



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

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



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HEALTH AUTHORITY

Community Partners





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Introduction

- **John McColgan**

I'm John McColgan, Saginaw County Prosecutor. Today we are here to present information on Section 4 of the Michigan Mental Health Code, Civil Admissions and Discharge procedures for mental illness. We will address the process for obtaining treatment and the subsequent court supervision for “a person requiring treatment “



Michigan Mental Health Code

- Judge McGraw

MICHIGAN LEGISLATURE
Michigan Compiled Laws Complete Through
House: Adjourned until Tuesday, June 8, 2021
Senate: Adjourned until Tuesday, June 8, 2021

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Statute for

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974
Chapter 4

CIVIL ADMISSION AND DISCHARGE PROCEDURES: MENTAL ILLNESS

Type	Description
Division	GENERAL PROVISIONS (330.1400...330.1410)
Division	INFORMAL VOLUNTARY ADMISSION (330.1411...330.1412)
Division	FORMAL VOLUNTARY ADMISSION (INCLUDES ADMISSION OF MINORS THROUGH APPLICATION OF PARENT OR GUARDIAN) (330.1415...330.1422)
Division	ADMISSION BY MEDICAL CERTIFICATION (330.1423...330.1431)



Meeting Criteria for Civil Commitment

- Section 401 of the Mental Health Code establishes the legal definition and criteria for admission to a mental health unit.
- It is important to keep in mind it is based on legal definition, not medical necessity.
- The level of risk of immediate harm is an important factor in deciding if the individual meets the requirement for hospitalization or if out-patient treatment is the appropriate level of services.
- The changes to section 401 in recent years, are designed to promote earlier intervention and expand the use of assisted out-patient treatment, which will be addressed later in the presentation.



The Hospitalization Process

- Admission of minors is voluntary. It requires the signature of parent/guardian or loco parentis.
- If the parent/guardian can not get the youth to the prescreening site, a Petition and Order Regarding Transport of a Minor, form PCM 240/237, may be filed with the court.
- Individuals diagnosed with an I/DD diagnosis, must have Petition for Judicial Admission, form PCM 224a and Certification and Report, which requires signature of 2 physicians.
- An adult may be admitted by Adult Formal Voluntary Admission Application form DCH-0086.
- Involuntary admission per Civil commitment process.
- Saginaw CMH has 2 pamphlets used to inform the petitioner and the individual being petitioned for mental health treatment about the process.



*Guide for
the
Petitioner*



*A Citizen's Guide to
Involuntary
Hospitalization*



Role of the Guardian

- Amendments to the MMHC in 2018 gave the legal guardian of an Adult, the authority to consent to mental health treatment.
- A guardian with probate authority, may consent to a formal voluntary admission: if the ward objects or actively refuses mental health treatment, the guardian must proceed under the Mental Health Code.
- A guardian can not sign a person into an involuntary admission.



Facilitating an Admission

- Per the Mental Health Code: all Counties are to have a designated prescreening site with 24-hour access, a state-wide CMH responsibility.
- CMH staff complete a prescreen and facilitate admission for individuals who are non-insured or have Medicaid. A prescreening for individuals covered by Medicaid must begin within 3 hours of the request.
- “Treatment where found” is the concept that regardless of where the individual presents, the local CMH will contact the county of financial responsibility, conduct the prescreen and assist in the facilitation of the admission.
- The prescreening unit will establish the County of Financial Responsibility (COFR) by securing information on the individual’s physical residence as well as which county the individual’s Medicaid benefit is assigned to. The home county will be contacted to secure financial responsibility for the admission. A copy of the prescreen is faxed to the home county.
- Individuals may also be on an established COFR arrangement between counties.
- An individual covered by commercial insurance may be prescreened by CMH staff. No authorization for payment.
- When a youth is a temporary ward for placement or permanent ward of the state, payment is the responsibility of the county of residence where the youth resides.



Financial Obligation for Incarcerated Individuals

- When an individual is not insured or covered by Medicaid, is in the custody of a local jail and is appropriate for in-patient admission, responsibility for payment is established by MDHHS as follows:
- “If an individual is required to return to jail after receiving inpatient psychiatric care, that individual is still considered to be “in custody” and therefore the costs of the inpatient stay are the responsibility of the county jail. If the person is bonded out and they do not return them to the jail, the CMH will perform the pre-screen and determine if the individual has met medical necessity for the inpatient stay and the CMH would be responsible for the cost.”



Adult Formal Voluntary 18 years or older

- An individual, who is their own guardian or when their guardian is in agreement, may be admitted voluntarily
- If the guardian is not present, CMH prescreening staff will contact the guardian, obtain consent and put them in communication with the admitting unit.
- A prescreen and medical clearance, including blood alcohol level (ETOH) below .1 is completed. Admission is arranged prior to transport to the unit. The admitting unit may require the person arrive via emergency medical transport.
- Psychiatrist on the hospital unit signs within 24 hours, indicating that the individual is clinically suitable for a voluntary admission or the individual is discharged and referred to out patient.

