED ORDER	CASE NO. and JUDGE
---	--	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name

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

☐ agency.
☐ mental health professional who is supervising the individual's assisted outpatient treatment program.
☐ individual.
☐ other _____
State interest/relationship

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

☐ a. The assisted outpatient 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 assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
☐ c. I believe that my assisted outpatient treatment program is not appropriate.

☐ 3. The individual was in the hospital _____ days for mental health treatment. 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 ☐ assisted outpatient treatment

☐ combined hospitalization and assisted outpatient treatment to direct the individual to:

☐ a. undergo another assisted outpatient treatment program.
☐ b. undergo hospitalization or combined hospitalization and assisted outpatient treatment, with hospitalization not to exceed _____ days.
☐ c. 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. _____

Approved, SCAO
Form PCM 230, Rev. 9/23
MCL 330.1475(1), (3), MCR 5.744(B)
Page 1 of 1

Order for Report After Notification and Report Form PCM 231

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER FOR REPORT AFTER NOTIFICATION AND REPORT	CASE NO. and JUDGE
Court address	Court telephone no.	

In the matter of _____
First, middle, and last name

1. The court has received notification that
- ☐ a. the 90-day order for assisted outpatient 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/assisted outpatient 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/assisted outpatient treatment.
 - ☐ d. it is believed that the alternative/assisted outpatient 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/assisted outpatient treatment program or in a hospital or facility.

Judge signature and date

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/ASSISTED OUTPATIENT 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 as to
 - ☐ spoken with the person who notified the court to report as to
 - ☐ reviewed other available records to report as to
 - ☐ spoken with other knowledgeable persons to report as to

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

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

Order for Report After Notification and Report (3/23)
Page 2 of 2

Case No. _____

4. (continued)

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

5. I recommend that the court

☐ a. set a date for hearing.

☐ b. modify the order for alternative care and treatment program/assisted outpatient treatment as follows:

☐ c. order the individual to be hospitalized in _____ hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

☐ d. order the individual be judicially admitted to _____ facility.

☐ e. order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the hospital or facility if the individual refuses to comply with the order of hospitalization or judicial admission.

6. My recommendation is based upon the following described interviews, observations, and information:

Date _____

Signature _____

Business address _____

City, state, zip _____ Telephone no. _____

Order to Modify Order for Alternative Treatment or Combined Hospitalization and Alternative Treatment Form PCM 217a

JIS Code: OMA

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER REGARDING REQUEST TO MODIFY ORDER FOR ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT	CASE NO. and JUDGE
---	--	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name

1. Date of hearing (if one): _____ Judge: _____

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

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

4. **THE COURT FINDS:**

IT IS ORDERED:

☐ 5. The request to modify the treatment order is denied.

☐ 6. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall undergo a program of assisted outpatient treatment as ordered in item 9. This assisted outpatient treatment shall not exceed the time from the date of issuance of the ☐ initial ☐ second ☐ continuing combined order.

☐ 7. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient 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.

☐ 8. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall continue to undergo combined hospitalization and assisted outpatient treatment as ordered in item 9 for the remainder of the previously-ordered period. The individual shall be hospitalized at _____
for a period not to exceed the remainder of the initially ordered hospitalization portion of the ☐ initial ☐ second ☐ continuing combined order.

USE NOTE: Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment under MCL 330.1475(3)-(5).

Approved, SCAO
 Form PCM 217a, Rev. 3/23
 MCL 330.1475(1), (2), MCR 5.744
 Page 1 of 2

Order Regarding Request to Modify Order for AOT or Combined Hospitalization and AOT (3/23)
Page 2 of 2

Case No. _____

9. Assisted outpatient treatment services shall be supervised by _____

Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- ☐ case management plan
- ☐ case management services
- ☐ all services recommended by the treatment provider
- ☐ medication
- ☐ blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- ☐ individual therapy ☐ group therapy ☐ individual and group therapy
- ☐ day programs ☐ partial day programs
- ☐ educational training ☐ vocational training
- ☐ supervised living
- ☐ assertive community treatment team services
- ☐ substance use disorder treatment
- ☐ substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- ☐ any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: _____

NOTICE: The court must be promptly notified of the individual's release from the hospital to the assisted outpatient treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for assisted outpatient treatment.

- ☐ 10. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

11. This order expires on _____
Date

Judge signature and date

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court has ordered you to be hospitalized rather than continue in an assisted outpatient treatment program you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

PROOF OF SERVICE

This notice was personally served on the individual named above on _____ and a copy was mailed
Date and time

to the _____ Court on _____. I declare under the penalties
Date

of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

Date

Signature

Psychiatrist Letter of Noncompliance

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 (60/180)☐ Attached copy PCM 219 (90)

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

Demand for Hearing Form PCM 236

STATE OF MICHIGAN PROBATE COURT COUNTY	DEMAND FOR HEARING	JIS Code: DFH CASE NO. and JUDGE
Court address	Court telephone no.	

In the matter of _____
First, middle, and last name

- ☐ 1. I am the individual, and I demand a court hearing.
- ☐ 2. I am the ☐ hospital director/designee, ☐ outpatient 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 outpatient treatment program in the community. The deferral period ends on _____
Date
- ☐ I believe the individual continues to require treatment, but the individual refuses to sign a voluntary treatment form, and I demand a court hearing.
- ☐ I believe the individual continues to require treatment, but the individual 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 _____

(Complete only if item 5 is checked.)

ORDER TO TRANSPORT

IT IS HEREBY ORDERED that a peace officer shall take the individual into protective custody and transport the individual to the hospital stated above.

 Judge signature and date

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 Noncompliance signed by treating Psychiatrist. A copy of the initial order for treatment may accompany the letter of noncompliance.
6. Notification of Noncompliance and request to modify order.
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) 797-3400 • FAX (989) 799-c

Order After Notice of Noncompliance with Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment Order Form PCM 244

JIS Code: OFN

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER	CASE NO. and JUDGE
--	--	--------------------

Court address

Court telephone no.

In the matter of _____
First, middle, and last name

1. Date of hearing (if one): _____ Judge: _____
2. This court issued an order on _____ directing the individual named above to undergo a program of
Date assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

4. THE COURT FINDS:

IT IS ORDERED:

- ☐ 5. The request to modify the last treatment order is denied.
- ☐ 6. A peace officer shall take the individual into protective custody and transport the individual to ☐ the preadmission screening unit established by the community mental health services program serving the community in which the individual resides. ☐ _____
Designated facility
- ☐ 7. The individual shall be hospitalized at _____
☐ for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody.
☐ as recommended by the community mental health services program, more than 10 days but not longer than the duration of the order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, or not longer than 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody.

Approved, SCAO
Form PCM 244, Rev. 9/23
MCL 330.1475(3), (4), (5), (6), MCR 5.744
Page 1 of 2

**Order After Notice of Noncompliance with Assisted Outpatient Treatment or Combined
Hospitalization and Assisted Outpatient Treatment Order** (9/23)
Page 2 of 2

Case No. _____

- ☐ 8. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

Judge signature and date

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court ordered, without a hearing, that you be hospitalized, you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

PROOF OF SERVICE

I declare under the penalties of perjury that this notice was personally served on the above individual on

_____ and a copy mailed to the _____
Date and time

Court on _____ .
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection in accordance with MCR 5.744.

Date

Signature

2.3 Individuals Requiring Medical Clearance

Purpose

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

Applies to

Covenant HealthCare, HealthSource Saginaw (HSS), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw Meadows Crisis Residential Unit (CRU) and MyMichigan Medical Center Saginaw

Updated by

LaTecia Cirilo (Saginaw County Probate Court), Jeremy Keinath (MyMichigan Medical Center Saginaw), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Lori Husen (Saginaw County Probate Court), Nadine Letherer-Leiner (HSS), Maryann Duchene (HSS), Christina Joseph (Covenant), Connie Whelton (Saginaw Meadows CRU) and Taylor Pretzer (HSS)

Policy

The policy will specify the type of information to be recorded and shared among medical providers, community mental health services, the mental health unit, and the transporting organization.”

In the event a potential patient requires Medical Clearance per the admitting physician, per Probate Court, 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 or a significant concern, a nurse-to-nurse discussion or physician contact may be indicated.

Although Blood Alcohol Level and Urine Drug Screen are part of the Standard Medical Clearance, the issues related to individuals who are intoxicated or chemically dependent will be addressed in a protocol specific

to substance use disorders and dually diagnosed individuals. An individual must have an ETOH of .1 prior to being accepted.

Standard Medical Clearance for an individual being admitted involuntarily may include the completion of a Petition/Application for Hospitalization PCM 201, MC97, and/or a Clinical Certificate PCM 208, and a Medication Reconciliation Form if being admitted to Saginaw Meadows Crisis Residential Unit (CRU)

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 acceptance 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 the medical clearance includes a clinical certification, the attending physician may complete a positive or negative certification.

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

Exhibits

1. Petition/Application for Hospitalization Form PCM 201
2. Protected Personal Identifying Information Form MC 97
3. Clinical Certificate Form PCM 208
4. HealthSource Saginaw Exclusionary Criteria/Safety Concerns
5. Medication Reconciliation Form
6. HealthSource Saginaw Admission Criteria
7. HealthSource Saginaw (HSS) Exclusionary Criteria

HealthSource Saginaw Admission Criteria

HealthSource Saginaw Behavioral Medicine Inpatient Admission Criteria Checklist

BMC Policy 1.01 Admission Criteria

✓	Admission Criteria	✓	Admission Criteria
	Suicide attempts, threat to self, require 24-hour professional observation.		Chronic and continuing self-destructive behavior (e.g., bulimic behaviors, substance abuse) that poses a significant and/or immediate threat to life, limb, or bodily function
	Suicidal ideation or gesture within 72 hours prior to admission		Psychiatric symptoms (e.g., hallucinations, delusions, panic reaction, anxiety, agitation, depression) severe enough to cause disordered, bizarre behavior (e.g., catatonia, mania, incoherence, autism) or psychomotor retardation resulting in significant interference with activities of daily living
	Self-mutilation behavior (actual or threatened) within 72 hours of admission		Cognitive impairment (disorientation or memory impairment) disorder that endangers the welfare of patients or others
	Homicidal ideation, threat to others, requires 24 hours professional observation		For patients with a primary psychiatric disorder with co-morbid conditions (e.g., risk of suicide, violence, severe depression) warranting inpatient admission
	Assaultive behavior threatening others within 72 hours prior to admission		A mental disorder causing major disability in social, interpersonal, occupational, and/or educational functioning that is leading to dangerous or life-threatening functioning, and that can only be addressed in an acute inpatient setting.
	Command hallucinations directing harm to self or others where there is risk of patient taking action		Failure of outpatient psychiatric treatment so that the individual requires 24-hour professional observation and care. Reasons for the failure of outpatient treatment could include: • Increasing severity of psychiatric symptoms; • Noncompliance with medication regimen due to the severity of psychiatric symptoms; • Inadequate clinical response to psychotropic medications; • Due to the severity of psychiatric symptoms, the patient is unable to participate in an outpatient psychiatric treatment program.
	A mental disorder that causes an inability to maintain adequate nutrition or self-care, and family/community support cannot provide reliable, essential care, so that the patient cannot function at a less intensive level of care during evaluation and treatment		

HealthSource Saginaw Exclusion Criteria/Safety Concerns

Healthsource Saginaw Behavioral Medicine Inpatient Exclusion Criteria Checklist

BMC Policy 1.01 Exclusion Criteria

✓	Exclusion Criteria	✓	Exclusion Criteria
	Patients with a substantiated diagnosis of dementia with no acute behavioral change or no known psychiatric disorder and no expectation for positive response to treatment.		Patients with a primary substance use disorder
	Patients with life threatening acute medical or surgical illnesses will not be accepted.		Patients with a blood alcohol level of 0.10 or higher without a medical practitioner approving the admission
	Patients with terminal diseases without a treatable psychiatric disorder will be referred to an appropriate hospice facility.		Patients with active or pending criminal charges not referred by or have a coordinated contract or single case agreement with the referring organization.
	Patients with complex medical/surgical procedures preventing their participation in the active treatment program such as, but not limited to: • Active cardiac conditions • Uncontrollable hypertension • Advanced COPD • Wounds and drains • Tracheotomies, feeding tubes, IVs or central lines • Patients on Dialysis • Stage III or IV cancer receiving chemotherapy/radiation • Insulin pumps • Patients which require isolation for active infectious disease • Patients with moderate to severe autism • Patients requiring 24/7 oxygen use (continuous, nocturnal or intermittent) • Patients requiring blood transfusions or TPN • Patients in traction		Some additional situations may arise and are at the discretion of the Program Executive and/or the Medical Director: • Patients convicted or awaiting trial on criminal sexual conduct charges. • Patients who require surgical intervention within the time of psychiatric admission • Patients who are relatives or significant others of current HealthSource staff. • Patients with a personal protective order against them by HealthSource staff. • Patients who are pregnant.
	Patients who are confined to bed or who cannot participate in the treatment program due to physical limitations.		

Covenant HealthCare Routine Medical Clearance

The routine medical clearance panel is used for any patients that are likely/planned to be a psychiatric admission, so medications can be started quickly. The panel includes a CBC w/diff, CMP, TSH, ETOH, EKG, COVID STAT only, urinalysis (UA), urine drug screen (UDS, 8-panel), and pregnancy (for females aged 11-60) and any pertinent medication levels (e.g., lithium, etc.). For first time psychosis, head-CT may also be included.



For adolescents, drug screens are conducted starting at age 11.

Any other medical clearance will be determined by the physician on a case-by-case basis.

If there is a denial (other than due to a lack of beds) or further information is needed, the resident or attending on call will contact the ECC, 989-583-6521, and speak directly with the resident or attending physician taking care of that patient for further discussion.

Labs that are not needed to screen the patient or start psychiatric medications will be ordered at the inpatient facility, with an expected turnaround of 24 hours.

This protocol was developed in 2018 by Matt Diebel, Covenant Emergency Department, Director. It was updated and approved in 2025 by Krista Persyn, MD and Aaron Smith, MD.

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, Private or Guardianship Services of Saginaw County, HealthSource Saginaw (HSS), Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw Meadows Crisis Residential Unit (CRU), and MyMichigan Medical Center Saginaw

Developed by

LaTecia Cirilo (Saginaw County Probate Court), Joy Ebig (Guardianship Services) Updated & Approved (2025) by Beth Ackley Nancy Johnson (SCCMHA), Lynn Price (HSS) Updated & Approved (2025) by Taylor Pretzer and Nancy Szczepanik (HSS) Updated & Approved (2025) Updated & Approved by Taylor Pretzer

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 an intellectual/developmental disability, the guardian will supply Letters of Guardianship of Individual with a Developmental Disability PC 662 to the unit. It will be determined by the accepting unit 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 guardian must be notified. Their signature or verbal consent may be required by the accepting facility for consent of medications and other treatment.

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

Action 3: If the individual requires an involuntary admission: In the event the court has signed a Petition and Order for Transport, 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.

Exhibits

1. Letters of Guardianship Form PC 633
2. Letters of Guardianship of Individual with Developmental Disability Form PC 662
3. Order for Transport

Letters of Guardianship Form PC 633

Approved, SCAO STATE OF MICHIGAN PROBATE COURT COUNTY OF	LETTERS OF GUARDIANSHIP	JISCODE LOG FILE NO.
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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

NOTICE OF DUTY TO VISIT

You are required by law to visit the individual for whom you are guardian at least once every three months.

NOTICE OF REPORTING DUTIES

You are required by law to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the court.

CHANGE IN PLACE OF RESIDENCE: You are required to promptly inform the court of any change in the ward's residence within 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in your address.

ANNUAL REPORT:

Your annual report on condition of ward is due on _____ of each year. (Use form PC 634 or PC 654.)
Date

In addition, you must serve the report on the ward and interested persons as specified in the Michigan Court Rules and file proof of service with the court.

☐ **ACCOUNTS:** You must file with this court once a year, either on the anniversary date of your letters of authority or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. **The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.** (Use form PC 583 or PC 584: "Account.")

ONGOING DUTY TO REPORT: Pursuant to MCL 700.5319(2), if a conservator has not been appointed for the ward's estate and you determine that there is more cash or property that is readily convertible into cash in the ward's estate than was estimated by the guardian ad litem and reported to the court, you must report the amount of the additional cash or property to the court.

DEATH OF WARD: If the ward dies during the guardianship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 56 days of the date of death.

DELEGATION OF DUTIES: You are required by law to notify the court when you delegate duties under a durable power of attorney.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

KEEP THIS NOTICE FOR FUTURE REFERENCE

Letters of Guardianship of Individual with Developmental Disability Form PC 662

Approved, SCAO

JIS CODE: LOG

STATE OF MICHIGAN PROBATE COURT COUNTY	LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.
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In the matter of _____, an individual with a developmental disability
First, middle, and last name

TO:

Name, address, city, state, and zip

Guardian's telephone no.