Admission Date

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH ADULT FORMAL VOLUNTARY ADMISSION APPLICATION

TO: The Director Of _____
I, _____, wish to request formal voluntary admission to your hospital.
I understand the hospital may continue to hold me for a period of up to 3 days, excluding Sundays and holidays, after I give written notice of my intention to leave the hospital. The written notice shall be on a form which shall be given to me immediately when I request it or when I inform the hospital of my desire to leave.

I also understand that if I still wish to leave, and if the director of the hospital believes that pursuant to Chapter 4 of the Michigan Mental Health Code I still require hospital treatment, the director may, within those 3 days, file an application and necessary clinical certifications(s) with the probate court for my continued hospitalization and treatment. Under such circumstances, I will have to remain in the hospital pending the court hearing.

I understand the admission is temporary and that I will be discharged when, in the hospital director's opinion, I am no longer clinically suitable for inpatient treatment.

I agree to disclose such information as is required by law to determine my financial status and ability to pay for mental health services. I understand that, if the mental health services are to be publicly supported, a financial determination will be made subsequent to admission and that a notice of the determination and appeal procedure will be sent to me as required by law.

I have been informed as to whether the community mental health services program serving the county in which I live contracts with this hospital for inpatient care. If it does, I further understand that information concerning my admission and treatment will be shared with them if there is any expectation on my part and the hospital's that the community mental health services program will be expected to reimburse the hospital, in whole or in part, for the services I am provided.

Person to be admitted (adult applicant):

Name	County of Residence
Street address/PO Box	Date of Birth
City, State, Zip Code	Phone #
Guardian (applicant)	Patient Advocate designated in psychiatric advance directive (applicant)

Signature of Adult Applicant: _____ Date: _____
Signature of Guardian: _____ Date: _____
OR
Signature of Patient Advocate: _____ Date: _____

This legal form is approved for use by the State Department of Community Health and cannot be altered or abridged without formal approval.



Formal Voluntary

- If the individual signs a Voluntary Admission Application, then refuses to participate in treatment, or the individual gives written notice (may be held 72 hours) of intent to leave, the psychiatrist may begin the involuntary admission process.



Denial of Admission by CMH

- If the CMH prescreening unit denies the admission, the individual is entitled to a second opinion within 72 hours of the written request. (not including Sunday or holidays)
- The Second Opinion is completed by a Ph.D. Psychologist or Psychiatrist.
- If denial is supported, the individual is connected to out-patient services.
- If the denial is not supported, CMH facilitates the admission.



SAGINAW COUNTY
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Copy of Prescreen to be attached

Request for Second Opinion following Denial for Inpatient Admission

(To be completed within 72 hours excluding Sunday)

Client name: _____ Case: _____

Date and time of hospital denial: _____

CIS staff completing evaluation: _____

Date and time consumer requested second opinion: _____

Evaluation completed at: CMH Covenant St. Mary's

Other (specify other): _____

ECC/medical floor physician name: _____

Which labs completed: _____

Rational for denial of hospital admission: _____

Follow-up plan: _____

Date of second opinion: _____

Psychiatrist/Psychologist assigned: _____

Outcome: Disagree with CIS decision Agree with CIS decision

Psychiatrist/Psychologist signature: _____



Involuntary Admission

- Process begins with Petition for Mental Health Treatment form PCM 201
- MC97 is completed with Protected Health Information (PHI) and filed separately.
- Petition is completed in black ink
- No holes are to be punched in the original.
- Must be completed by an adult who has first hand knowledge of the individual's behavior .
- Item 4b. Witness statement is optional
- Risk of possible harm must be substantially supported.
- Original Petition and Certification accompany the individual to the admitting facility.
- Petitioner has the Right to request a Second Opinion if the petition is denied.

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

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR MENTAL HEALTH TREATMENT <input type="checkbox"/> AMENDED	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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 CRT	Date of birth Put DOB in Ref. No. row 1 on MC 97	Place of birth	Race	Sex
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1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
I believe the individual named above needs treatment.

2. The individual was born _____ has a permanent residence in _____
Put DOB in Ref. No. Date
row 1 on MC 97

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:

b. the following conduct and statements that others have seen or heard and have told me about:

by: _____
Witness name Complete address Telephone no.



Protective Custody and Order for Transport

- Undersheriff Mike Gomez
- Saginaw has a Local Transportation agreement that designates which Law Enforcement agency transports the individual.
- Old Standard “immediate risk of harm to self or others”
- New Standard “Substantial risk of harm due to impaired judgement”
- If a peace officer observes an individual conducting themselves in a manner that causes the peace officer to reasonably believe that the individual is a person requiring treatment, the officer may take the person into protective custody for transport to a preadmission screening unit. (section 427)



Clinical Certification PCM 208

- Dr. Ali Ibrahim

PCS CODE: CCT
TCS CODE: CCT

Approved, SCAO STATE OF MICHIGAN PROBATE COURT COUNTY OF	CLINICAL CERTIFICATE	FILE NO.
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In the matter of _____
First, middle, and last name

TO THE EXAMINER: 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 whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

- I am a psychiatrist. licensed psychologist. physician.
- I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
- I further certify that I, _____, personally examined Patient _____
at _____
Name and address where examination took place
on _____ date _____ starting at _____ time _____ and continuing for _____ minutes.

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.

- My determination is that the person is
 mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).
 not mentally ill.
- (if applicable) The person has
 convulsive disorder. alcoholism. other drug dependence.
 mental processes weakened by reason of advanced years.
 other (specify): _____
- My diagnosis is: _____
- Facts serving as the basis for my determination are: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only



Order for Examination/Transport PCM 209a

- Lt. Nathaniel Voelker

Approved: SCAG
STATE OF MICHIGAN
PROBATE COURT
KENT COUNTY

ORDER FOR
EXAMINATION/TRANSPORT

FILE NO. _____

PCB CODE: DET
TCB CODE: 0e1

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

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

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 limited life assessment because the individual presents a substantial risk of significant physical or mental harm to himself/herself or the law enforcement 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 to be taken into protective custody and transported to the designated prearresting unit or hospital.

IT IS ORDERED:

6. The individual be examined by a psychiatrist, psychiatrist and a physician or licensed psychologist, at _____
Prearresting 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.

7. This individual shall be hospitalized. If the examination(s) and clinical certificate(s) are not completed within 24 hours after hospitalization, the individual shall be released.

8. A peace officer shall take the individual into protective custody and transport him/her to the designated prearresting unit or hospital. If the order is not executed by _____, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.

9. A peace officer shall take the individual into protective custody and transport him/her to the designated prearresting 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 executed within the prescribed time period.

10. The request to take the individual into protective custody for transport is denied.

Date: _____ Judge: _____ Bar No. _____

Do not write below this line - For court use only



Petition and Order for Transport Filed with the Court

- An individual must meet the requirement for “person requiring treatment”
- Criteria expanded to include “Capacity”
 - A. Risk of harm to self or others
 - B. Not meeting basic needs
 - C. Judgment so impaired by the mental illness, that the person is unable to understand their need for treatment.
- Petition for Mental Health Treatment and Order for Transport are both signed by the petitioner.
- Prescreen completed by CMH staff and admission to hospital unit is arranged.
- Petition for Mental Health Treatment, form PCM 201 and Order for Transport, form PCM 209a is signed by the judge, filed by Probate Court and returned to CMH
- CMH Crisis Services receives a “filed” copy.
- Documents are then delivered to Law Enforcement.
- The order is valid for 10 days.



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

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

Consumer Name: _____

Address: _____

Pick up Address: _____

Date/Time Completed: _____

Police Department: _____

This client needs to be transported to: _____

Staff at: _____ that approved admission: _____

ctions:

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

Legal Documents Needed for Transport & Admission: _____

Other Cautions for the Police: _____

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



Police Pick Up Orders

- Officer Jordan Bady

Order for Examination/Transport (2/19)

File No. _____
Name _____

REPORT OF NON-EXECUTION

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

Date _____

Name _____

Law enforcement agency _____

Telephone no. _____

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.

WITHIN 5 DAYS FROM THE DATE OF EXPIRATION OF THE ORDER PLEASE RETURN THE REPORT OF NON-EXECUTION TO:

KENT COUNTY PROBATE COURT
MENTAL HEALTH DIVISION
180 OTTAWA NW STE 2500
GRAND RAPIDS MI 49503

OR YOU CAN EMAIL IT TO:

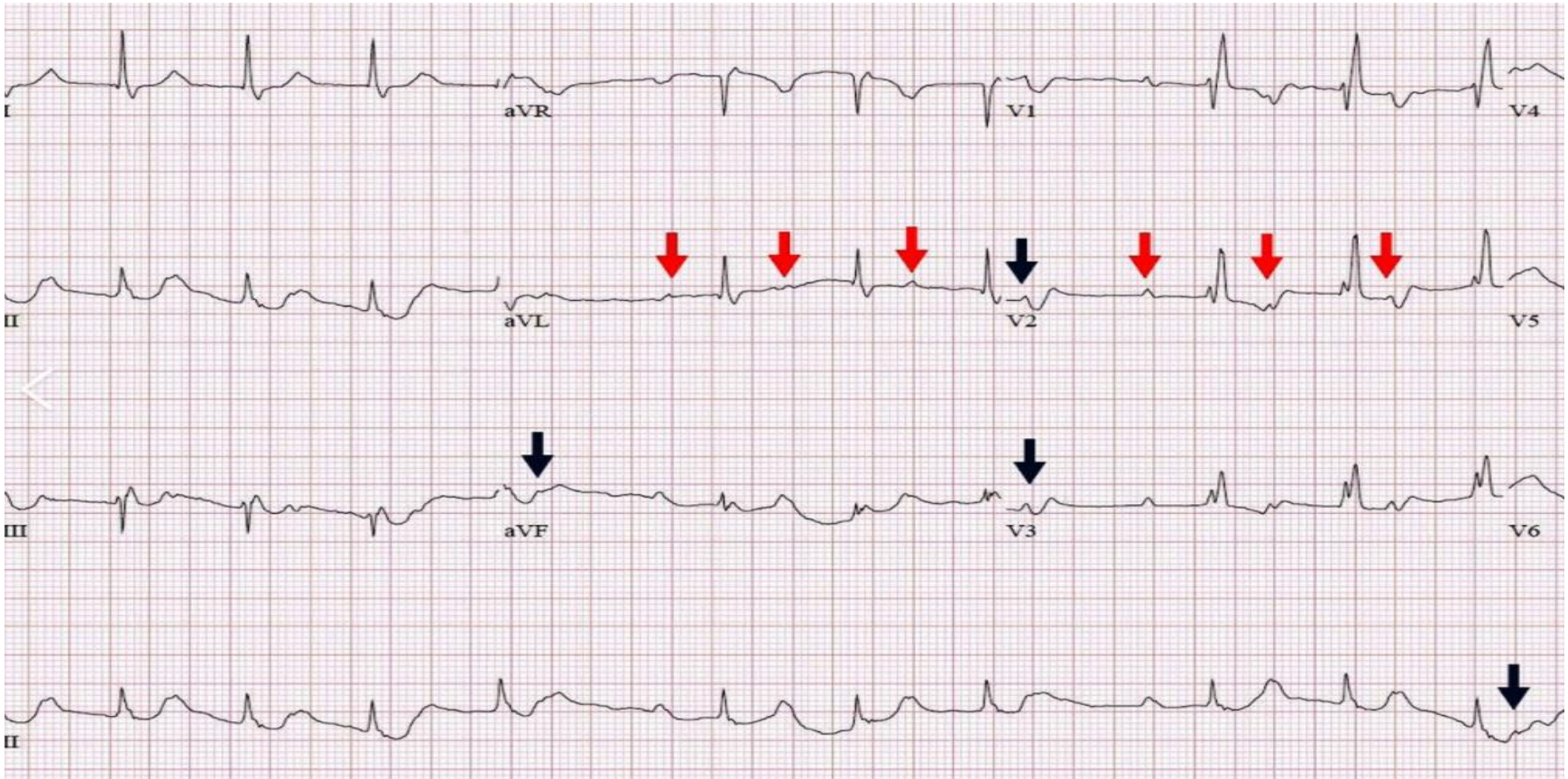
MENTALHEALTHDIVISION@KENTCOUNTYMI.GOV

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE COURT AT 616-632-5425



Medical Clearance

- Dr. Matthew Deibel





Clinical Certification PCM 208

- Completing the Clinical Certification, form PCM 208
- Completed in black ink
- No punched holes in form.
- First Certification completed by Psychologist, Physician or Psychiatrist.
- Paragraph on form, must be read to the individual by the examiner to inform them of the purpose of the interview.
- Does the person have a mental illness? Does the person require treatment? The person may have a mental illness and requires in-patient admission OR the person may have a mental illness and out-patient treatment is the appropriate level of service.
- A Clinical Certification is valid for 72 hours.
- Second Clinical Certification must be completed within 24 hours of admission to a mental health unit.
- There are 10 items on the Clinical Certification that need to be completed.

PCS CODE: OCT
TCS CODE: OCT

Approved, SCAO STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	CLINICAL CERTIFICATE	FILE NO. _____
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In the matter of _____
First, middle, and last name

TO THE EXAMINER: 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 whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

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

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.

4. My determination is that the person is
 mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).
 not mentally ill.

5. (if applicable) The person has
 convulsive disorder. alcoholism. other drug dependence.
 mental processes weakened by reason of advanced years.
 other (specify): _____

6. My diagnosis is: _____

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

(SEE SECOND PAGE)

Do not write below this line - For court use only



Positive and Negative Certification

- Item 4 on the clinical certification, concludes that the person has a diagnosable mental illness or is not mentally ill. When the physician completes item 9 on the Clinical Certification, it can be concluded that the individual is or is not a person requiring treatment. If the physician indicates the person is not someone requiring treatment, that is considered a NEGATIVE certification. A person can be determined to be a person with a mental illness on item 4 and then on item 9, the conclusion is that they are not a person requiring treatment. This would also be a NEGATIVE certification.
- An individual must have two POSITIVE certifications to be admitted involuntarily to a psychiatric unit.
- A POSITIVE clinical certification is also necessary when a Petition for a Second or Continuing Order is filed with the Probate court.