You have been appointed and have qualified as ☐ partial guardian ☐ estate
☐ plenary guardian of the ☐ 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

Do not write below this line - For court use only

AS REQUIRED BY MICHIGAN COURT RULES YOU ARE NOTIFIED:

You are required to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the court.

CHANGE OF ADDRESS: You are required to promptly inform the court of any change in the ward's address within 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in your address.

☐ **ANNUAL REPORT:**

Your annual report on the condition of the individual with developmental disability is due on _____ of each year. (Use form PC 663.) Date

☐ **ACCOUNTS:** You must file with this court once a year, either on the anniversary date of your letters of guardianship or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the trust. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. **The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.** (Use form PC 583 or PC 584: "Account.")

☐ **INVENTORY:** You are required by law to prepare an inventory of the assets of the estate that you have been given authority over within 56 days from the date of your appointment. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the guardian.

DEATH OF WARD: If the ward dies during the guardianship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 56 days of the date of death.

DELEGATION OF DUTIES: You are required by law to notify the court when you delegate duties under a durable power of attorney.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

KEEP THIS NOTICE FOR FUTURE REFERENCE

2.5 Youth

Purpose

The purpose of this procedure is to address the unique legal and treatment needs of youth who have a serious emotional disturbance and to establish working procedures for staff from the involved agencies/facilities when a youth 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), Parents and Guardians, Saginaw County Community Mental Health Authority (SCCMHA), 10th Judicial Circuit Juvenile & Family Division, Saginaw County Children's Protective Services (CPS), Saginaw County Juvenile Detention Center, MyMichigan Medical Center Saginaw, and the 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), John McColgan (Prosecutor's Office), Todd Borders, (10th Judicial Circuit Juvenile & Family Division), Jennifer Boose (DHHS), Lt. Nathaniel Volker (Saginaw City Police Department), Randy Pfau (Saginaw County Sheriff's Office), Christina Joseph (Covenant), Laura Cosier (Covenant), Christopher Manriquez (MMR), Jeremy Keinath (MyMichigan Medical Center Saginaw) and Taylor Pretzer (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). In order to be assessed for admission and admitted to HealthSource Saginaw (HSS), a youth must be functioning at a minimum of an 8-year-old to 17-year-old. Children under 8 years of age will be admitted to units that can accommodate them. Youth must be accompanied by a custodial parent, legal guardian, representative of the Department of Health and Human Services (MDHHS), or the 10th Judicial Circuit Juvenile & Family Division foster parent with a medical authorization card. The person must have authority to sign on behalf of the youth. While a parent has input into the selection of an inpatient unit, clinical factors, payer type, and continuum of care are necessary considerations. A youth in placement should be accompanied by a representative of that facility. For a Saginaw County resident — Saginaw County Children's Protective Services (CPS) can also act for youth currently located in Saginaw County. In the event there is no parent or guardian for a youth in placement (residential or foster home), medical hospital staff or mental health staff need to call the State of Michigan MDHHS Centralized Intake (CI) at 855-444-3911 in order to make contact with an MDHHS on-call worker, as well as fax their report — a 3200 form to 616-977-1158. SCCMHA 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. When a youth who is a temporary or permanent ward

meets criteria for inpatient admission, the financial responsibility is with the county where the youth resides, unless the youth is placed in a child caring institute (CCI).

If parent/guardian is unable to get the youth to the Emergency room voluntarily, they may complete a Minor Transport Order. Youth who are currently receiving services through SCCMHA or a contracted provider may also be eligible for services through the Mobile Response and Stabilization Services (MRSS). Involvement with the MRSS (Mobile Response and Stabilization Services) team can be verified through the SCCMHA Electronic Medical Record (EMR). MRSS services are available 24 hours a day, seven days a week and can be reached at (989) 272-0275. All Saginaw County youth are eligible for services.

Screening: An individual 14 or older can consent to an intervention by SCCMHA Crisis staff or the Mobile Response and Stabilization Services (MRSS). To complete screening for admission, a parent or guardian must give consent. At age 17, an individual can consent to their own preadmission screen. A parent/guardian must sign the youth into the accepting mental health unit.

For admission, Standard Medical Clearance will be indicated. Pregnancy, Urine Drug Screen/Blood Alcohol Level are standard for youth aged 11 years and older.

Admission: A parent, legal guardian, or person with legal authority such as MDHHS 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 youth is a permanent ward of the state, MDHHS Centralized Intake will be contacted. If either of the biological parents retains their rights, every effort will be made to contact the parents and involve them in the screening/admission process.

Procedures

Action 1: Youth will present for screening accompanied by parent/guardian or a person 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 the youth into an in-patient unit for treatment and to receive prescribed medications. When a youth is in foster placement, foster parents, with the proper documentation, may sign for the youth. Screening to be completed and standard medical clearance established.

Responsible Party: SCCMHA Crisis Intervention Services (CIS) staff completes the mental health evaluation; Medical staff completes the Standard medical clearance; parent/guardian or legal representative participates on behalf of the youth.

Action 2: If the youth does not meet criteria for admission, the youth will be discharged to a responsible party. A Safety Follow Up Plan and appointments should be secured.

Responsible Party: SCCMHA CIS Staff, Hospital Social Worker, Medical Unit Staff

Action 3: If admission is appropriate, contact will be made with the mental health unit, a referral packet will be completed, and all documents will be faxed by Crisis and Medical staff to facilitate the admission. When an out-of-county youth is covered under Medicaid or non-insured — the county of financial responsibility needs to be contacted for permission to screen and payment. The information will be communicated to the unit physician, and a decision will be made in a timely manner. The accepting facility will contact CIS staff with a decision.

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

Action 4: If the admission is declined, CIS Staff will pursue additional units. 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. In the event ambulance transport is needed, arrangements are secured by the hospital nurse and communicated to the accepting unit.

Any legal issues pending for youth 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 5: In the event a youth presents without a parent or legal guardian, 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 health staff will assist with informing the guardian and 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 PCM 240

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

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.

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.

County of Financial Responsibility (COFR) for Children in Foster Care (MDHHS)



DATE: March 28, 2025

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs); Business Service Center and County Child Welfare Directors

FROM: Kristen Morningstar, Director, MDHHS Bureau of Specialty Behavioral Health Services
Patty Neitman, Director, MDHHS Bureau of Children's Coordinated Health Policy & Supports

SUBJECT: County of Financial Responsibility (COFR) for Children in Foster Care

The purpose of this memo is to update the guidance related to roles and responsibilities for coverage of behavioral health services for children and youth in foster care and children and youth placed in child Caring Institutions (CCIs). The prior guidance related to COFR issued on February 28, 2020, is obsolete.

The county of financial responsibility is defined as the county within the service area of the CMHSP that is determined to be financially responsible for the cost of specialty mental health services provided to the identified child or youth.

When a child is placed in the community, financial responsibility is held by the county CMHSP where the child is residing/placed. Placements considered in the community include foster homes, relative or kinship placement, Transitional Placement Program (TPP), Independent living Program (ILP) and adult foster care (AFC) homes.

When a child is placed outside the community, financial responsibility is held by the county CMHSP where the child welfare case originated. Placement considered to be outside the community include: CCIs, including residential treatment facilities, shelters and state hospitals.

When a youth resides in a CCI, the CMHSP is financially responsible for the following services: Intensive Care Coordination with Wraparound and Case Management up to 180 days prior to discharge; Crisis residential and respite services in a CCI that is licensed as a Children's Therapeutic Group Home; behavioral health services to support children with intellectual/developmental disabilities (I/DD) in a CCI that exclusively serves children with I/DD; and assessment for Autism and related services, including Applied Behavioral Analysis (ABA) in a CCI that exclusively services kids with Autism Spectrum Disorder (ASD)/IDD youth. All other necessary treatment services outlined in MDHHS contracts are the responsibility of the CCI where the child or youth is placed.

Disputes related to financial responsibility must never interfere with timely access to medically necessary services for a child or youth. Questions can be directed to: MDHHS-SCCHPS-BHHELP-INQUIRIES@michigan.gov.

A job aid outlining the information in this memo can be found here: [COFR Job Aid](#).

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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. Intellectual and 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 22.

Applies to

Covenant HealthCare, Department of Health and Human Services (DHHS), HealthSource Saginaw (HSS), Parents and Guardians, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw County Children's Protective Services (CPS) and MyMichigan Medical Center Saginaw

Updated by

Erin Nostrandt (SCCHMA), Jennifer Boose (DHS), Nancy Johnson (SCCHMA), Christina Joseph (Covenant), Lori Husen (Saginaw County Probate Court), Taylor Pretzer (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 a mental health condition 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. Ideally, 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 SUD Providers

Updated by

Nancy Johnson (SCCMHA), Sara Anani (SCCMHA), and Monique Taylor-Whitson (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. When criteria for inpatient or residential is met, the assessment may indicate an outpatient level of care is most appropriate. The individuals information will be entered into the REMI (Regional Electronic Medical Information) system.

It should be noted that SUD treatment in Michigan is voluntary. An individual who is currently on a court order for mental health treatment may have substance use treatment listed on the alternative treatment order as part of co-occurring treatment.

Scenarios

- Individuals with a primary diagnosis of a substance use with commercial insurance needing subacute detox will be referred to a suitable provider. Although polysubstance dependence may be present, alcohol, opiates, and/or prescription drug dependence is necessary to meet criteria for detox. 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 with other providers. Referrals to 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 provider partners.
- Individuals with a primary diagnosis of a substance use 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, who will make the referral. Evenings, weekends, and holidays the individual will be directed to Mid-State Health Network (MSHN).
- Individuals with commercial insurance who present with other substance use such as cocaine, crack, or marijuana may be referred to Mid-State Health Network (MSHN) for a referral to a provider.
- Individuals with Medicaid or no insurance presenting for substance use may be referred to any agency listed on the SCCMHA Substance Use Treatment Provider List during normal working hours by connecting them to Mid-State Health Network (MSHN). If after hours, the individual can contact Mid-State Health Network at 1-844-405-3095.

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 to 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.

Labs and medical clearance may be part of the evaluation. Staff should verify or establish a REMI system record.

Responsible Party: SCCMHA Crisis Intervention Service (CIS) Staff, ED Staff, Medical Staff, Hospital 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, Hospital Intake Staff

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

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

Action 4: 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, Hospital Intake Staff

Action 5: The clinician should verify with the individual and communicate with the unit, if the individual is on Methadone, Suboxone, or Vivitrol. A distinction should be determined if it is a management of pain or opiate dependence.

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

Saginaw County Substance Use Disorder (SUD Treatment Provider List

DOT Caring Centers: (800) 822-7464

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: <https://dotcaring.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: <https://dotcaring.com/> Recipient Rights Advisor: Kim Murphy. English, interpreter service provided.

Great Lakes Bay Health Center: 3023 Davenport Avenue, Saginaw, MI 48602. Phone: (989) 907-2761.

Services offered: Outpatient, Therapy, Peer Support, Medication for Addiction Treatment (MAT),

Transportation. Medicaid provider. Website: <https://greatlakesbayhealthcenters.org/>.

HealthSource Saginaw: 3340 Hospital Road, Saginaw, MI 48603. Phone: (989) 790-7745

(central intake), Fax: (979) 964-5008. Services offered: Residential. Medicaid provider.

Website: <https://www.healthsourcesaginaw.org/> Recipient Rights Advisor: Patty Reynolds.

English, interpreter service provided.

List Psychological Services: 5024 N. Center Road, Saginaw, MI 48604. Phone: (989) 790-3130. Services offered: Outpatient. Therapy. Medicaid Provider. Website: <https://listpsych.com/>.

Professional Psychological & Psychiatric Services: 4015 State Street, Saginaw, MI 48603

Phone: (989) 372-0490, Fax: (989) 755-8221. Services offered: Outpatient. Medicaid provider.

Website: <https://www.pppshealthcare.com/> English, interpreter service provided.

Recovery Pathways - Saginaw: 500 Hancock Street, Saginaw, MI 48602. Phone: (989) 318-1760,

Fax: (989) 391-9596. Email: info@recoverypathwaysllc.com. Services offered: Outpatient Therapy,

Medication Assisted Therapy. Medicaid provider. Website: <https://recoverypathwaysllc.com/> 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: <https://www.rehab.com/sacred-heart-rehabilitation-center-saginaw>.

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: https://www.odysseyvillage.com/?page_id=440 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: <https://www.sagpsych.com/>. 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. Therapy, Methadone, nicotine, alcohol, opioids. Medicaid provider. Website: <https://victoryclinic.com/saginaw/>. Recipient Rights Advisor: Kimberly Kile. English, interpreter service provided.

For questions, please contact: Midstate Health Network at 1-844-405-3095

Other SUD Resources and Supports

Alcoholics Anonymous (AA): 24-Hour Help Line: (989) 776-1241. For Meeting Information: www.saginawaa.org.

Face Addiction Now (F.A.N): 43800 Garfield Road, Clinton Twp, MI 48038. Phone: (833) 202-4673. Email: glbrfan@faceaddictionnow.org. Services offered: Peer Recovery, Recovery Support, Family Support, Harm Reduction. Contact Person: Lori Ziolkowski: (989) 297-2763. Website: www.faceaddictionnow.org.

Hope Not Handcuffs (Part of F.A.N): Saginaw Police Dept., Saginaw Co. Sheriff, Saginaw Twp Police Dept., Saginaw Valley State University Police Dept. Phone: (833) 202-HOPE.

Narcotics Anonymous (NA): 24-Hour Helpline: 1-800-230-4085. Address: Saginaw Bay Area Service Committee, PO Box 151, Freeland, MI 48623. For meeting information: www.michigan-na.org/saginaw.

Saginaw County Health Department: 1600 N. Michigan Avenue, Saginaw, MI 48602. Phone: (989) 758-3802. Website: <https://www.saginawpublichealth.org/>. Room 202: Open Tuesdays 9:00am-3:00pm. Website: <https://www.saginawpublichealth.org/programs-services/room-202-harm-reduction-service/>. Services Provided: Harm Reduction Supplies, Narcan, Fentanyl Test Strips, Peer Support. Free Narcan and Fentanyl test strips available in the main lobby vending machine Monday-Friday: 8:00am-5:00pm.

Hope & Healing: 1-833-202-4673 Telephone assistance in securing SUD services.

Celebrate Recovery: 989-415-0159 Provides a 12-step program and supports.

Unity Club: 989-752-9401 Location for substance free social activities and self help programs.

Peer 360 Recovery Alliance: 989-332-9131 Provides outpatient SUD support & treatment.

First Ward Community Service: 989-753-0411 Substance use prevention.

Women of Colors: 989-737-9286 Substance use prevention.

MDHHS Peer Line: 888-733-7753 Connects callers with specialists for support, recovery & empowerment.

Teen Challenge: 989-249-8818 Residential placement.

2.8 Persons with Elevated Blood Alcohol Levels

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), Mid-State Health Network (MSHN), Saginaw County Community Mental Health Authority (SCCMHA), and MyMichigan Medical Center Saginaw

Updated by

Nancy Johnson (SCCMHA), Sara Anani (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 the REMI (Regional Electronic Medical Information) system. 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 Readmission of an 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) and Saginaw County Community Mental Health Authority (SCCMHA)

Updated by

Nancy Johnson (SCCMHA) and Taylor Pretzer (HSS)

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 preadmission 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 and HSS Staff

Section 3: Follow-Through and Completing the Inpatient Admission 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), Saginaw County Community Mental Health Authority (SCCMHA), Vital Core - Saginaw County Jail, Saginaw Meadows Crisis Residential Unit (CRU) and MyMichigan Medical Center Saginaw

Updated by

Nancy Johnson (SCCMHA per Hospital Contract Language), Taylor Pretzer (HSS), Denisha Felder (Vital Core)

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. (See MDHHS Memo on the following pages.)

An effort should be made by 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, Jail Health 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

County of Financial Responsibility for Inpatient Care of Incarcerated Individuals (MDHHS)



STATE OF MICHIGAN

GRETCHEM WHITMER
GOVERNORDEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSINGROBERT GORDON
DIRECTOR

September 29, 2020

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs)

FROM: Jeffery L. Wieferich, M.A., LLP *JW*
Director
Bureau of Community Based Services

SUBJECT: Incarcerated Individual Needs for Inpatient Psychiatric Care

The Behavioral Health and Developmental Disabilities Administration (BHDDA) has been receiving an increase in questions about serving individuals who are in jail. These questions are related to the funding responsibilities of the Community Mental Health Services Programs (CMHSP) and the Prepaid Inpatient Health Plans (PIHP) when an incarcerated individual needs inpatient psychiatric care. This communication provides clarification, about who is responsible for covering the cost of an inpatient psychiatric stay, when the individual is in the custody of a county jail.

- 1) Regarding individuals who are incarcerated in jail who previously had Medicaid, and their Medicaid is suspended; If they are admitted to psychiatric inpatient care, does their Medicaid get reinstated to cover the inpatient psychiatric episode of care? If so, how is this triggered?