Verifying Legal Status

- During the prescreening process, CMH staff attempts to determine if the individual is currently under the court's supervision.
- Legal status is communicated to the accepting psychiatric unit to ensure they have the proper legal documents (Demand or Noncompliance) filed in a timely manner.
- If the admission occurs on an evening , weekend or holiday, a Petition for Mental Health Treatment and Clinical Certification are completed and accompany the individual to the unit.
- The appropriate legal documents are completed and filed the next business day.



When the Individual Arrives at the Unit

- The individual is interviewed by a psychiatrist and the Second Clinical Certification is completed within 24 hours.
- The individual will also be offered the opportunity to sign a Formal Voluntary Admission Application form DCH-0086. The psychiatrist must also sign verifying the individual is Clinically Suitable for a voluntary admission. If the person signs a voluntary application, a copy of the Formal Voluntary is provided to Probate Court and CMH.
- A hearing on the petition must be scheduled within 7 days.
- The court appoints an attorney and notifies the hospital, Prosecutor's Office and Attorney for the individual.
- A Deferral Conference is scheduled within 72 hours
- The individual has a right to an independent clinical examination and a right to a trial by jury.
- The individual receives a copy of the Petition and both Certs.



Documents for Involuntary Admission filed with the Probate Court

- When an initial petition and 2 certs are received from the hospital, the case is scheduled for a hearing.
- An order appointing attorney for the individual is prepared.
- An Alternative Treatment Plan information form is completed with the individual and petitioners information and is sent to CMH to be completed and returned to the court prior to the hearing.
- A Demand for Hearing follows the same procedure as a petition and cert.
- Non-Compliance documents are sent to the Court by CMH, stamped and returned, but no hearing is required as the individual is on an existing order.
- A police pickup order is sent to the Probate Court by CMH and requires the same procedure to be set up as a petition with certifications and a Demand for Hearing. If the individual is not picked up in 10 days from the time the Judge signs the pickup order, the Petition is dismissed.
- Petitions for persons living out of county are forwarded to the home county of residence by the hospital.



Letter of Discharge

- If the individual is discharged prior to the deferral conference or scheduled hearing due to medical (or other) reasons, the hospital sends a discharge letter to the Probate court and provides copies to the CMH and Prosecutor's Office.



Role of CMH Court Liaison

- Alternative Treatment Plan information form is sent by court to CMH court liaison, with the name of the individual and information on the hearing date and time, petitioner, attorney's name and location of the individual
- The ATP generates the Order and Report on alternative mental health treatment, form PCM 216 and is completed by CMH staff to include all treatment and housing information.
- The Order and Report on Alternative Mental Health Treatment, form PCM 216, the Notice of Hearing, form PCM 212, Notice of Hearing, form PC 562 and two Proof of Services, form PCM 564, are completed by court liaison and sent to attorney, Probate court, Prosecutor and testifying physician. PCM 212, PC 562 and one PC 564 are sent to the Petitioner. All documents are sent to the hospital when the individual is admitted to a unit.
- If the individual is presently in the community, the individual receives the PCM 212, PC562 and PC 564-Consumer Only and a Notice of Hearing Letter which are sent by the court liaison.
- If the individual is in the community, PCM 212, PC 562, and PC 564 all are sent to the Petitioner and the testifying Psychiatrist. The entire packet of documents is faxed to Probate Court, Prosecutor and Attorney representing the individual.
- When Judge is unable to complete a hearing in the allotted hearing time or Psychiatrist/Psychologist will not be available on the day of hearing, form MC 309, Order for Adjournment is completed and sent to the court. It is then sent to all concerned parties.
- Subsequently, a copy of the Request to Defer OR Order for Mental Health Treatment is entered into the CMH electronic record and all copies of the court documents are scanned into consumer chart under their court order.



Role of Probate Staff in Involuntary

- Once documents are received, the case is set up for hearing.
- Order appointing attorney is issued
- Alternative Treatment Plan information form is completed with individual's information and sent to CMH to be completed and returned to court prior to hearing.
- Demand for Hearing date is scheduled by the court.
- Non Compliance documents are stamped and sent back to CMH staff.
- A police pick up is filed and ATP is completed.

PCS CODE: RTD
TCS CODE: RDHC

Approved: SCAO STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	REQUEST TO DEFER HEARING ON COMMITMENT	FILE NO. _____
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In the matter of _____
First, middle, and last name

PLEASE PRINT OR TYPE CLEARLY

1. I state that I have met with my legal counsel, a representative from the county community mental health program, and a member of the treatment team assigned to provide treatment. I agree to one of the following:

a. Inpatient hospital treatment not to exceed 60 days.

b. Outpatient treatment not to exceed 180 days.

c. Combined hospitalization and outpatient treatment up to 180 days with hospitalization not to exceed 60 days.

2. The treatment program will be as follows:

Hospitalization: _____

Outpatient treatment under the supervision of: _____

3. I request that the court hearing be deferred for not longer than 60 days from today if I have chosen to remain hospitalized, or 180 days from today if I have chosen outpatient treatment or a combination of hospitalization and outpatient treatment.

4. I understand that I may refuse this treatment at any time during this deferral period and demand a court hearing.

Date

Patient's signature

Witness/Legal counsel

Bar no.

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



Deferral Conference

- In accordance with the Mental Health Code, the individual will be appointed legal counsel and meet with the attorney to discuss the process for deferring appearance at the hearing.
- Within 72 hours of involuntary admission, the psych hospital will schedule a deferral conference . The assigned attorney will meet with the individual prior to the conference.
- The hospital is required to give notice to the relevant interested parties.
- Participants in the deferral conference include the individual, their attorney, a representative of the treatment team and a representative of the local CMH. The individual may also request an advocate or other person including the Office of Recipient Rights, if desired.
- The proposed treatment in the community should be explained to the individual.
- The attorney explains the nature and possible consequences of commitment procedures. The court order will be a public document.
- The person signs A Request to Defer, form PCM 235 and will be under the court's supervision for 180 days.
- Box 5. is checked to allow a peace officer to take the person into protective custody if they are not complying
- A deferral may be offered to the person up until the time of hearing.
- The Request to Defer must identify the provider of the AOT and the hospital must arrange the transfer of services.



When the Court Receives a Request to Defer

- When the Deferral Conference is completed, the Attorney notifies the probate court as to the status of the Deferral. The Probate court sends notice of whether or not the individual signed a Request to Defer to CMH and the Prosecutor's Office.
- The Court then removes the case from the docket.
- The Order and Report on Alternative Treatment, form PCM 216, once completed, is sent to Probate Court .
- During the admission process or hospital stay, if the individual refuses to comply with treatment, the hospital staff may file a Demand for Hearing and a hearing will be scheduled.



When the Individual is in the Community

- When the individual is in the community and the CMH treatment team files a petition for a Second Mental Health treatment order, form PCM 218, Petition for Continuing Treatment order, form PCM 218a or an Alternative Outpatient Treatment Order(AOT) Kevin's Law, the Notice of Hearing and Advice of Rights, PCM 212, Notice of Hearing, PC562 , Proof of Service, PC564 and Notice of Hearing Letter is sent by the CMH court liaison to the individual, advising them of the date, time and location of the hearing.



Stipulating to the Order

- When meeting with the court appointed attorney, prior to the hearing for an initial order or prior to the hearing for a second or continuing order, the individual can “stipulate to the order” and waive their appearance at the hearing. The document is presented to the individual by the attorney for signature. The attorney then notifies the court of their client’s decision. The Judge signs the order, the order is entered into the court record and no hearing occurs.



Order and Report on Alternative Mental Health Treatment PCM 216

- ATO, form PCM216, must be completed by a member of the treatment team and filed with the probate court prior to the hearing.
- This document is important because it outlines for the individual, Judge and treatment team what alternative treatment is designated
- The PCM 216 may be amended and submitted to the court if additional services are needed or a change in level of services or housing are necessary .

Approved, SCAO PCS CODE: ORARAT
TCS CODE: ORARAT

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ORDER AND REPORT ON ALTERNATIVE MENTAL HEALTH TREATMENT	FILE NO. _____
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In the matter of _____
First, middle, and last name

ORDER

IT IS ORDERED that _____ shall prepare a report assessing the current
Name (type or print) availability and appropriateness of alternatives to hospitalization for the individual named above including alternatives available following an initial period of court-ordered hospitalization.

The report shall be made to the court before the hearing on _____ for
date and time of hearing

Petition for 60-day order, discharge, etc. _____

Date _____ Judge _____ Bar no. _____

REPORT ON EVALUATION OF HOSPITAL TREATMENT AND/OR ALTERNATIVE PROGRAMS

1. I, _____, as _____, report as follows.
Name, Profession, organization, and position

2. I have reviewed, as to their availability in or near the individual's home community, treatment resources alternative to hospitalization and report as follows: (If practical, give name of agency, program, etc.)

a. Independent mental health professional: _____

b. Community mental health day treatment, aftercare service, work activity, or other program: _____

c. Substance abuse, rehabilitation service, or similar program of public or private agency: _____

d. Other: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only



At the Hearing

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



Outcome of the Hearing

- The Probate Judge may dismiss the case.
- The Individual may have Stipulated to the order and waived their attendance at the hearing .
- The Judge may also decide, that from the testimony given and the Court's own observation, the court finds by clear and convincing evidence that the individual is a person entitled to treatment as defined by Section 401 of the Michigan Mental Health Code and does have a mental illness.
- By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness,
- a. and as a result of that mental illness, can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others and has engaged in acts or made significant threats that are substantially supportive of this expectation.
- b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future and has demonstrated that inability by failing to attend to those basic physical needs.
- c. whose judgement is so impaired by that mental illness and whose lack of understanding of the need for treatment has caused them to demonstrate an unwillingness to voluntarily participate 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.