If the individual is still considered to be in custody (i.e. returning to jail after receiving care) the Medicaid will not be reinstated. Once the person is no longer in custody, the Medicaid can be resumed however the system may not show the change until the next month and it helps if the person talks to their local office.

- 2) Are CMHSP's obligated to pay, out of general funds, for inpatient psychiatric care for individuals incarcerated in the county jail.

No, the CMHSP is not obligated to use general funds for this purpose. The responsibility for the cost of the care is with the county jail.

- 3) The scenario was presented of releasing an inmate who is incarcerated in the county jail on "personal recognizance bond" to go to inpatient psychiatric care and then once ready for discharge, the individual is returned to jail. What is the precedence

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regarding inpatient care for county jail inmates who are returned to jail at the end of the episode of care?

If an individual is required to return to jail after receiving inpatient psychiatric care, that person is still considered to be "in custody" and therefore the costs of the care are the responsibility of the county jail. If the person is bonded out and they do not return, then the CMHSP would be responsible for the inpatient stay if they performed a screen and determined it to be medically necessary.

- 4) Are CMHSP's required to conduct pre-admission screening services for county jail inmates?

If the CMHSP is not going to be financially responsible for the treatment of the individual, a pre-admission screen is not required to be completed.

- 5) I recently reviewed a document from Medicaid Provider Relations which denotes that incarcerated Medicaid does cover inpatient psychiatric as well as inpatient med/surg and this seems inconsistent with the direction we have been given?

Thank you for bringing this to our attention. The document in question is about billing tips for those who have been assigned the incarcerated benefit plan (because of being in jail). There is an error in that document, and it is in the process of being corrected as inpatient psychiatric treatment is not a covered service when under this benefit program. Furthermore, when an individual has this benefit plan assigned to them, the PIHPs do not receive any type of Medicaid capitation payment for that person.

- 6) What about a situation where the county jail brings an inmate to our office (in their jail uniform) to be evaluated, for a medication review or psychiatric evaluation with the belief that since the services are not provided in the jail, they are not responsible for the cost?

If the individual is returning to jail they are still considered to be "in custody" so the county jail is responsible for the cost of their mental health care. The change of location where the services are provided does not change the custody status of the individual or the financial responsibility of the county jail.

Thanks to all of you who were reaching out to BHDDA on this topic and I hope that this addresses your concerns.

cc: Allen Jansen Kendra Binkley Jackie Sproat

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), Saginaw County Community Mental Health Authority (SCCMHA) MyMichigan Medical Center Saginaw

Updated by

Nancy Johnson (SCCMHA) and Taylor Pretzer (HSS)

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. Denials can be reviewed to reduce barriers and establish trends.

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 a Prescreen is completed. 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. Ali Ibrahim, 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 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 a second opinion. The individual can call or present at CIS (at 500 Hancock), during business hours.

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 assessed in the emergency department may arrive at 500 Hancock during regular business hours. However, the agency is allotted up to 72 hours to schedule and fulfill the request. This 72-hour time frame includes Saturdays but excludes Sundays and 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 Form (SCCMHA)

Request for Second Opinion Following Denial for Inpatient Admission Form (SCCMHA)



Copy of Prescreen to be attached

Request for Second Opinion following Denial for Inpatient Admission

(To be completed within 72 hours excluding Sunday & Holidays)

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 ☐ My Michigan☐ 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 January 2026

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, Saginaw County Probate Court, Saginaw County Community Mental Health Authority (SCCMHA) and MyMichigan Medical Center Saginaw

Updated by

Christopher Manriquez (MMR), LaTecia Cirilo (Saginaw County Probate Court), Miguel Gomez (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Lori Husen (Saginaw County Probate Court), Lt. Andrew Myers (Saginaw Township Police Department), Lt. Nathaniel Volker (Saginaw City Police Department) Taylor Pretzer (HSS), and Christina Joseph (Covenant)

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

SCCMHA 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

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 secure through Mobile Medical 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.

This Transportation Agreement was reviewed and approved in October 2025 by:

- First LT. Dan Nease, Michigan State Police, Tri-City Post
- Undersheriff Miguel Gomez, Saginaw County Sheriff's Office
- Chief Scott Malace, Saginaw Township Police
- Chief Robert Ruth, Saginaw City Police

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, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Probate Court, Saginaw County Prosecutor's Office, and MyMichigan Medical Center Saginaw

Updated by

Christopher Manriquez (MMR), LaTecia Cirilo (Saginaw County Probate Court), Miguel Gomez (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Lori Husen (Saginaw County Probate Court), Lt. Andrew Myers (Saginaw Township Police Department), Lt. Nathaniel Volker (Saginaw City Police Department), Taylor Pretzer (HSS), and Christina Joseph (Covenant)

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.

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 other suitable facilities.

SCCMHA CIS staff will verify the county of residence to be Saginaw and the pickup location of the individual to be in 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 Filed Copy of those documents in accordance with the Local Transportation Agreement. Individuals being transported to a state hospital facility 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 Order for Transport or Order for Transport & Examination 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.

Action 5: A log (Google Doc) of all unsuccessful pickup attempts will be maintained.

Nonexecution of Transport Order Log

NAME	DATE OF PPU	L.E. DEPT. ☐ City ☐ Township ☐ Sheriff	BEDHOLD ☐ Yes ☐ No	EXP. DATE	ATTEMPTS BY L.E. •placeholder • • •	DISPOSITION ☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted
		☐ City ☐ Township ☐ Sheriff	☐ Yes ☐ No		•placeholder • • •	☐ Not picked up ☐ Neg Cert ☐ Admitted

Responsible Party: SCCMHA CIS Staff

Upon receipt of the PPU, the assigned law enforcement jurisdiction is responsible for notifying the Probate Court of successful and unsuccessful attempts to pick up and transport the subject of the Petition. Law enforcement agencies must complete the Order for Transport and return the document to Probate Court or enter the information in the shared Police Pick Up Google document immediately upon pick up or within 24 hours of the 10-day window, documenting unsuccessful attempts.

Types of Police Pickups

Upon completion of the police pickup packet, a filed copy is forwarded via fax or email to the designated law enforcement agency to execute the pickup within the allowable 10-day window.

All Police Pickups include a NOTIFICATION FOR LAW ENFORCEMENT form that gives specific information to law enforcement to assist with the safe execution of the pickup.

A Police Pickup may be filed with a new Petition for Mental Health Treatment PCM 201t, Order for Examination/Transport PCM 209a, and Protected Personal Identifying

Information MC97. The original documents are filed with the court. A stamped filed copy is used by law enforcement to execute the pickup.

During the examination and medical clearance for an initial Petition for Mental Health Treatment, a physician must address the petition by completing a certification.

During an involuntary admission, the individual is offered an opportunity to sign a Request to Defer.

When the person signed a Request to Defer during the previous admission and is currently in the community, a Demand for Hearing is filed with the Probate Court. Law enforcement will receive the Demand for Hearing, Order for Transport/Examination and MC97.

When the person is currently on an Initial Order for Treatment, Second Order, or Continuing Order, an Order T Request to Modify Assisted Outpatient or Combined Hospitalization and Assisted Outpatient PCM 217a is filed with the Probate Court. The Notification for Noncompliance, Order for Transportation/Examination PCM 209a, Protected Personal Identifying Information MC97, Psychiatrist Letter (optional), and Affidavit (optional) may all be included in the Noncompliance packet

If the person is currently under an Assisted Outpatient Only Treatment Order (AOT or Kevin's Law), the packet will also include a PCM 244 which allows for inpatient days in addition to outpatient treatment.

NOTE: A youth cannot be the subject of a Petition for Mental Health Treatment. However, an Order for Transport of a Minor can be filed which allows law enforcement to take the youth into protective custody and transport them to the emergency care center for evaluation.

The Order for Transport and Examination contains a section on page 2 that is a Report of Nonexecution. All attempts to pick the individual up should be documented. The Report of Nonexecution is returned to the Probate Court, or the information can be entered into the Google Doc.

Exhibits:

1. Petition to Application for Hospitalization and Order for Examination Form PCM 209a
2. Protected Personal Identifying Information Form MC 97
3. Local Transportation Agreement
4. Order for Transport Form PC47
5. SCCMHA Transfer/Pending Information
6. SCCMHA Pickup Notification to Law Enforcement
7. SCCMHA Communication with Law Enforcement

Petition to Application for Hospitalization and Order for Examination Form PCM 209a

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER FOR EXAMINATION/TRANSPORT	JIS Code: OET CASE NUMBER and JUDGE
Court address	Court telephone number	

In the matter of _____ DOB: _____
First, middle, and last name

1. Date of hearing: _____ Judge: _____

THE COURT FINDS:

2. A petition alleging the individual is a person requiring treatment and requesting hospitalization or a combined treatment order has been filed with the court, and
- ☐ a. one clinical certificate accompanies the petition. The individual must be examined by a psychiatrist.
- ☐ b. no clinical certificate accompanies the petition. A reasonable effort was made to secure an examination. The individual must be examined by a psychiatrist and either a physician or a licensed psychologist.
- ☐ 3. The court has received information that a petition for assisted outpatient treatment has been filed, the petitioner has made reasonable efforts to secure an examination, and the individual will not make himself/herself available for evaluation.
- ☐ 4. The individual requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself/herself in the near future or presents a substantial risk of significant physical harm to others in the near future.
- ☐ 5. There does not appear to be probable cause to order the individual be taken into protective custody and transported to the designated prescreening unit or hospital.

IT IS ORDERED:

- ☐ 6. The individual be examined by a ☐ psychiatrist ☐ psychiatrist and a physician or licensed psychologist at _____
Prescreening unit or hospital

Upon completion of the examination(s), the executed clinical certificate(s) shall be filed with the court or a report that a clinical certificate is not warranted shall be made to the court.

- ☐ The individual shall be hospitalized. If the examinations and clinical certificates are not completed within 24 hours after hospitalization, the individual shall be released.
- ☐ A peace officer shall take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the designated prescreening unit or hospital. If the order is not executed by _____, the law enforcement agency must
10 days from entry of order
 report to the court the reason the order was not executed within the prescribed time period.

Order for Examination/Transport (3/23)
Page 2 of 2

Case Number _____

- ☐ 7. A peace officer shall take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the designated prescreening unit or hospital for assessment for assisted outpatient treatment. If the order is not executed by

_____, the law enforcement agency must report to the court the reason the order was not
10 days from entry of order
executed within the prescribed time period.

- ☐ 8. The request to take the individual into protective custody for transport is denied.

Judge signature and date

REPORT OF NON-EXECUTION

The Order for Examination/Transport issued on _____ has not been executed. The reason the order
Date
was not executed within 10 days after entry is: _____

Date

Name

Law enforcement agency

Telephone number

TO THE LAW ENFORCEMENT AGENCY: Under MCL 330.1436(2), this report must be filed with the court that issued the Order for Examination/Transport if the order is not executed within 10 days after entry of the order.

Order for Transport Form PC47

Approved, SCAO STATE OF MICHIGAN PROBATE COURT SAGINAW COUNTY CIRCUIT COURT—FAMILY DIVISION	ORDER For TRANSPORT	OSM CODE: NCA 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. _____	Date _____
Address _____		Judge of Probate _____
City, state, zip _____	Telephone no. _____	

Do not write below this line—for court use only

ORDER, FORM NO. PC47, Revised 5/13 ORDER FOR TRANSPORT

SCCMHA Pickup Notification to Law Enforcement Form



**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: _____

Pick up Address: _____

Date/Time Completed: _____

Police Department: _____

This client needs to be transported to: _____

Staff at: _____ that approved admission: _____

Instructions:

- ☐ Individual is to be picked up and transported to Covenant ER for medical clearance and then transported to the hospital named above
- ☐ 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: _____

4.3 Extreme Risk Protection Orders (ERPO)

Purpose

The purpose of this policy is to implement Michigan's red flag [law](https://www.legislature.mi.gov/Laws/MCL?objectName=MCL-ACT-38-OF-2023), officially known as the Extreme Risk Protection Orders (ERPO), in accordance with state statute. This law (<https://www.legislature.mi.gov/Laws/MCL?objectName=MCL-ACT-38-OF-2023>) allows family members, law enforcement, and certain healthcare providers (i.e., physicians, physician assistants, nurse practitioners, and licensed mental health providers) to petition a court to temporarily restrict access to firearms for individuals deemed at risk of harming themselves or others.

Applies to

SCCMHA staff, Law Enforcement

Developed by

Nancy Johnson (SCCMHA)

Policy

If during the course of a contact with an individual or family, or when completing a request for a police pickup, SCCMHA staff identifies a concern regarding access to firearms and the need to have a firearm removed from the individual's residence, that staff member may begin the process to address this risk/safety concern through use of an Extreme Risk Protection Order (ERPO).

Procedures

Action 1: Contact the law enforcement jurisdiction where the individual resides and inform law enforcement of the concern and request to begin the ERPO process.

Responsible Party: SCCMHA Crisis Intervention staff or other SCCMHA staff with direct knowledge of the situation

NOTE: This can be carried out by staff, or staff may assist family or any individual with knowledge of the firearm(s).

Action 2: Contact Judge Dicken's office directly by calling (989) 790-5484 during business hours. After business hours contact is made through Central Dispatch.

Action 3: Complete a Complaint for Extreme Risk Protection Order, Adult Respondent Form CC 452.

Responsible Party: Law enforcement, Assigned Judge

Action 4: Document the notification of law enforcement of the concern regarding firearms in the residence or in the individual's possession in the individual's clinical record.

Responsible Party: SCCMHA staff

Exhibits:

1. Judge Brittany Dicken's Memorandum (October 2, 2025)
2. Complaint for Extreme Risk Protection Order (SCAO), Adult Respondent Form CC 452 (revised 2/24)

10th Circuit Court- Family Division

Memo

To: Saginaw County Judges and Law Enforcement Agencies

From: 10th Circuit Court Judge, Brittany A. Dicken

Date: October 2, 2025

Re: Extreme Risk Protection Orders (ERPO)

The following memo contains information on police requests for Immediate Emergency Ex Parte Extreme Risk Protection Orders. It is an update from the previously issued Memo on May 14, 2024.

NOTE: LEO MUST BE ON SCENE RESPONDING TO AN EMERGENCY TO REQUEST A VERBAL EMERGENCY EX PARTE ORDER. If the respondent has already been arrested and lodged, or LEO is no longer responding to the threat, the Immediate Emergency Ex Parte is not the correct avenue to obtain an ERPO. The officer may still request an Ex Parte ERPO by filing an Ex Parte request at the clerk's office if the threat has been detained.

The process in Saginaw County is as follows:

Making the Immediate Emergency Ex Parte ERPO Request

- Law Enforcement Officer (LEO) responds to a call and determines that an immediate ERPO is necessary.
- **During business hours** (Monday-Friday 8:00 a.m.- 5:00 p.m.), LEO contacts Judge Dicken (989-790-5484; bdicken@saginawcounty.com, kharper@saginawconty.com) to request a verbal immediate emergency ex parte order. A DIRECT phone number to the officer must be provided by email if the phone is not immediately answered. Judge Dicken will swear in the LEO and verify the facts leading up to the ERPO request.
- **After business hours**, the LEO will call central dispatch who will advise of the duty judge on call. The LEO must contact the **DUTY JUDGE BY PHONE**. Duty Judge will swear in LEO and verify facts leading up to the ERPO request.

- If the verbal approval is given, the LEO will expeditiously log onto the officer portal and generate an Immediate ERPO, Affidavit, and an Anticipatory Search Warrant. LEO will answer all questions which will generate the appropriate forms (CC 458a-Affidavit, CC 458-Anticipatory Search Warrant, and CC-454 Immediate Emergency Ex Parte Extreme Risk Protection Order).
- The forms will be submitted to Judge Dicken during office hours and the duty judge after hours for signature and will be submitted back to the LEO through the officer portal to be served on the respondent.

Executing the Order

- LEO will seize the firearms pursuant to the ERPO.
- LEO will personally serve the ERPO on the respondent (MCR 3.719(B)(2) and file the proof of service at the clerk's office within 24 hours of service.
 - After verbal approval is given by the Judge for the ERPO, the officer may act on the verbal approval only without the written order and may also give a verbal proof of service to the respondent of the ERPO. For verbal notice to be valid, the officer must inform the respondent of the issuance of the ERPO, the specific conduct enjoined, the penalties for violating the order and where the respondent may obtain a copy of the order (MCL 691.1813(2)). To cover all bases, officer should read the CC 454 form from #1 to #8 to give oral notice. The officer must follow up the next business day by filing a proof of oral notice at the clerk's office. (Form CC 457).
- The LEO should inform the respondent during personal service or oral notice that they must file a compliance certificate (Form CC 459) within 24 hours of receiving notice of the ERPO. Failure to file the complaint certificate will result in a show cause hearing for contempt.
- LEO agency that seizes the firearms is responsible for storing them.
- LEO shall follow up the next business day and file a Sworn Written Petition After Immediate Ex Parte ERPO (Form CC 455), and a Confidential Information (CC 450) at the Circuit Court Clerk's office.
 - Failure to submit the CC 455 will result in a dismissal of the ERPO.
- Once LEO receives a true copy of the EPRO, without requiring POS, enter the ERPO into LEIN and report the entry with NCIC. (MCL 691.1815(a) and MCL 691.1815(1)(b))

Hearings

- If a hearing is requested by the respondent, the LEO will be notified by the Circuit Court Clerk's Office regarding a hearing date and time.
- LEO must appear for the hearing, or the ERPO will be dismissed.