Outcome of the Hearing

- The order is completed by the Prosecuting attorney including the item checked that allows law enforcement to transport the individual in the event of need for readmission.
- Box 16 on the Initial Order OR Box 17 on the Second or Continuing Order must be checked to allow a peace officer to take into Protective custody and transport the individual to prescreening site if they are non-compliant.
- Judge signs the order.
- Orders are entered into the court record and sent to CMH, the hospital and Prosecutor's office by the Probate Court.
- *To further support the finding and the basis for orders requiring treatment in an unpublished opinion, the court of appeals found that the doctors testimony clearing established the respondent was at a substantial risk of mental harm....medication...untreated schizophrenia...drug abuse and suicide.*
- *In another unpublished opinion, the court of appeals held that acts that occurred two years prior to a current hospitalization, supported a finding that the person required treatment observing that there was no.... involuntary hospitalization.*



Types of Orders

- 180 day Deferral PCM 235
- 60 day Hospital Only
- 60/180 Combined Initial Order PCM214
- 180 AOT Kevin's Law PCM 214
- 90 Day Second Order PCM 218
- 1 year Hospital Only
- 1 year combined PCM 218a



Individual on NGRI Status in the Community on ALS

- Individuals on NGRI status are on a One year hospital only order
- The individual may be on Authorized leave status with a community placement.
- A CMH Case manager works directly with the NGRI committee. Documents and reports are completed at prescribed intervals, filed with the court and provided to the NGRI committee.
- If the individual does not comply with the provisions of the Authorized Leave Status or needs to be readmitted, the State hospital facility and the NGRI committee are contacted immediately.
- The Authorized Leave Status may be revoked and the individual is returned to the State facility for treatment.
- The individual may also be admitted involuntarily to an acute psychiatric facility until arrangements are made by CMH for the return to a state facility.
- It should be noted that significant changes to the NGRI process will become effective August 1, 2021. These changes include Hospital Only Orders being replaced by Assisted Outpatient Orders if the person continues to meet the criteria for a person requiring treatment. Authorized Leave Status contracts will be phased out and replaced with Individual Plans of Service with utilization of risk mitigation strategies for identified areas of risk.
- A Forensic Psychiatrist will be assigned to each state hospital to help coordinate and advise teams on the NGRI process.
- A new review process will begin for NGRI patients denied by the NGRI Committee for discharge or leave of absence.
- NGRI Handbook: Center for Forensic Psychiatry Informational guide for consumers .



Petition and Order to Change Venue PC 608

- Treatment must be arranged in the county where the person will be residing
- The person must have housing in the county where they will be residing.
- The Probate court in the county where the person will be residing must accept the filing of Change of Venue .

Approved, SCAO JIS CODE: MCV

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION AND ORDER TO CHANGE VENUE	FILE NO.
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In the matter of _____

PETITION

1. I am interested in this matter as _____.

2. A change of venue is necessary for:
 the convenience of the parties and witnesses
 the convenience of counsel
 an impartial trial
 because: _____

3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

4. I request that the venue of this matter be changed to _____ County, Michigan.

Attorney signature _____	Date _____	Petitioner signature _____
Attorney name (type or print) _____ Bar no. _____	Name (type or print) _____	Address _____
Address _____	City, state, zip _____ Telephone no. _____	City, state, zip _____ Telephone no. _____

ORDER

IT IS ORDERED:

5. The venue of the above matter is changed to _____ County, Michigan.

6. The petition for change of venue is denied because: _____

Date _____	Judge _____	Bar no. _____
------------	-------------	---------------

Do not write below this line - For court use only



Monitoring an Order

- CMH or another designated agency may be providing the treatment services. Treatment services and housing are outlined on the Order and Report on Alternative Mental Health Treatment, PCM 216
- A 1 year order requires that the treatment team complete a 6 month review report, form PCM 226. Petition for Discharge from Continuing Treatment, form PCM 220 is also presented to the individual. The individual may request a hearing or agree to continue. The forms are filed with the court.
- If an individual is on a 60/180 day deferral and is not admitted during the 180 days, the deferral expires and the individual is no longer under the court's supervision.



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Approved, SCAO

PCS CODE: SRR
TCS CODE: SMRR

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SIX-MONTH REVIEW REPORT	FILE NO.
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In the matter of _____
First, middle, and last name

1. The individual presently resides at
 own home or with relatives
 a facility
 a hospital
 a private facility

 and the address is _____.