Petitions by Civilians

- If firearms are seized immediately from a petition filed by a civilian, LEO will serve the Extreme Risk Protection Order Adult Respondent (CC 453) and request on the respondent.
- LEO who personally serves the EPRO must file a POS (CC 457) with the Clerk's Office within 1 business day. (MCL 691.1813(1))

Complaint for Extreme Risk Protection Order (SCAO), Adult Respondent Form CC 452

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	COMPLAINT FOR EXTREME RISK PROTECTION ORDER, ADULT RESPONDENT ☐ EX PARTE	CASE NO. and JUDGE
--	---	---------------------------

Court address _____ Court telephone no. _____

Petitioner's name, telephone no., and email address 	v	Respondent's name, address, and telephone no. Age
Age _____ Race _____ Sex _____ Petitioner must complete and file form CC 450, <i>Confidential Information</i> , with this petition.		

Background Information - Petitioner and Respondent

In this section, provide the following information about the petitioner and respondent. The person filing the complaint is the petitioner and the respondent is the person that the petitioner is asking be subject to an extreme risk protection order.

1. The petitioner: (mark all that apply)

☐ is the ☐ current spouse ☐ former spouse of the respondent.
☐ has a child in common with the respondent.
☐ has ☐ had a dating relationship with the respondent.
☐ lives ☐ previously lived in the same household with the respondent.
☐ is a family member of the respondent. (Note: "family member" means parent, child, sibling, grandparent, grandchild, uncle, aunt, first cousin.)
☐ is a guardian of the respondent under MCL 700.1104.
☐ is a law enforcement officer (as defined in MCL 691.1803).
☐ is a health care provider (as defined in MCL 691.1803).

☐ 2. I am the next friend and am filing on behalf of the petitioner.

☐ 3. I know the respondent is one of the following:

☐ a. an individual who is required to carry a pistol as a condition of their employment and is issued a license to carry a concealed pistol.
☐ b. a police officer licensed or certified under the Michigan commission on law enforcement standards act, 1964 PA 203, MCL 28.601 to 28.615.
☐ c. a sheriff or deputy sheriff.
☐ d. a member of the department of state police.
☐ e. a local corrections officer.
☐ f. an employee of the department of corrections.
☐ g. a federal law enforcement officer who carries a pistol during the normal course of the officer's employment.
☐ h. an officer of the Federal Bureau of Prisons.

The respondent's employer is: _____
Provide name of employer or specific law enforcement department or agency

4. Provide as much information about the respondent as possible below:

Full name of respondent (type or print)						
Height	Weight	Race	Sex	Hair color	Eye color	
Other identifying information						

Complaint for Extreme Risk Protection Order, Adult Respondent (2/24)
Page 2 of 5

Case No. _____

Pending Court Actions

In this section, provide information regarding any pending or resolved court actions involving you and the respondent, and whether an extreme risk protection order action involving the respondent has been started in another jurisdiction.

5. ☐ I do not know whether an extreme risk protection action involving the respondent has been commenced in another jurisdiction.

☐ An extreme risk protection action involving the respondent has been commenced in _____.
Name of county

6. a. There ☐ are ☐ are not other pending actions in this or any other court affecting the parties.

Case number	Name of court, county, and state or province	Name of judge

b. There ☐ are ☐ are not orders/judgments entered by this or any other court affecting the parties.

Case number	Name of court, county, and state or province	Name of judge

Request for an Extreme Risk Protection Order

In this section, you will be providing information to the court to support the request for an extreme risk protection order. The information provided will help the court in deciding whether or not to grant your request.

7. **I request the court issue an extreme risk protection order against the respondent** to prohibit the respondent from purchasing or possessing a firearm and to require the respondent to surrender any concealed weapons license or any valid unused license to purchase a firearm. An extreme risk protection order is necessary because the respondent can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself, herself, or another individual by possessing a firearm, and has engaged in an act or acts or made significant threats that are substantially supportive of the expectation. The detailed facts that support this statement are: (use additional sheets if necessary)

Complaint for Extreme Risk Protection Order, Adult Respondent (2/24)
Page 3 of 5

Case No. _____

Ex Parte Order

In addition to requesting an order, you can ask the court to issue the order immediately, before the respondent gets notice about the petition or before any hearing. This is called an "ex parte" order. If an ex parte order is not requested, the court will not enter an order until after a hearing is held on the petition.

8. ☐ I am not requesting an ex parte order.

OR

- ☐ I am requesting that the court issue an ex parte extreme risk protection order against the respondent. An ex parte order is necessary because: (check all that apply)
- ☐ immediate and irreparable injury, loss, or damage will result from the delay required to give notice.
 - ☐ notice itself will precipitate adverse action before an extreme risk protection order can be issued.

The detailed facts that support this statement are: (use additional sheets if necessary)

Firearms

In this subsection, state whether you know or believe the respondent possesses firearms. Identify any firearms you know or believe the respondent owns or possesses, including any information that would assist a law enforcement officer in locating the firearms. Examples of firearms include, but are not limited to rifles, shotguns, pistols, and handguns. Use additional sheets if necessary. If you don't know a particular piece of information, leave the space blank.

9. ☐ The respondent does not own or possess firearms.

☐ I am unsure whether the respondent owns or possesses firearms.

☐ I know or believe that the respondent owns or possesses firearms. Information regarding the firearms is as follows:

Type of firearm	Manufacturer	Model	Caliber/gauge	Location (if known)

Provide any other information that would help a law enforcement officer to find the firearm(s).

Complaint for Extreme Risk Protection Order, Adult Respondent (2/24)
Page 4 of 5

Case No. _____

10. **Additional information:** If you have any information about any of the following items, please provide it below. You may use additional pages if necessary. If the answer to any question is "yes," **please provide a detailed explanation.**

- a. Does the respondent have any history of use, attempted use, or threatened use of physical force against another individual, or against themselves? Include information about any violence or threat of violence, regardless of whether a firearm was involved.
- b. Is there any evidence of the respondent having a serious mental illness or a serious emotional disturbance, as defined in MCL 330.1100d, that makes the respondent dangerous to other individuals or to themselves?
- c. Have any of the following orders ever been entered against the respondent: extreme risk protection order, personal protection order, restraining order, pretrial release order, probation or parole order, any other type of order intended to prevent the respondent from certain activity?
- d. Has the respondent ever violated an extreme risk protection order or personal protection order?
- e. Does the respondent have any prior criminal convictions or adjudications as either an adult or juvenile?
- f. Does the respondent have any criminal cases or petitions currently pending against them?
- g. Is there any evidence of recent unlawful use of controlled substances by the respondent?
- h. Is there any evidence of recent abuse of alcohol by the respondent?
- i. Has the respondent previously unlawfully possessed, used, displayed, or brandished a deadly weapon?

Complaint for Extreme Risk Protection Order, Adult Respondent (2/24)
Page 5 of 5

Case No. _____

j. Is there any evidence that the respondent has obtained, or attempted to obtain a deadly weapon or ammunition within the past 180 days?

k. Is there any other reliable information the court should consider?

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

Petitioner's/Next friend's signature

Name (type or print)

Attorney signature (if applicable)

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

4.4 Individuals in Law Enforcement Protective Custody

Purpose

When Law Enforcement officers encounter an individual in the course of duty who appears to be experiencing a behavioral health crisis, they may choose to take that person into protective custody and transport them to the preadmission screening site for an evaluation. The Michigan Mental Health Code has long provided for a Peace Officer's Application/Petition 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, Saginaw County Community Mental Health Authority (SCCMHA), Saginaw County Jail, Saginaw County Probate Court, Saginaw County Prosecutor's Office, and MyMichigan Medical Center Saginaw

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 an SUD provider; a residential detox or 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 Forms PCM 201 & MC97.

Responsible Party: Law Enforcement, SCCMHA Crisis Intervention Services (CIS) Staff, Family Member, Medical Staff

Action 3: Complete a Clinical Certificate Form 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, Jail Health Staff - Saginaw County Jail

Exhibits:

1. Saginaw CMH Crisis Follow-Up Plan

Saginaw CMH Crisis Follow-Up Plan Form



Saginaw County Community Mental Health Authority Crisis Follow – Up Plan— 24-Hour Phone 989-792-9732

Client's Name _____ Sentri # _____ Pre Or ENote _____

Admitted to: _____ REMI _____ MI _____ SUD _____

_____ 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 **989-792-9732** or have someone else call for me as needed.

_____ I will call or text 988 Suicide & Crisis Lifeline.

_____ 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 _____.

_____ call CAI /Access 989 797 3559 or walk in 500 Hancock M thru F 8-4:30pm

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.

Client _____

Date _____

Parent/Guardian/Staff _____

Date _____

Clinician _____

Date _____

Disposition of follow-up call: _____	

Clinician: _____	Date: _____
Entered in Sentri? YES ☐ _____ H2011TS _____ H0002TS	

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

4.5 Jail Health Services

The purpose of this protocol is to ensure SCCMHA Crisis Intervention staff, the Jail Diversion Specialist, and the Court Liaison work collaboratively with the Saginaw County Sheriff's Office (SCSO), Saginaw County Jail personnel, and Jail Health Services to identify, assess, and address behavioral health concerns while an individual is detained.

This protocol applies to the Saginaw County Sheriff's Office, Saginaw County Jail personnel, Jail Health Services, SCCMHA Crisis Intervention staff, Jail Diversion Specialist, and Court Liaison.



The SCSO provides the SCCMHA Jail Diversion Specialist and Court Liaison with an arraignment report daily, Monday through Friday.

The Jail Diversion Specialist and Court Liaison obtain the daily arrest log through the Saginaw County Website Jail Tracker. The arrest log is cross referenced by SCCMHA staff to identify persons served through SCCMHA and the agency's provider network teams. The assigned treatment team staff are advised of the arrest via a secure electronic health record (Sentri³) message.

The SCCMHA Jail Diversion Specialist coordinates with Jail Health Services and mental health staff to coordinate relevant clinical information to promote continuity of care while the person served is in custody. Clinical information includes diagnosis, medication, current treatment plan, probate status, and identification of a guardian, as it relates to the care of the persons served.

The Jail Diversion Specialist and Court Liaison may also interact with SCSO master control, population monitor, and shift commanders when arranging court appearances, face-to-face contact, or arranging telehealth contacts.

SCCMHA staff will inform Jail Health Services and SCSO staff when there is an active Petition for Mental Health Treatment and Police Pickup Order, Noncompliance or Demand through the Saginaw County Probate Court. An attempt will be made to communicate the status, along with possible coordination of transport to local emergency room.

When an individual is detained in the Saginaw County Jail and presents with symptoms and behavior related to their mental health condition that constitutes an immediate risk of danger to self or others, steps will be taken to assess the individual's need for admission to an inpatient mental health unit.

Jail Health Services may work directly with an inpatient mental Health unit to secure inpatient treatment for the individual.

³ Sentri is the SCCMHA electronic health record.

A clinical assessment is the first step in determining if the individual meets criteria for inpatient admission. Jail Health Services staff will begin the process and may coordinate with SCCMHA Crisis Intervention staff. If involuntary admission is required, Jail Health Services will complete a PCM 201 Petition for Mental Health Treatment and an MC97 Protected Health Information form. The accepting inpatient unit may request a medical clearance and the completion of a Clinical Certification indicating the person is a person requiring mental health treatment in an inpatient setting prior to admission.

Payment for the admission is determined by multiple factors.

When the individual in the custody of the Saginaw County Jail is to be returned to the jail upon discharge from the inpatient admission, the payment for the admission is the responsibility of the Jail health services. (See MDHHS Memo County of Financial Responsibility for Inpatient Care of Incarcerated Individuals dated 9/29/2020 in Section 3.1)

A jail detainer form accompanies the individual to the unit. Transportation is provided by the SCSO. A deputy remains with the individual until they are safely admitted to the unit.

Upon completion of the medical clearance and positive clinical certification, the individual may be returned to the Saginaw County Jail until an appropriate bed is secured.

NOTE: The Petition for Mental Health Treatment PCM 201 and Clinical certification PCM 208 are time sensitive.

A single case agreement is generated by the inpatient unit and signed by the Jail Health Services administrator.

When an individual is determined to meet the criteria for inpatient admission and will be released from custody prior to the admission, such as being given time served or a PR bond, the financial responsibility may be the individual's private commercial insurance or the PIHP (prepaid inpatient health plan).

If the individual is a Saginaw County resident and is uninsured or has active Medicaid coverage, Jail Health Services will contact SCCMHA for assistance in coordinating the admission.

When an individual detained in the jail has active Medicaid coverage in another county, it is necessary to communicate with the county of financial responsibility to coordinate the admission and obtain authorization for payment.

When an individual detained at the Saginaw County jail has active mental health treatment through SCCMHA or one of its providers, efforts should be made to communicate with the treatment team for follow up services.

Individuals identified by Jail Health Services that are in need of outpatient mental health services upon release should be referred to the SCCMHA Centralized Access and Intake unit. SCCMHA jail diversion staff can assist in this process.

Jail Health Services may also ask the SCSO to transport an individual being released from the jail to a local Emergency Care Center or 500 Hancock for a voluntary contact with SCCMHA Crisis Intervention staff. Jail Health Services will send documentation with the individual identifying the "Good Samaritan Transport."

Currently staff from Jail Health Services, SCSO and SCCMHA attend regularly scheduled meetings to identify individuals with behavioral health conditions and coordinate services at the appropriate level of need.

4.6 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, Saginaw County Community Mental Health Authority (SCCMHA), and MyMichigan Medical Center Saginaw

Updated by

Christopher Manriquez (MMR), LaTecia Cirilo (Saginaw County Probate Court), Nathan House (Saginaw County Sheriff's Office), Nancy Johnson (SCCMHA), John McColgan (Prosecutor), Lori Husen (Saginaw County Probate Court), Lt. Andrew Myers (Saginaw Township Police Department), Lt. Nathaniel Volker (Saginaw City Police Department), Taylor Pertzer (HSS), and Chrsitina Joseph (Covenant)

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, Vital Core- 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, Vital Core — 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, Vital Core - 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 standard medical clearance at a local emergency department.

Exhibits:

1. Saginaw County Sheriff’s Department Detainer

Saginaw County Sheriff's Department Detainer

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

Officer's Name	_____

SCCMHA Jail Diversion Program

Jail Diversion is a specific mental health program using intervention-based services for persons served who have been identified with a severe and persistent mental health condition to be supported and maintained in the community rather than jail. Individuals with severe and persistent mental health condition can be identified for jail diversion interventions during the pre- or post-booking process.

SCCMHA's jail diversion program was developed to help ensure that persons served by SCCMHA with severe/persistent mental health conditions/emotional disturbances/co-occurring disorder(s), and/or intellectual and/or developmental disabilities who are at risk of incarceration, including re-incarceration and probation violations, are identified and assessed for appropriate mental health services and supports. However, some individuals with a severe/persistent mental illness must be held in jail due to the seriousness of the offense and overall public safety. These individuals will receive mental health services while in jail through Jail Health Services.

Why Jail Diversion:

Individuals who receive mental health services in the community have an increased chance of maintaining mental health stability, lower rates of recidivism, and having more positive outcomes with community-based mental health/correctional programs.

Purpose of the Jail Diversion Program:

- To provide mental health and/or substance abuse screenings/assessments/diversion options and referrals to outpatient community providers as an alternative to jail.
- To provide referrals to additional specialty courts including the Mental Health Court, Veterans Court, and Adult Treatment/Drug Court.
- To provide ongoing consultation and information regarding diversion options to the law enforcement community including attorneys, judges, prosecutors, and others in Saginaw County.

Community Corrections (MDOC)

Michigan Public Act 511, also known as the Community Corrections Act or PA511, was established in 1988 as an effort to improve Michigan's prison commitment rates through the development and utilization of evidence-based, community corrections programming that targets specific offender populations that are moderate to high in risk and/or needs. Saginaw County has been actively participating with community corrections efforts for over 25 years. The majority of the programs and services provided through the Saginaw Community Corrections office are funded by the Michigan Department of Corrections (MDOC) through PA511.



Day Reporting (DR) Program

The Day Reporting program is a structured level of phone reporting supervision for clients released from jail on bond that aims to increase public safety and assure court appearances. The level of pretrial supervision is determined by the client's Praxis (assessment) score, which ensures the client is abiding by the least restrictive bond conditions set forth by Community Corrections and/or the Court. Clients assigned to the Day Reporting program are required to contact Pretrial Agents a certain number of times each month and receive court notifications. Day Reporting clients are considered to be on the least intensive form of pretrial community supervision. Clients on Day Reporting may be required to submit to random drug testing and should refrain from using alcohol, marijuana, products that contain THC, and all illicit substances.

Monitor on Release (MOR) Program

There are three types of MOR-electronic monitoring options available for pretrial supervision: GPS Tether, Sober Link, and SCRAM. A GPS Tether, attached to the ankle, tracks locations and communicates with the wearer via vibration or sound alerts. Sober Link is a portable alcohol monitoring device the user breathes into at scheduled times throughout the day. A positive test result leads to requirements to submit to subsequent tests until the result is negative. SCRAM (Secure Continuous Remote Alcohol Monitor) is a biomedical device that is attached to the user's ankle and worn at all times to continuously detect alcohol in the user's system. MOR is considered to be the most intensive form of pretrial community supervision.

TRI-CAP

Tri-Cap is a PREA (Prison Rape Elimination Act)-compliant facility located on Veteran's Memorial Parkway in the City of Saginaw that is focused on incarceration alternatives and is available to pretrial and sentenced defendants in the State of Michigan. Tri-Cap has several programming options that vary in length and provide a residential setting for individuals who need a more structured environment before transitioning to community supervision.

SECTION 5: Collaborative Community Safety Outreach





Introduction

During the management of a behavioral health emergency, First Responders often find themselves connecting individuals to community resources and services. Fortunately, Saginaw County has an array of agencies with a variety of programs that are instrumental in keeping the individual, family, and community safe.

Collaborating to deliver services, efficiently and effectively manage resources, and connect people in crisis to support programs via warm handoffs is key to achieving lasting positive outcomes for individuals, families, and the community.

This section of the guide provides program descriptions of our community partners, as well as contact information for countywide resources that are available to assist individuals and families. Additionally, it also includes information about resources that may be of benefit to first responders.

5.1 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, Michigan Department of Health and Human Services (MDHHS), Children's Protective Services (CPS), County Child Advocacy Center (CAC), Medical Facilities, Emergency Departments (ED)

Developed by

John McColgan (Saginaw County Prosecutor's Office) updated and approved (2025) by John McColgan, Sheriff William Federspiel (Saginaw County Sheriff's Office) updated and approved (2025) by Miguel Gomez, Undersheriff, Chief Don Mawer (Saginaw County Police Chief's Association), Lt. Dave Simon and Lt. Pat Darrow, updated and approved (2025) by Lt. Dan Nease (Michigan State Police — Tri-City Post), Shelly Marner (Saginaw MDHHS) updated and approved (2025) by Jennifer Boose, Director of MDHHS

Policy

The office of the Saginaw County Prosecuting Attorney, the Saginaw County Michigan 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 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 the 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 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 is 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 aides, 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 a substantial or 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 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 the 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 CANN 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 a 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 or exploitation of a child:

When the alleged physical abuse, sexual abuse, or exploitation of a child is perpetuated 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 the 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 one 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 and 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, SPS **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 the 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:

1. The Saginaw County Prosecuting Attorney or designee shall:
2. Provide legal counsel on issues relative to the investigation of child abuse/neglect cases.
3. Facilitate training for prosecutors assigned to the child abuse/neglect cases.
4. 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 being 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 neglected 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 physiological 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 was 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. Complete 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 the 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 Medical Forensic Examination Record) including but not limited to culturing all appropriate areas of the body, and the collection and testing of blood and other few 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 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 expectations 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 prosecution of individuals who perpetrate child abuse and neglect.

The Joint Investigation Protocol for Child Abuse/Neglect Cases was developed in May 2016 by the following:

- John McColgan, Prosecuting Attorney, Saginaw County Prosecuting Attorney's Office
- Sheriff William Federspiel, Saginaw County Sheriff's Office
- Chief Don Mawer, Saginaw County Police Chief's Association
- Lt. Pat Darrow (For F/Lt. Dave Simon), Michigan State Police, Tri-City Post
- Director Shelly Marner, Saginaw County Department of Health and Human Services

The Joint Investigation Protocol for Child Abuse/Neglect Cases was reviewed and approved in October 2025 by the following:

- John McColgan, Prosecuting Attorney, Saginaw County Prosecuting Attorney's Office
- Miguel Gomez, Undersheriff, Saginaw County Sheriff's Office
- Chief Don Mawer, Saginaw County Police Chief's Association
- F/Lt. Dan Nease, Michigan State Police, Tri-City Post
- Jennifer Boose, Director of Saginaw MDHHS

5.2 CAN Council

The [CAN Council](https://www.cancouncil.org/), or Child Abuse and Neglect Council, serves the Great Lakes Bay Region, including Saginaw. This nonprofit organization focuses on preventing child abuse and neglect and offers the following services:



- **Education Programs:** The council provides training and resources to help communities recognize and prevent child abuse.
- **Advocacy:** The organization works to influence policies that protect children and support families.
- **Support Services:** The organization offers various programs aimed at assisting affected families and children.

The Saginaw office is located at 1311 N. Michigan, Saginaw, MI 48602. The office can be reached by calling (989) 752-7226. More information is available from <https://www.cancouncil.org/>.

5.3 Children's Protective Services (CPS)

The Michigan Department of Health and Human Services Children's Protective Services (CPS) program is responsible for investigating allegations of child abuse and neglect. [The Michigan Child Protection Law](#)⁴ provides the framework for what CPS must do and defines abuse and neglect as follows:

Child Abuse: Harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, any other person responsible for the child's health or welfare, a teacher, a teacher's aide, a member of the clergy, or an individual 18 years of age or older who is involved with a youth program.

Child Neglect: 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 either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care, though financially able to do so, or by the failure to seek financial or other reasonable means to provide adequate food, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.



⁴ The law can be found at (<https://www.legislature.mi.gov/Laws/MCL?objectName=mcl-722-622>).

Mandated Reporters



Mandated Reporters are Required by Law to Report

Michigan Child Protection Law requires certain professionals to report their suspicions of child abuse or neglect to Centralized Intake (CI) at the Michigan Department of Health and Human Services (MDHHS). These people are mandated reporters and have established relationships with children based on their profession.

Mandated Reporters Include:

Physicians	Licensed emergency medical care providers.
Licensed master social workers.	School counselors.
Dentists.	Audiologists.
Licensed bachelor's social workers.	Teachers.
Physician's assistants.	Psychologists.
Registered social service technicians.	Law enforcement officers.
Registered dental hygienists.	Marriage and family therapists.
Social service technicians.	Members of the clergy.
Medical examiners.	Licensed professional counselors.
Persons employed in a professional capacity in any office of the Friend of the Court.	Regulated child care providers.
Nurses.	Social workers.
School administrators.	Employees of an organization or entity that, as a result of federal funding statutes, regulations, or contracts, would be prohibited from reporting in the absence of a state mandate or court order (example: domestic violence provider).
Physical therapist assistants.	Physical therapists.
Athletic trainers.	Occupational therapists.

5.4 Mobile Response & Stabilization Services (MRSS)

SCCMHA's Mobile Response and Stabilization Services (MRSS) is a team of mental health professionals trained to assist youth, adults, and their families in managing a mental health crisis. MRSS can provide phone or virtual support, or a team of two can respond in-person to a home, school, or other community setting within Saginaw County.

Overall, the goals of Mobile Response include de-escalation of crisis situations, screening for safety in the home, assessing for suicide risk, prevention of out-of-home placements or inpatient hospitalization when possible, and limitation of unnecessary emergency room usage or involvement of law enforcement. When someone calls 911 for assistance with a mental health concern, MRSS can co-respond with law enforcement and other first responders.

MRSS is available 24/7 every day of the year, including holidays. If someone is unsure that MRSS can assist with their concern, they are encouraged to call.



An informational flyer for MRSS. At the top, it says 'SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY' and 'MRSS MOBILE RESPONSE & STABILIZATION SERVICES'. It states 'Available 24 hours a day, 7 days a week' and provides the phone number '(989) 272-0275'. The text describes MRSS as a team of mental health professionals trained to assist through a mental health crisis, offering phone, virtual, or in-person support. It emphasizes that help is available 24 hours a day, 365 days a year. The flyer includes a photo of two hands shaking and a QR code for more information. At the bottom, it lists the address '500 Hancock St., Saginaw, MI 48602', the website 'www.sccmha.org', and the 24-hour emergency services number '(989) 792-9752' with a toll-free number '1-800-233-0022'.

What is MRSS?

Mobile Response and Stabilization Services (MRSS) was originally created to help youth experiencing a mental health crisis.

Now, MRSS has expanded to provide mobile crisis response to all Saginaw County residents, as well as support by phone to callers outside the county, 24 hours a day, 365 days a year.

The team can provide assistance virtually or in-person at your home or other safe location in the community.

What is a crisis?

A crisis is any situation which escalates beyond someone's current coping skills, often to the point that the individual or their loved ones feel that additional help is needed to keep everyone safe.

MRSS will provide support to help you through any difficult experiences.

Our goal is to assist someone with whatever experience that person has defined as a crisis, rather than making that determination for them.



can be reached at

989.272.0275



500 Hancock St. • Saginaw, Michigan 48602
989.797.3400 • Toll Free: 800.258.8678
Michigan Relay 711
www.sccmha.org

24-Hour Crisis Intervention Services

989.792.9732 • Toll Free: 800.233-0022



Updated April 2025



When should you call?

We encourage you to call when you or someone you know is struggling with their mental health.

MRSS is staffed with a team of mental health professionals with experience working with a variety of populations (children and families, persons with intellectual or developmental disabilities, co-occurring mental health and substance use concerns, and more).

**MRSS is available
24 hours a day,
365 days a year
Call (989) 272-0275**



What can I expect when I call?

A mental health professional will ask you to identify your concerns and ask how serious they have become.

A team of two may visit your home to assist with de-escalating intense emotions or behaviors, identifying solutions, and creating a short-term safety plan.

If the problem suggests that placement outside the home is needed for safety reasons, MRSS staff will assist with the referral process. However, if there are any other forms of treatment, MRSS will discuss those options with you as well.



What options would MRSS share?

There are a number of solutions in the community, including staying with a family member or support person, referring to other agencies, and access to outpatient behavioral health services.

What is the goal of MRSS?

The purpose of MRSS is to support individuals (who have or have not received mental health treatment in the past) through an immediate crisis.

The MRSS team will work to help you resolve the crisis safely, quickly, and effectively. They will also attempt to help you or your loved ones to remain at home, whenever it is safe to do so.

What should I do if it is an emergency?

Situations may arise where someone is in immediate danger of physical harm. At these times, you should call local law enforcement or emergency services.

MRSS team members support first responders, along with the individual and their loved ones in deciding whether or not to transport to SCCMHA Crisis Intervention Services for further evaluation if needed.

SCCMHA Crisis Connect Services

Crisis Connect is a program through SCCMHA which provides mobile devices loaded with a telehealth platform to law enforcement officers in Saginaw County. When a patrol officer responds to a call that may involve a person with a mental health need, they are able to offer the individual the opportunity to speak with an SCCMHA clinician using the provided telehealth device and platform.

Crisis Connect provides a remote, face-to-face meeting between the person served and the clinical staff at SCCMHA by creating a virtual link between SCCMHA's Crisis Intervention Services (CIS), Mobile Response and Stabilization Services (MRSS), and local law enforcement in order to help better address needs of the community by leveraging the strong relationships SCCMHA maintains with local law enforcement.



A SERVICE OF SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY



**CrisisConnect
Virtual Waiting Room**

*Scan the QR Code with your
Phone's Camera to Connect with
the CrisisConnect Team.*

Available 24/7



A SERVICE OF SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Law Enforcement Dedicated Mobile Line - 24/7

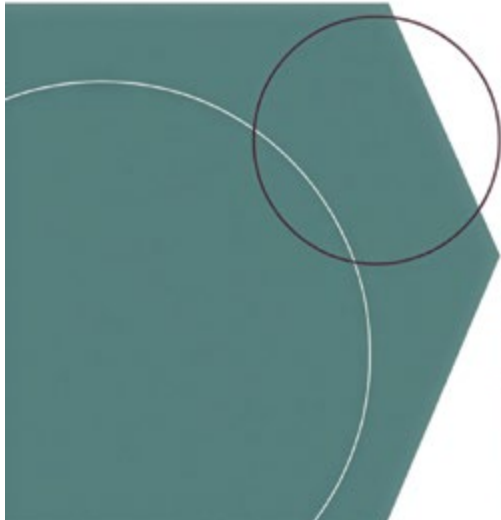
(989) 928-5422

Mobile Response (MRSS) Dispatch - 24/7

(989) 272-0275

Crisis Intervention Services - 24/7

(989) 792-9732 / (800) 233-0022



Connecting Law Enforcement to Crisis Professionals 24 hours/day

Provides law enforcement and other community partners with tools and resources to help respond to Mental Health and Substance Use Crisis situations by connecting them with 24-hour assistance from SCCMHA Mental Health Professionals specializing in Crisis Intervention and Mobile Response Services.

For more information or to request CrisisConnect Tools and Resources

AmyLou Douglas
CrisisConnect Exec. Director, CIO/COCO
Office: 989.797.3506
amylo.douglas@sccmha.org

Andrew Ferguson
Public Relations Specialist
Office: 989.498.4200
andrew.fergerson@sccmha.org



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Main Facility
500 Hancock Street
Saginaw, Michigan 48602

Phone
989.797.3400
Toll Free: 800.258.8678
Michigan Relay 711

24 Hour Mental Health
Emergency Services
989.792.9732
Toll Free: 800.233.0022
www.sccmha.org



January 2024



CRISISconnect
A SERVICE OF SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

iPad/iPhone

- Assigned to officers/Vehicles
- Can be signed out by officers or issued to officers at beginning of shift

Features & Applications

- DOXY Virtual Crisis Waiting Room
- Propio ONE - Interpretation Software
- TeamViewer IT Remote Support
- Contacts for SCCMHA provided services
- Voice calls (iPhone only) & Cellular Data
- Otterbox Case

DOXY

- Virtual Meet 24/7 with Crisis Staff when responding to mental health call
- Citizen can "meet" virtually with staff to receive Virtual Crisis Services
- Officer can "meet" virtually with Staff for consultations and support



Dedicated Mobile Line

Available 24/7

- Dedicated line for use by Law Enforcement to quickly contact Crisis Support
- Phones are answered by SCCMHA CIS or MRSS Crisis Mental Health Staff

Mental Health Access Tear-Offs

- Provided to Law Enforcement and other community partners to give to individuals to reach out to community resources, such as:
 - SCCMHA Crisis Services
 - National/State Hotlines
 - Lifeline & Suicide Prevention

Business Cards

- Given to Law Enforcement for SCCMHA provided services, including contact info for:
 - Dedicated Mobile Line
 - MRSS Dispatch
 - Crisis Intervention Services
 - OR code for DOXY

Our Three Departments

- **Mobile Response and Stabilization Services (MRSS)**
Available 24/7
 - Phone: 989.272.0275
 On-call response team that provides telephone or virtual support, as well as dispatching teams of mental health professionals into the field to assist with mental health crises.
- **Crisis Intervention Services (CIS)**
Available 24/7
 - Phone: 989.792.9732
 - Other: 800.233.0022
 Located at SCCMHA's main location on Hancock St. and Covenant's Emergency Care Center, CIS responds to the Crisis Hotline performs psychiatric hospital pre admission screenings and provides crisis stabilization services.
- **Central Access and Intake (CAI)**
Available 8 a.m. - 5 p.m. • M - F
 - Phone: 989.797.3559
 The first stop for anyone wishing to receive services from SCCMHA.

5.5 Community Paramedic Services

Community Paramedicine is an innovative approach to healthcare in which paramedics offer more than responses to emergencies. Community Paramedics visit people in their homes to help them stay healthy, manage ongoing health conditions, and work closely with their existing healthcare teams. Community Paramedics function as an extension of these teams, working to bridge the gap in community healthcare needs. This approach helps people avoid trips to the hospital and supports them in maintaining their independence.

Community Paramedics are not only trained to handle emergencies — they also possess specialized skills in managing long-term health issues, supporting mental health, and



Community Paramedics provide some non-emergency and preventative care to patients who are then able to remain at home instead of being transported to the hospital.

connecting people with local resources, such as doctors, social workers, or community programs. They can provide assistance in understanding medications and making the person's home environment safer.

Home visits are personalized and tailored to meet each individual's needs with a focus on prevention and early care with services such as providing support after a hospital stay or providing guidance on managing a chronic illness to help reduce emergency room visits and lessen the risks of being readmitted to the hospital.

A COMMUNITY PARAMEDICINE PROGRAM CONNECTING YOU TO FAST, SAFE TREATMENT FOR OPIOID USE DISORDER.



BRIDGE THE GAP

MEDICATION FOR OPIOID USE DISORDER (MOUD)



TREATMENT. SUPPORT. RECOVERY

YOU ARE NOT ALONE. HELP STARTS TODAY.



COMMUNITY PARAMEDICINE

Free. Confidential. Compassionate.
You deserve support, stability, and a path toward recovery.

We're here to walk with you - every step of the way.



HOW TO GET HELP

Call us when you're ready.

MMR Community Paramedicine Team

989.907.2042

In an emergency, always call 911.

- No judgment
- No insurance barriers
- No long waits
- Support from your first step to full recovery

CALL OR TEXT 9-8-8
(NATIONAL SUICIDE & CRISIS LIFELINE)



Recovery Pathways, LLC
1009 Washington Ave
Bay City, MI 48708

WHAT IS BRIDGE THE GAP?

Bridge the gap is a partnership between MMR Community Paramedics and Recovery Pathways designed to get you treatment as soon as you are ready.

We meet you where you are - in the community, at home, or after an emergency visit - and help you begin medication, support, and recovery services right away.

HOW THE PROGRAM HELPS



TIMELY TREATMENT

- Quick access to Medication for Opioid Use Disorder (MOUD) such as buprenorphine.
- Helps reduce cravings and withdrawal.
- Safe, evidence-based, and FDA-approved.

SUPPORTIVE CARE

- Community paramedics trained in addiction and recovery.
- Confidential, judgment-free conversations.
- Education on overdose prevention and safety.

CONNECTION TO ONGOING RECOVERY

- Warm handoff to Recovery Pathways.
- Counseling, therapy, MAT follow-up.
- Assistance with transportation, housing needs, and social support.

CALL OR TEXT 9-8-8 (NATIONAL SUICIDE & CRISIS LIFELINE)

CARE CUSTOMIZED TO YOUR INDIVIDUAL NEEDS

1. MEET WITH A COMMUNITY PARAMEDIC

When you are ready, you can be seen where you are comfortable.

2. START MEDICATION

If appropriate, paramedics can begin MOUD quickly to relieve withdrawal and stabilize cravings.

3. GET CONNECTED

We link you directly with Recovery Pathways for continued treatment, therapy, and long-term support.

4. FOLLOW-UP

We check in to make sure your medication is working and your needs are met.

WHAT TO EXPECT

5.6 Saginaw Hoarding Task Force

Formed in 2015, the Saginaw County Hoarding Task Force is a partnership of local public and private agencies whose purpose is to collaboratively seek to raise public awareness of hoarding and to preserve safe and appropriate housing through the development and utilization of tools, best practices, and early intervention strategies, by: (1) working with individuals to help achieve



goals, mitigate the level of consequences of hoarding, and re-establishing home environmental quality and safety; (2) focusing on harm reduction principles; (3) recognizing that even if harmful behavior cannot be completely changed, modest behavioral change is beneficial, and meaningful and significant improvements can be made in quality of life; and (4) reducing the severity, impact, and/or harm for any individual citizen, families, neighborhoods, and the community, as well as the lead responding organizations.

Hoarding is characterized by the collection of many items, even things that are useless or are of little value to most people, that clutter living spaces, keep the person from using their rooms as they were intended, and cause distress or problems in day-to-day activities.

Representatives on the Saginaw Hoarding Task Force include: Saginaw County Community Mental Health Authority; Saginaw County Commission on Aging; Saginaw Housing Commission; Saginaw Charter Township; Great Lakes Bay Health Centers; Saginaw County Sheriff; City of Saginaw; Saginaw County Health Department; Saginaw Landlords Association; Training & Treatment Innovations; Saginaw County 911; City of Saginaw Police; Covenant HealthCare Visiting Nurse Association; Saginaw Township Fire Department; Saginaw County Department of Health and Human Services; Saginaw County Animal Control; Local Restoration Companies; and Legal Services of Eastern Michigan.

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 decline treatment will be offered it again after 90 days. 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 six-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
2. Saginaw County Hoarding Task Force Brochure

Saginaw County 911 – 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 Jessica Tumblin at 9-1-1 at jtumblin@saginawcounty.com with date of the request for address registration and contact information of referral source.



Tips & Suggestions

DO:

- Speak with the person face-to-face.
- Use a gentle approach and let the person tell their story.
- Ask open-ended questions, mirror the language used by the person, and listen carefully.
- Remain calm and factual, but caring and supportive.
- Respect the attachment to their possessions that the person has.
- Evaluate for human/animal neglect or abuse.
- Refer the person for medical and mental health evaluation.
- Involve the person in seeking solutions.
- Use person-first language: refer to the person as "a person who hoards," or "a person with hoarding disorder" not a "hoarder".

DO NOT:

- Force interventions or cleanouts,
- Be critical or judgmental,
- Press for information that makes the person uncomfortable,
- Make teasing or sarcastic comments, or
- Blame or shame the person.

People with hoarding disorder may need a variety of services and supports, including health care, human services, and social welfare agencies as well as housing code officials, landlords and first responders.

Please visit our web site for contact information and additional resources.

Please visit our web site to request training on hoarding disorder.

Saginaw Hoarding Taskforce

500 Hancock
Saginaw, MI 48602
989.498.2266

www.sccmha.org/resources/saginaw-hoarding-taskforce/



Hoarding Disorder

Information for
Community Agencies



To find out about getting help for someone with hoarding issues call the Saginaw Community Care HUB at (989) 498-2266 or, to get more information about hoarding disorder visit

www.sccmha.org/resources/saginaw-hoarding-taskforce/

Understanding Hoarding Disorder**Impact on the Community****Where to Get Help****Hoarding Disorder (HD): The Facts**

HD is a persistent mental health condition characterized by the excessive accumulation of items along with the inability to discard them even if they appear useless.

Hoarding behavior usually starts in early adolescence, around age 13 or 14, but can start even earlier and it tends to worsen with age.

Hoarding disorder can affect anyone, regardless of age, sex, or economic status.

Studies show that hoarding disorder affects 2-5% of the population.

Hoarding Disorder (HD) is a Community Concern

Hoarding disorder may lead to isolation from community and family, work or legal problems, or result in living in unsafe or unsanitary conditions.

A hoarded home has clutter and disorganization. Rooms, including kitchens and bathrooms, are often unable to be used as intended.

In situations of animal hoarding there is an accumulation of multiple animals and often problems from fecal and urine smells, sickly or diseased animals, and lack of control by the pet owner/resident.

Health and safety concerns may lead to lease violations: fire hazards; blocked entry/exit; trip and fall risks; infestations; non-working plumbing; and unsafe structural or sanitation systems.

Although HD is a community concern, it is also a personal one and a mental health issue. Be respectful of the individual and do not force change. Encourage the person to seek professional help.

Getting Help

Ask the following questions:

1. Is there an imminent safety threat to the occupants, including animals?
2. Is there an imminent health, abuse, or neglect threat to the occupants or animals?
3. Are there conditions that pose a health and safety nuisance to the neighbors?

If health or safety is in question, register the address with the Saginaw County Central Dispatch (nonemergency) 9-1-1 system by calling (989) 797-4580.

Call the Saginaw Community Care HUB at (989) 498-2266 to make a referral for mental health treatment and other related services.

Neglect or abuse associated with older adults, children, or animals may require immediate attention from:

- Adult or Child Protective Services: (855) 444-3911 [24 hours]
- Animal Control: (989) 797-4500
- Housing Code Enforcement: Visit our web site for contact information

Saginaw County Animal Care & Control Resource Center (SCACC)



The [Saginaw County Animal Care and Control Department](#) has primary responsibility for enforcement of State and County Animal Control laws. It has custodial charge of lost or strayed animals in the county and is responsible for euthanasia of unwanted animals.

The Saginaw County Animal Shelter sponsors an Animal Adoption Program to match unwanted animals to appropriate homes and responsible pet owners. Persons wishing to adopt an animal can visit the Animal Shelter kennels and choose from a wide variety of dogs and cats.

The Animal Shelter also provides surgical services, fostering or volunteering to provide ongoing support to animals, and a pet food pantry. Beyond providing food, SCACC also works to keep pets and families united by offering low-cost vaccine and microchip clinics and partnering with local veterinarians who donate supplies and medication.

Hours of operation are Monday through Friday: 9:00am to 6:00pm with adoption hours from 10:00am to 4:30pm, and from 9:00am to 1:00pm on Saturday.

The facility is located at 5615 Bay Road, Saginaw, Michigan 48604 and can be reached by calling (989) 797-4500. Additional information is available from <https://www.saginawcountymi.gov/departments/animal-care-control/>

ADOPTION SERVICES

Adult Dog Adoptions: \$125

Cat Adoptions: \$50

Includes age-appropriate vaccinations and medical services.

FOSTER PROGRAM

Provide temporary care for animals in need.

Supplies and guidance provided.

VOLUNTEER OPPORTUNITIES

- Dog walking and enrichment
- Cat socialization
- Events and outreach

HOW TO ADOPT?

Adoptions take place during our regular business hours; no appointment is needed. We strongly recommend that all members of the household come to meet the animal before finalizing adoption.

If you currently have a dog at home, please bring them with you so we can conduct a meet-and-greet to ensure everyone is comfortable and compatible before a new pet joins your family. Our team is here to help make the transition smooth and successful for both you and your new companion.

COMMUNITY VETERINARY SERVICES

Rabies \$15

Owner Surrender (Space Permitting) \$100

Canine Distemper/Parvo \$15

Humane Euthanasia \$100

Canine Bordetella \$15

Disposal Services \$50

Feline Distemper \$15

Feline Leukemia \$15

Canine Influenza \$30

Microchipping \$25

5.7 Suicide Prevention Resources

988 Suicide & Crisis Lifeline



988
SUICIDE
& CRISIS
LIFELINE

If you or someone you know
needs support now,
call or text 988
or
chat 988lifeline.org

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
MRSS
MOBILE RESPONSE & STABILIZATION SERVICES
can be reached at
989.272.0275

24-Hour Crisis
Intervention Services
989.792.9732
Toll Free: 800.233.0022



WKS0088-02-17-23-AM

Barb Smith Suicide Resource & Response Network

Founded in 1989, the [Barb Smith Suicide Resource & Response Network](https://srrn.net/) aims to prevent suicide through education, advocacy, connection to resources, and support for individuals impacted by suicide.

The organization provides evidence-based prevention trainings in an effort to destigmatize suicide, increase help-seeking behaviors, and care for individuals impacted by suicide. The purpose of this organization is to help people understand the nature of suicide, how to respond to someone with thoughts of suicide, and how to walk family and loved ones through the aftermath of a suicide.

Additional information is available from <https://srrn.net/> and by calling (989) 781-5260.



5.8 Victims Services

Sexual Assault Center

The [Sexual Assault Center](https://www.childandfamilysaginaw.org/sexual-assault-center/), located in Saginaw, provides free comprehensive services exclusively for children, adolescents, adults, and family survivors healing from the trauma of sexual violence.

The Sexual Assault Center operates a crisis line to specifically deal with the issues of sexual assault. The crisis line operates 24 hours a day, 7 days a week, 365 days a year, providing callers with crisis intervention, emotional support, information, and referrals to community services, including access to medical forensic exams following a recent sexual assault. Website: <https://www.childandfamilysaginaw.org/sexual-assault-center/>.

CSC Victim Care & Follow-Up Services

Sexual Assault Crisis Hotline



989-790-9118

Available Services:

Forensic Evidence Collection Exam (w/ SANE Nurse)
 Medical Exam and STI Prevention
 Victim Advocacy and Crisis Intervention
 Referrals to other Victim Service Agencies
 Legal Advocacy / Follow-up Counseling

To qualify for evidence collection exam:

- Assault occurred within 120 hours (5 days)
- Victim is 13+ (or has started menstruation if under 13)
**Refer to CAN Council if age requirement not met*
- Assault did not occur while incarcerated
- Victim consents to evidence collection exam

If any of the above statements are untrue, the victim may:

- Proceed to ER or PCP for medical care
- Call hotline to speak with an advocate & access otherservices

Michigan Sheriff's Association Victim Services Program

Victim Services is a group of volunteers trained by the Michigan Sheriffs' Association (MSA) as victim advocates who are dedicated to helping victims and survivors work through a crisis or crime against them.

Providing comfort and direction, Victim Services Teams are in place to help families cope with the loss of a loved one, assist a victim of a crime, or provide solutions to those in time of need. Victim Services Teams are trained by the Michigan Sheriffs' Association and directed by the local sheriff's office in order to provide short-term crisis intervention to victims and their families.



Victim Services advocates are caring, compassionate volunteers who are recruited from the community. Representing a broad cross-section of the population, they often have experienced their own personal tragedy and want to help others. The Michigan Sheriffs' Association conducts a 20-hour training session which covers subjects such as the five stages of grief, effective communication techniques, law enforcement protocols, and the rights of victims in the criminal justice system.

The team responds with the police to any tragic death such as baby deaths, car fatalities, fires, suicides, drownings, farm accidents, work accidents, and natural deaths if a survivor does not have anyone to be with them, among others.

The team does whatever the first responder requests while maintaining safety in the provisions of support to individuals impacted by a tragic death. For example, the team does not assist on drug-related homicides due to safety concerns and potential family conflict unless the law enforcement officer feels the team is safe. Activities include:

- Hand holding, hugging, offering emotional support in time of need so law enforcement personnel can continue to do their job effectively.
 - ▮ Providing assistance to families in taking care of surviving children
 - ▮ Making calls to other family members, workplace, schools, etc.
 - ▮ Helping make calls to secure the services of cleanup crews, funeral homes, etc.
 - ▮ Ensuring the family has information such as where the body is, where the vehicle is if at a storage space; reminding the family of what they need to get items out and logistics, and feeding their pets, etc.
- Offering follow-up resources after leaving a family such as counseling agencies that accept their insurance, a trauma specialist, clothing, supporting the school if the victim is a youth, and a company that helps with funding for funeral services if the person died by suicide.

Saginaw Police Department Victims Services



Saginaw Police Department
 Victim Services Division
 (989) 759-1260
 (989) 598-9949 (text line)
 612 Federal Avenue
 Saginaw, MI 48607

The Michigan Constitution and Crim Victim Rights Act grant all victims of crime to the following rights:

- Be treated with fairness and respect for their dignity and privacy
- Be informed of the steps in the criminal justice process
- Be notified of all proceedings in the case
- Attend all court proceedings
- Have responsible protection from the depend throughout the criminal justice process
- Consult with the Prosecuting Attorney about the disposition of the case
- Address the court at sentencing, or submit a written impact statement to the court
- Restitution
- Information about the conviction, sentence, imprisonment, and release of the defendant
- Information on the appeals process and any appellate decision

*** To act upon these rights, contact the Victim Services Unit ***

Mission:

Our mission is to advocate for the rights of victims throughout the criminal justice process, coordinate law enforcement efforts, address victim needs with service provisions, and strengthen the community we serve.

Victim Services Division Coordinator

Gabriella Finkbeiner

Office: (989) 759-1260

Cell (text): (989) 598-9949

Within 72 hours, a Victim Service Specialist with SPD may contact you to provide resources and answer questions.

Underground Railroad, Inc.

Underground Railroad, Inc. serves all residents of Saginaw County who are victims of domestic violence, sexual assault, and stalking. In operation since 1977, Underground Railroad, Inc. is the only provider of emergency shelter, services, leadership, and programs to end domestic and sexual violence in the community.

Services provided by Underground Railroad include:

- Hotline for crisis and support
- Emergency shelter
- Advocacy/counseling programs
- Court support/legal services
- Housing assistance for survivors
- Youth advocacy and childcare
- Secondary survivor services
- SafePlace supervised visitation and Safe Exchange
- Prevention education programs
- Community awareness presentations
- Collaborative programs



5.9 Adult Protective Services (APS)

Adult Protective Services

Adult Protective Services investigators protect vulnerable adults from abuse, neglect, and exploitation by working with mental health, public health, law enforcement, the probate courts, the aging network, community groups, and the public.



In Michigan, Adult Protective Services assist vulnerable persons aged 18 and older who are unable to take the steps necessary to protect themselves from abuse, neglect, and exploitation. APS serves the following:

- Vulnerable Adults
- Adults with developmental, physical, or intellectual disabilities
- Those unable to meet basic daily needs
- Those isolated, withdrawn from family, friends, and social activities

Below are some common definitions please check <https://www.michigan.gov/mdhhs> for more information.

- Abuse: Abuse is harm or threatened harm to an adult's health or welfare caused by another person.
- Neglect: Neglect is harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare.
- Self-Neglect: Self-Neglect is a vulnerable adult's refusal of or inability to understand the necessity of and/or arrange for care, goods, or services essential to maintain their health, safety, or welfare and prevent harm or an unreasonable risk of harm.
- Exploitation: Exploitation is an action that involves the misuse of an adult's funds, property, or personal dignity by another person period.

To make a referral:

Contact APS using the following information:

- The individual's name, address, estimated age, or other identifying information.
- Why you believe they are at risk for abuse, self-neglect, neglect, or exploitation.
- Descriptions of their situation, any important identifiers of the alleged abuser or the dangers in their environment.
- If you are in an emergency, please call 911 immediately.
- If you suspect abuse, neglect, or exploitation, call 855-444-3911 any time of day or night to make a referral.
- Visit <https://www.michigan.gov/mdhhs> for more information.

5.10 Great Lakes Bay Pride



Great Lakes Bay Pride is a resource organization that serves Bay, Isabella, Midland, and Saginaw counties. The organization provides inclusive sexual orientation and gender identity/expression (SOGIE) education, advocacy, networking, and resources to individuals and organizations in the Great Lakes Bay Region.

The organization can be reached by calling (989) 203-2474 or visiting <https://greatlakesbaypride.org/>.

Our Mission:

Great Lakes Bay Pride is a 501(c)(3) nonprofit organization on a mission to provide inclusive sexual orientation and gender identity and expression (SOGIE) education, advocacy, networking, and resources to individuals and organizations in the Great Lakes Bay Region.

Our Vision:

Great Lakes Bay Pride envisions and strives for an inclusive and supportive community that inspires engagement, equality, and respect for all.

Outreach Programs:

- Regional Pride Month Celebration & Festival
- Inclusive Online Directory
- Transgender Peer Support Groups
- LGBTQ+ Peer Support Groups
- Together in Pride Fundraiser
- Scholarship Programs
- Harmony Diversity Choir
- Community Outreach and Education

5.11 SCCMHA

SCCMHA is a local, independent, governmental agency serving Saginaw County, with status as a state-certified Community Mental Health Services Program (CMHSP) and has been a mental health authority under contract with the Michigan Department of Community Health, since October 1, 1997, when the organization separated from county government. Since January 2014, SCCMHA became part of the regional 21-county PIHP (Pre-paid Inpatient Health Plan), Mid-State Health Network (MSHN), one of 10 such PIHPs in Michigan, holding the MDHHS Medicaid Contract for the 12 founding Community Mental Health Services Programs (CMHSPs) that define the geographic region. MSHN manages the network providing specialty substance use disorder services across the region.



SCCMHA is governed by a 12-member Board of Directors, appointed by the Saginaw County Board of Commissioners. The SCCMHA Board composition complies with specifications of the Michigan Mental Health Code, and one-third of the Board members have lived experience themselves or through their family members. SCCMHA must meet all obligations of the Michigan Medicaid Specialty Supports and Services Program as specified in the Michigan Mental Health Code and MDHHS Contract, including services to persons served, and administrative, policy, and regulatory management.

SCCMHA is accredited by CARF, an independent, nonprofit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served. Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, and now known as CARF International, the accrediting body establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services.

SCCMHA is headquartered at 500 Hancock Street, Saginaw, Michigan 48602; the main telephone is (989) 797-3400 and the website address is <https://www.sccmha.org/>. SCCMHA has seven (7) other locations. The 24-Hour Crisis Hotline is (989) 792-9732 or (800) 233-0022.

No Wrong Door

SCCMHA strives to create a safe, user-friendly, and welcoming environment for individuals, families, our partner agencies and organizations, and members of the community.

We are committed to providing person/family-centered, trauma-informed, culturally and linguistically sensitive, developmentally appropriate, recovery-oriented care that is individually tailored to each person/family we serve in a manner that promotes engagement and shared decision-making and is provided in the least restrictive setting. We actively work to identify and address barriers to services and ensure people are served in the least restrictive setting utilizing evidence-based practices and treatments.



Persons seeking behavioral health services are always welcomed regardless of how they make the initial contact for service, including, but not limited to:

- Calling or presenting in-person to the SCCMHA Central Access and Intake unit (CAI)
- Being seen in an emergency room for prescreening for admission to an inpatient setting
- During follow-up treatment after discharge from an inpatient stay or from crisis residential services
- During encounters with law enforcement, SCCMHA's Mobile Response and Stabilization Services (MRSS), or Crisis Connect (which connects police officers to SCCMHA mental health professionals)
- Calling 988, 911, or other crisis lines
- Receiving referrals from our community partners such as primary care providers; schools; community shelters; MDHHS (Michigan Department of Health and Human Services) on behalf of youth and families in the foster care system; or corrections settings including prison, jail, youth detention center, or community corrections
- When seeking help through MDHHS' online platform, MiBridges, or calling 211 for assistance with locating mental health resources

Individuals and families are connected by a warm transfer whenever possible and follow-up contacts are made to confirm the individual/family was connected to services.

Access to services is available 24/7/365. Outside normal hours of operation SCCMHA MRSS (Mobile Response and Stabilization Services) and CIS (Crisis Intervention Services) are available for immediate service and will notify CAI (Central Access and Intake) of the request for services.

SCCMHA Health Home and Wellness Center

The SCCMHA Health Home and Wellness Center adheres to a federally recognized behavioral health home (BHH) model that provides comprehensive care management and coordination services to adults and children enrolled in Medicaid, Healthy Michigan Plan, or MICHild with a serious mental illness or serious emotional disturbance.

Persons served work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model also elevates the role and importance of Peer Support Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness to attend to the complete health and social needs of persons served.

Located at 500 Hancock, the SCCMHA Health Home and Wellness Center offers integrated services to support mental and physical well-being. The team collaborates with primary and specialty care providers to deliver whole-person care.



Services include:

- Psychiatric Care: Evaluation, medication review, and monitoring for effectiveness and side effects.
- Health Services: Initial health assessment and coordination with your primary care physician.

The BHH receives reimbursement for providing the following federally mandated core services:

- Comprehensive care management
- Care coordination (between physical and behavioral health care services)
- Health promotion
- Comprehensive transitional care (between primary, specialty and inpatient settings of care)
- Individual and Family Support
- Referral to community and social services

BHH Goals:

- **Improve health outcomes**
- **Coordinate and provide health care**
- **Increase access to care**
- **Increase hospital post-discharge follow-up**
- **Reduce unnecessary hospital and emergency room visits**

Great Lakes Bay Health Centers

Since 2016, Great Lakes Bay Health Centers (GLBHC) has operated a Primary Care Clinic for adults at the SCCMHA 500 Hancock building location. The clinic is located on the first floor adjacent to the SCCMHA Health Home/ Psychiatric Clinic. The SCCMHA Health Home staff work together with the GLBHC staff to provide Care Coordination

Services for patients being jointly served, with the goal of Whole Person Care. The GLBHC Primary Care Clinic is open 4 days a week (Monday - Thursday). Appointments for primary care visits can be scheduled by calling (989) 921-5372 or (989) 753-6000.



Recovery Pathways

Recovery Pathways provides Medically Assisted Treatment (MAT) and Outpatient Therapy for persons with substance use disorders at the SCCMHA Health Home at the 500 Hancock building location, two days a week by appointment. Appointments can be scheduled by calling (989) 928-3566.



RECOVERY PATHWAYS, LLC

Genoa Healthcare

Genoa Healthcare is a multidisciplinary health care delivery network headquartered in southeastern Michigan. SCCMHA partners with Genoa Healthcare to provide pharmacy services at 500 Hancock where medication can be picked up Monday – Friday, 8:00am – 6:00pm (except 2:15pm – 12:25pm when the pharmacy closes for lunch), and on Saturday, 11:00am – 2:00pm. Genoa can provide specialty packaging to ease administration, as well as a service called Med Drop™ for adults and youth who reside in Saginaw County and receive services from an SCCMHA psychiatric provider.



The Genoa Healthcare Pharmacy can be reached by calling (989) 793-3130 during regular business hours and after hours by calling (630) 269-5366.

CPS Solutions provides assistance in getting medications after hours for Genoa through Walgreen's Pharmacy. The Emergency Department escribes (i.e., sends an electronic prescription for medication) to Genoa after hours. CPS Solutions can be reached after hours at (630) 296-5366. Miriam from Genoa can be contacted at (989) 574-7727 for assistance.

NOTE: Controlled substances cannot be escribed to Genoa after hours. A paper prescription has to be written or escribed directly to Walgreen's Pharmacy.

SCCMHA Certified Community Behavioral Health Clinic (CCBHC)

SCCMHA became a Certified Community Behavioral Health Clinic (CCBHC) demonstration site in 2022, allowing the agency to expand eligibility to individuals with mild and moderate mental illnesses and those with substance use disorders that are primary who are Medicaid, Medicare, or commercially insured, as well as those underinsured or uninsured.

A CCBHC is a non-profit organization or unit of a local government behavioral health authority, such as SCCMHA, that is designed to provide comprehensive, integrated mental health and substance use disorder services to anyone who walks through their door, regardless of their diagnosis (including persons with mild to moderate conditions), insurance status, ability to pay, or residence (including persons residing outside of Saginaw County).

A CCBHC must follow standards intended to make services more available and accessible, including expanding service hours, utilizing telehealth, engaging in prompt intake and assessment processes, offering 365/24/7 crisis intervention, and following person- and family-centered treatment planning and service provision.

A CCBHC, directly or through designated collaborating organizations (DCOs), provides a set of nine (9) comprehensive core services deemed necessary to facilitate access, stabilize crises, address complex mental illness and addiction, and emphasize physical/behavioral health integration. These services include:



- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- Screening, assessment, and diagnosis, including risk assessment
- Person and family-centered treatment, including risk assessment and crisis planning
- Outpatient mental health and substance use treatment services
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports.
- Intensive, community-based mental health care for members of the armed forces and veterans

A CCBHC is required to collect, report, and track a robust set of encounter, outcome, and quality data that includes characteristics of persons served, staffing, access to services, use of services, screening, prevention, treatment, care coordination, other processes of care, costs, and individual outcomes. In return, a CCBHC receives an enhanced Medicaid reimbursement rate based on anticipated costs of expanding

A CCBHC is required to meet established and standardized criteria related to care coordination, crisis response and service delivery, and is evaluated by a common set of quality measures.

services to meet the needs of these complex populations. This sustainable payment model, the Prospective Payment System (PPS), differs from funding models that rely on Medicaid reimbursement and time-limited grant funding. This PPS reimbursement structure offers greater financial capacity for CCBHC services.

The development and maintenance of strong relationships with community agencies, hospitals, primary care providers, law enforcement, child welfare, the justice system, public health, emergency medical response, housing agencies, older adult services, education/schools, and other social and human services have been essential to the effectiveness of our CCBHC.

The CCBHC interdisciplinary treatment team that is responsible for directing, coordinating and managing care and services for each person served is comprised of individuals who work together to coordinate the medical, psychiatric, psychosocial, emotional, therapeutic, and recovery support needs of the people receiving CCBHC services and includes staff from our community partners.

Our CCBHC works to reduce the burden on emergency departments, jails, and law enforcement through the deployment of mobile crisis teams and availability of 365/24/7 services. Through effective, collaborative partnerships with local law enforcement, correctional facilities, courts, and probation/parole, our CCBHC addresses the treatment needs of justice-involved individuals who experience mental health and substance use disorders by reducing barriers to care resulting from the combined stigma of mental health issues, substance use disorders, and prior convictions. The SCCMHA CCBHC also helps facilitate transitions from incarceration to community care through partnerships with probation/parole, collaboration with treatment courts, providing support for persons involved in child welfare to promote family stability, and working with correctional facilities to ensure access to needed treatment and follow-up after discharge to the community.

SCCMHA Behavioral Health Urgent Care Center (BHUCC)

Coming to Saginaw County Community Mental Health in October of 2026, the SCCMHA Behavioral Health Urgent Care Center will provide immediate, around-the-clock access to mental health and substance use disorder services for individuals experiencing acute needs who cannot wait for a routine appointment.

This voluntary service will offer 24/7 virtual and walk-in care, ensuring timely support for both adults and children. Our team will deliver crisis intervention, stabilization, supportive problem-solving, and resource linkage, helping individuals navigate urgent behavioral health challenges in a safe and compassionate environment.

A BHUCC Care) provides same-day, walk-in access to immediate behavioral health and substance use care. It is designed to stabilize individuals experiencing a less severe or acute mental health or substance use crisis—helping to avoid unnecessary emergency department visits and supporting recovery. Care is provided by a team of qualified, multi-disciplinary professionals who provide the following services:



- Immediate assessment and evaluation
- Crisis intervention and stabilization
- Care coordination and referrals.
- Medical assessment and screening
- Medication consultation

The BHUCC is designed to bridge the gap between routine care and emergency services, promoting recovery and well-being when it matters most.

5.12 Saginaw Intermediate School District (ISD) Mental Health Services

The Saginaw Intermediate School District (ISD) serves as the regional service agency for all public, charter, and non-public schools in Saginaw County, providing critical leadership,



instructional support, special education services, early childhood programming, and student-centered resources that strengthen educational systems across the county. Within this broader mission, Saginaw ISD also plays a key role in supporting student wellness and coordinating mental-health services for local districts.

Saginaw ISD plays a dual role in supporting youth experiencing mental-health or emotional crises within local school districts. Through the 31N School-Based Mental Health Program, Saginaw ISD employs a team of 12 Mental Health Practitioners (MHPs), who provide direct, school-based support for students with mild to moderate mental-health needs. When a crisis occurs in a district or building served by an MHP, students are typically referred to the on-site practitioner for immediate co-regulation, de-escalation, and connection to ongoing services. With parental consent, the MHP develops a Plan of Care (POC) and collaborates closely with families to ensure appropriate follow-up, referrals, and wraparound supports. Saginaw ISD Mental Health Practitioners also frequently coordinate referrals to Community Mental Health (CMH), outside providers, or additional social-emotional resources based on student and family needs.

Beyond direct service, Saginaw ISD serves an important county-wide crisis coordination and support function. Saginaw ISD's Mental Health Team is fully trained in Critical Incident Stress Management (CISM) through the International Critical Incident Stress Foundation (ICISF) and can be deployed by district request, typically through superintendent-to-superintendent communication or building-level administrator contact, to assist schools during high-impact events such as student or staff deaths, building emergencies, or other traumatic incidents. Saginaw ISD also collaborates with local law-enforcement agencies through processes such as Handle With Care (HWC) and partners with departments such as Saginaw Township Police Department to support training in Behavioral Threat Assessment and Management (BTAM).

During and after crisis events, Saginaw ISD may offer consultation to school leaders regarding post-crisis steps, re-entry considerations, and emotional-support needs for both students and staff. Saginaw ISD remains an essential partner in stabilizing school environments, supporting district leaders, and helping youth access timely, appropriate, and long-term mental health supports.

SECTION 6: Appendix



6.1 Interpretation Services

Covenant Healthcare — Cyra com VRI (video remote interpreter).

Department of Health and Human Services — Linguistic 801-618-1454, VOICE (for sign language) 989-497-7111

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 App, Texty and Crisis Connect tablets

MyMichigan Medical Center Saginaw — AMN Language Services via iPad or phone

Saginaw County Central Dispatch — Language Line, 800 523-1786. Text capacity for hearing impaired

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). Crisis Connect-Language Services

Saginaw Police Department — Language Services App through Crisis Connect

Mobile Response & Stabilization Services (MRSS) — ASL Interpretation: Michigan Relay. Interpretalk & Language Line app

Genoa Healthcare — Language Line Solutions

10th Judicial Circuit Court Juvenile & Family Division — VOICE, Language Line App

Michigan State Police Department — Language App Services, Michigan State Police translator program

NOTE: SCCMHA communication devices (cell phones and tablets) for first responders have a language app.

6.2 Emergency Contact Information

Saginaw County First Responder's Emergency Contacts				
CONTACT	OFFICE	CELL	OTHER	EMAIL
Vital Core. – Saginaw County Jail				
Denisha Felder, Health Services	989-790-5455			dfelder@vitalcoreHS.com
Covenant HealthCare Emergency Care Center				
Christina Joseph, Co-Manager	989-583-6259			christina.joseph@chs-mi.com
Dr. Aaron Smith, Medical Director	989-583-6625			aaron.smith@chs-mi.com
Covenant Emergency	989-583-6521			
HealthSource Saginaw				
Dr. Usha Movva, Medical Director	989-790-4744			umovva@hss-mi.org
MaryAnn Duchene, Program Director	989-790-7738			mduchene@hss-mi.org
Taylor Pretzer, Clinical Director	989-790-7858			tpretzer@hss-mi.org
Hospital Liaison	989-790-7737			
Mobile Medical Response				
General Number	989-758-2911	989-798-0869		
Christopher Manriquez, Operations Manager		989-980-6488		cmanriquez@mobilemedical.org
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6.3 Glossary

Assisted Outpatient Treatment (AOT): Also known as Kevin's Law, this is a probate court-ordered program designed to provide mental health treatment to individuals with severe mental illness who are not voluntarily seeking help that aims to support these individuals in managing their conditions while living in the community, thereby reducing the need for hospitalization or incarceration. AOT orders can include a variety of services, such as medication management, therapy, and case management, and are designed to ensure that individuals receive the necessary care to manage their mental health conditions effectively.

Central Access and Intake (CAI): The SCCMHA unit that provides eligibility screening of individuals seeking SCCMHA services as well as referring individuals to community resources.

Clinician (Mental Health): A mental health clinician is a professional who specializes in assessing, diagnosing, and treating individuals with mental health conditions using various therapeutic techniques to clients' emotional and psychological well-being of the persons served. Mental health clinicians in Michigan include psychiatrists (MDs and DOs), doctoral and master's level psychologists (LPs, LLPs) licensed social workers (LMSWs, LBSWs), nurse practitioners (NPs), licensed professional counselors (LPCs), and licensed marriage and family therapists.

Co-Occurring Disorders (CODs): Concurrent substance-related and mental disorders or other health conditions. These may interact with each other, affecting a person's symptoms and health outcomes. Use of the term carries no implication as to which disorder is primary and which secondary, which disorder occurred first, or whether one disorder caused the other. Research shows that treating these health issues at the same time rather than separately can make the treatments more effective and improve health outcomes.

County of Financial Responsibility (COFR): The County of Financial Responsibility (COFR) determines which county is financially responsible for providing mental health services to individuals, especially when they reside in one county but receive services in another. As defined in Section 1306 of the Mental Health Code, the county of financial responsibility is the county in which the individual maintained his or her primary place of residence at the time he or she entered 1 of the following: (a) A dependent living setting, (b) A boarding school or (c) A facility.

Court (Probate): A specialized court that handles matters related to the administration of estates, including the distribution of a deceased person's assets, guardianships, and conservatorships for individuals who are unable to manage their own affairs. The Probate Court handles cases involving the evaluation and care of individuals alleged to be in need of mental health services.

Court Order for Mental Health Treatment: A legally mandated specific period of involuntary mental health treatment that is a result of an inpatient admission or Kevin's Law assisted outpatient treatment. The person must be offered due process and legal counsel.

Crisis Intervention Service (CIS): SCCMHA's crisis intervention services provide help 24 hours a day, seven days a week. During regular business hours individuals can seek help from SCCMHA's 500 Hancock location in Saginaw and, after hours, at the Covenant Emergency Care Center (ECC) located at 900 Cooper in Saginaw.

Crisis Residential Unit (CRU): Crisis Residential Services are intended to provide a short-term alternative to inpatient psychiatric services for Individuals experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay.

Developmental Disability: The Michigan Mental Health Code defines developmental disability as a condition that is attributable to a mental or physical impairment or a combination of mental and physical impairments, is manifested before the individual is 22 years of age, is likely to continue indefinitely, and results in substantial functional limitations in three or more areas of major life activity such as self-care, language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. This definition applies to individuals from birth to age five with substantial developmental delays or specific congenital or acquired conditions with a high probability of resulting in developmental disability if services are not provided. (See also Intellectual Developmental Disability)

Evidence-Based Practices (EBPs): Treatment approaches that are grounded in the best available scientific research. These practices combine clinical expertise, patient values, and the latest research findings to ensure effective and personalized care for individuals. Examples include Cognitive Behavioral Therapy (CBT), which helps individuals change negative thought patterns; Dialectical Behavior Therapy (DBT), which is used for emotional regulation and interpersonal effectiveness; Motivational Interviewing (MI), a client-centered approach that enhances motivation to change by exploring and resolving ambivalence; and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) which is designed for children and adolescents who have experienced trauma and integrates trauma-sensitive interventions.

First Responder: An individual with specialized training who is among the first to arrive and provide assistance at an emergency scene. These professionals work to protect life, property, and the environment. Their prompt actions are fundamental to managing incidents and ensuring public safety. First responders include:

- Law enforcement personnel such as police officers, sheriff's deputies, and state troopers
- Fire and rescue services personnel
- Emergency Medical Services (EMS) personnel, including paramedics and Emergency Medical Technicians (EMTs)
- Emergency communications personnel, such as 911 dispatchers and public safety telecommunicators
- Others include emergency management personnel, search and rescue volunteers, hazardous materials specialists, and some public works employees

Guardian: A person with the legal authority to assume care of, and make decisions for, another individual. Typically, the courts appoint guardianship over a child or an Individual who is incapacitated. (See also Guardian ad Litem, Partial Guardian and Plenary Guardian below.)

Guardian ad Litem (GAL): An individual appointed by a court to act in a legal proceeding on behalf of a person who cannot represent themselves, such as a minor child or an adult deemed legally incompetent. The GAL's primary duty is to advocate for the "best interests" of the individual they represent for the duration of a specific court case. Their appointment ensures the welfare of a vulnerable person is independently considered by the court.

Clinical Certification: To obtain court-ordered involuntary hospitalization or treatment for a person with mental illness a legal document completed by a physician, Petition for Mental Health Treatment ([PCM 208](#)) must be completed (see below). A clinical certificate from a physician or fully licensed psychologist, based on an examination conducted within the last 72 hours, is required to initiate the process, ensuring evaluations reflect the individual's current condition. The clinical certificate certifies that the individual personally examined is mentally ill and a person requiring treatment. The first certificate can be executed by any physician or licensed psychologist and is good for up to 72 hours prior to hospitalization. The second certificate must be completed by a psychiatrist within 24 hours of hospitalization.

Hoarding Disorder (HD): Characterized by persistent difficulty in parting with possessions and engaging in excessive acquisition of items that are not needed or for which no space is available, HD results in severely cluttered living spaces, distress, and impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Intellectual Developmental Disability (IDD): A condition characterized by significant limitations in intellectual functioning and adaptive behavior, which affects a person's ability to learn, communicate, and manage daily activities. It typically manifests during childhood and can vary in severity, requiring varying levels of support throughout life. IDD is the term often used to describe situations in which intellectual disability and other disabilities are present (See also Developmental Disability)

Intoxication: A temporary condition resulting from the consumption of alcohol or drugs that significantly impairs mental and physical functions, affecting judgment, coordination, and behavior. It can vary in severity based on the substance used and the amount consumed. Severe intoxication is a potentially life-threatening condition that requires prompt recognition and appropriate intervention.

Involuntary Treatment: Michigan's approach to involuntary commitment is aimed at balancing individual rights with public safety. The state's legal framework specifies criteria and procedures for committing individuals who may pose a risk to themselves or others due to mental illness. In Michigan, the criteria for involuntary commitment are defined under the Mental Health Code (MCL 330.1401). A person must be diagnosed with a mental illness and pose a substantial risk of harm to themselves or others. This risk can be demonstrated by a recent act, a threat of harm, or an inability to attend to basic physical needs, creating significant danger. The law also considers whether the individual's judgment is so impaired that they cannot understand the need for treatment, with the expectation that without treatment, their condition will result in serious harm.

The process begins with a petition filed by any adult with knowledge of the individual's condition, supported by a clinical certificate from a physician or psychologist who has examined the person within the last 72 hours. The court reviews the petition and may order a second examination. If both evaluations support the need for commitment, a hearing is held. The court considers evidence, including testimony from mental health professionals, to determine if the legal criteria are satisfied.

Jail Diversion Program: A program that diverts individuals with serious mental illness (and often co-occurring substance disorders) or intellectual/developmental disability in contact with the justice system from custody and/or jail and provide linkages to community-based treatment and support services. The individual thus avoids or spends a significantly reduced time period in jail and/or lockups on the current charge. Depending on the point of contact with the justice system at which diversion occurs, the program may be either a pre-booking or post-booking diversion program (see below). Jail diversion programs are intended for individuals alleged to have committed misdemeanors or certain, usually non-violent, felonies and who voluntarily agree to participate in the diversion program.

Jail Health Services: Saginaw County's contracted medical and mental health services for individuals housed in the Saginaw County Jail. Medical and mental health services are provided within the jail or secured by jail health services staff.

MDHHS: The Michigan Department of Health and Human Services is a department of state of Michigan, headquartered in Lansing, which provides public assistance, child and family welfare services, and oversees health policy and management. Additionally, the MDHHS oversees Michigan's child and adult protective services, foster care, adoptions, juvenile justice, domestic violence, and child support programs. The MDHHS also licenses adult foster care, child day care, and child welfare facilities.

Medical Clearance: The process completed by medical staff in a hospital emergency department or medical floor validating a person is medically stable for admission to a behavioral health unit.

Medical Necessity: Determination that a specific service is medically (clinically) appropriate and necessary to meet an individual's treatment needs, consistent with the person's diagnosis, symptoms, and functional impairments and consistent with clinical Standards of Care.

Mental Health Code: The Michigan Mental Health Code is a law established in the 1970s that outlines how mental health services are provided in Michigan, detailing qualifications for services, payment methods, and care standards in both health systems and community settings. It consists of 13 chapters that guide the administration and delivery of mental health care. The Mental Health Code can be found online at <https://www.legislature.mi.gov/Laws/MCL?objectName=MCL-ACT-258-OF-1974>.

Mental Illness: The Michigan Mental Health Code defines mental illness as 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. This definition encompasses various conditions including mood disorder, anxiety disorders, and psychotic episodes, among others.

MMR: Mobile Medical Response, Inc. is an ambulance service that provides pre-hospital care and medical transportation using basic, advanced, and critical care ambulances, as well as wheelchair vans and accredited medical dispatch services to 17 counties in Michigan.

MRSS: SCCMHA's Mobile Response and Stabilization Services. This team provides mobile crisis responses to callers 24 hours a day, 365 days a year. Formerly known as Mobile Urgent Treatment Team (MUTT).

Partial Guardian: A person appointed by the court to make decisions for someone who is only partially incapacitated, meaning the individual can still make some decisions but needs assistance with others. The guardian's authority is limited to specific areas as determined by the court.

Person-First Language: A way of communicating that emphasizes the individual rather than their condition. This approach aims to reduce stigma and promote respect by recognizing that a person's identity is not solely defined by their disability or illness. Examples of person-first language include:

- Person with a substance use disorder (rather than "addict" or "junkie" or "alcoholic")
- Person with a mental health condition (rather than "mentally ill")
- Person with a disability (rather than "disabled")
- Person with a head injury (rather than "brain damaged")
- Person who has diabetes (rather than "a diabetic")

Petition for Mental Health Treatment: The [PCM 201](#) is a court form used to petition for mental health treatment for an individual who is believed to have a mental illness and to be in need of treatment. The form requires personal and clinical information, the basis for the petition, the requested treatment option, and the signature of the petitioner and attorney. A completed petition should include a report of observations or witness statements which are basis for the request, address information of all relevant relatives, and whether or not the person is a veteran.

Pickup Order: The Probate Court has the authority to order that a person be picked up by a peace officer and transported to a prescreening unit or hospital for evaluation under certain circumstances related to mental illness such as risk of self-harm, inability to meet basic needs, or impaired judgement.

Plenary Guardian: A plenary guardian is a person appointed by a court to make all decisions on behalf of someone who is deemed incapacitated, meaning they cannot make decisions about their personal or financial affairs. This type of guardianship removes the individual's legal rights to make those decisions themselves.

Post-booking Diversion Program: Diversion occurs after the individual has been booked and is in jail, out on bond, or in court for arraignment. Often located in local jails or arraignment courts, post-booking jail diversion programs staff work with stakeholders such as prosecutors, attorneys, community corrections, parole and probation officers, community-based mental health, and substance use disorder treatment providers and the courts to develop and implement a plan that will produce a disposition outside the jail. The individual is then linked to an appropriate array of community-based mental health and substance abuse treatment services.

Preadmission Unit: Service component of community mental health services program established under section 409 of the Michigan Mental Health Code.

Pre-booking Diversion Program: Diversion occurs at the point of the individual's contact with law enforcement officers before formal charges are brought and relies heavily on effective interactions between law enforcement officers and community mental health and substance abuse services. Most pre-booking programs are characterized by specialized training for law enforcement officers. Some model programs include a 24-hour crisis drop-off center with a no-refusal policy that is available to receive persons brought in by the law enforcement officers. The individual is then linked to an appropriate array of community-based mental health and substance abuse treatment services.

REMI (Regional Electronic Medical Information) System: REMI stands for the Regional Electronic Medical Information (REMI) system. REMI is the web-based managed care information system used by MSHN implemented on February 1, 2018. REMI replaced CareNet for collection of state and federal data elements, PIHP (pre-paid inpatient health plan) performance indicators, utilization management (authorization of services), and reimbursement.

Request for a Second Opinion Voluntary Admission Denial: If a request for voluntary admission to a mental health facility is denied, the hospital director must provide the reasons for the denial and refer the individual to appropriate community mental health services. Additionally, the individual has the right to request a second opinion regarding the denial, which must be addressed in a timely manner. A Second Opinion is completed by a licensed psychologist or psychiatrist arranged by the county of financial responsibility (see definition above).

Saginaw DHHS: The Saginaw County Department of Health and Human Services provides services including applications for childcare assistance; child welfare programs; food assistance programs, temporary cash assistance programs, Medicaid programs, and others.

Second Opinion: If a person requesting community mental health services has been denied mental health services, the person, their guardian if one has been appointed, or, if the person is a minor, their parent or parents may request a second opinion. The second opinion must be from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the community mental health services program must provide services to the applicant.

Specialty Courts: Specialty courts, also known as problem solving courts, aim to provide tailored support and rehabilitation programs to individuals facing unique circumstances. Specialty courts involve a collaborative effort in which judges, prosecutors, defense attorneys, law enforcement, probation agents, and treatment providers work together as a team in an effort to address underlying issues contributing to an individual's involvement in the justice system. Their purpose is to provide treatment and support for conditions like substance use disorders or mental health challenges, rather than relying solely on incarceration. Saginaw County's specialty courts include:

- **Saginaw County Mental Health Court (SCMHC):** Formed in a collaborative arrangement with the Saginaw County Mental Health Authority, Saginaw County Sheriff's Department, Saginaw County Prosecutor's Office, and Judicial branch, the court aims to address the needs of the participants with the goal is to reducing the number of times a participant comes in contact with the criminal justice or crisis treatment centers. The program targets individuals with serious mental illness, serious emotional disturbance, or developmental disability. Admission into the program is voluntary and a referral or request for review must be made before a participant can be considered.
- **Saginaw County Adult Drug Treatment Court:** Designed for adult felony offenders who have serious addiction issues and a record that makes them a high risk for re-offending, this court is staffed by a team of professionals (prosecutor, defense attorney, sheriff's department representative, probation agent, treatment supervisor, mental health representative, and case managers with law enforcement backgrounds) to provide services and require accountability for offenders in the program. The program links participants with treatment, while also providing close supervision that includes frequent drug testing, home visits, regular court appearances, and community service.
- **Saginaw County 70th District Structured Treatment And Recovery (STAR) Program:** Designed for individuals with a history of alcohol use and encounters with law enforcement, participants must meet specific requirements as they progress through several phases of the program including individual and group counseling, curfews, community service, weekly attendance at self-help meetings (e.g., Alcoholics Anonymous), regular contact with a case manager, frequent and random drug and alcohol testing, and random home visits. Defendants are required to serve a term of probation with intensive supervision for approximately 18 to 24 months, which may include residential SUD treatment for 90 to 180 days or longer.
- **Saginaw County Veterans Treatment Court:** Open to any veteran (with an honorable, or general under honorable, discharge who has served in the U.S. Armed Forces including the National Guard and Reserves) with a mental health or substance use issue related to their military service, which generally has contributed to their criminal conduct which brings him or her in front of the court. The program incorporates elements of drug and mental health support to help veterans resolve underlying issues that may have contributed to their arrest.

Subject of a Petition: The subject of a petition refers to an individual for whom a petition has been filed in court, typically asserting that the person requires treatment or is objecting to involuntary mental health treatment. This legal process often involves assessments to determine the individual's mental health needs and rights.

Substance Use Disorder (SUD): Substance use disorder is a medical condition characterized by an inability to control the use of a substance, such as alcohol or drugs, despite experiencing harmful consequences. It can range from mild to severe and is treatable with appropriate support and intervention.

Trauma-Informed Care: An approach to behavioral health care that shifts away from the view of "What's wrong with this person?" to a more holistic view of "What happened to this person?" This becomes the foundation on which to begin a healing recovery process. Employing a trauma-informed approach creates a place of safety and mutual respect where a person's whole history can be considered. This enables trauma survivors and providers to work together to find the best avenues for healing and wellness.

Voluntary Admission (Adult): An adult formal voluntary admission refers to the of a person who is found to be clinically suitable for admission, is in agreement, and accepts treatment. Adults sign a [DCH 0086 Formal Voluntary Admission Application – Adult](#).

Voluntary Admission (Minor): A minor may be admitted to a behavioral health inpatient unit voluntarily on the basis of a parent's or guardian's signature.

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