2. The individual was placed on authorized leave on _____ and continues on leave status.

3. By order of this court dated _____ the individual was placed in a
 a. one-year assisted outpatient treatment program.
 b. one-year combined treatment program.
 c. one-year continuing hospitalization program.
 d. facility as a judicial admission.

4. 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.

5. I believe the individual has an intellectual disability and
 a. can be reasonably expected in the near future to intentionally or unintentionally seriously physically injure self or another person and has overtly acted in a manner substantially supportive of that expectation.
 b. has been arrested and charged with an offense that was a result of the intellectual disability.

(SEE SECOND PAGE)

Do not write below this line - For court use only

PCS CODE: DIP
TCS CODE: DIP

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR DISCHARGE FROM CONTINUING MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of _____
First, middle, and last name

1. I, _____, state that the individual is subject to a one-year order
 Name (type or print)
 of involuntary mental health treatment and I am
 the executive director of the community mental health services program for the county of residence of the individual.
 hospitalized in _____
 Name of hospital
 under a one-year assisted outpatient or a one-year combined treatment order under the supervision of
 _____.

2. I object to the conclusion(s) in the periodic review report of _____
 Name of patient/resident
 dated _____ and filed with this court. The individual named in that report is not
 a person requiring continuing involuntary mental health treatment and should be discharged from the program.

3. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition, except as follows:

4. I REQUEST that the court set a hearing and order a discharge.

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

Date Signature of petitioner

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



When an Individual is not Adhering to AOT

- In non-emergency situations, if the CMH or provider agency becomes aware the individual is not adhering to the prescribed alternative treatment, the individual should be notified by telephone or mail and encouraged to comply and informed of the possible consequence.
- If the individual does not reply or the situation presents a risk to the individual or others, steps are taken to begin the readmission process.
- When the CMH determines that the individual is not adhering to alternative treatment, a Demand for Hearing or Non-Compliance Order is filed with the court. Once the legal documents are filed, the individual is to be admitted to psychiatric inpatient care. A physician who is consulted as part of the intake and admission process must abide by the Judge's decision that the individual is non-compliant with alternative treatment. The individual is to be admitted and evaluated to determine suitability for admission.



Readmission While Under the Court's Supervision

- When an individual is on 60/180 day Deferral, a Demand for Hearing, form PCM 236, is completed up to 7 days before the expiration of the Deferral.
- Individuals on Initial 60/180, Second Order or 1 year Combined Continuing Order, may have a Non-compliance Order completed up to 14 days prior to the expiration of the order.



Demand for Hearing

PCS CODE: DFH
TCS CODE: DFH

Approved, SCAO		
STATE OF MICHIGAN PROBATE COURT COUNTY OF	DEMAND FOR HEARING	FILE 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 s/he continues to require treatment, but s/he refuses to sign a voluntary treatment form, and I demand a court hearing.

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

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

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

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

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

6. The individual is located at _____

Date _____ Signature _____

Name (type or print) _____

Address _____

City, state, zip _____

(Complete only if item 5 is checked.) ORDER

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

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

Signature _____

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

Do not write below this line - For court use only



Non-Compliance

- When it is determined appropriate for an individual to be admitted to a psych unit while under the court's supervision, legal documents must be completed and filed with the court. In Saginaw County CMH staff complete the documents and secure an admission to a unit.
- For individuals with an active treatment team, a Letter of non-compliance is signed by the treating psychiatrist, Order to Modify PCM 217a and PCM 209- Order for Examination/Transport are completed and filed.
- When the individual does not have a treating Psychiatrist to provide a letter of non-compliance, then an Order to Modify Order for AOT or combined hospitalization and AOT, form PCM 217a Notification of Noncompliance, form PCM 230, Order for Report after Notification and Report, form PCM 231, are completed and filed with the court
- An Affidavit may also be completed and submitted to the court by the treatment staff documenting the specifics of the noncompliance.
- The individual may be transported by law enforcement per box checked on the order or Order for Transport/Exam. Medical clearance is then completed. No clinical certification is needed.
- The individual may be hospitalized for a period not to exceed the remaining hospital days on the order (hospital days can not exceed calendar days left on the order).



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

NAME _____

FILE # _____

DATE OF BIRTH _____

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

Expiration date of the order: _____

Number of hospital days remaining: _____ Admitted to: _____

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

Non-compliant with mental health treatment

Non-compliant with psychotropic medication

Present danger to self by threats or action

Acts or threats of danger to others

Actively psychotic, delusional or disoriented

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

Other: _____

Signature of Psychiatrist

Date

Printed name

Agency represented

Telephone number

Attached copy of PCM 214 (60/90)

Attached copy PCM 219 (90/1yr)



Readmission

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



Continuing Orders in the Community

- When the individual is currently on an Initial Order for Mental Health Treatment and the treatment team believes it is appropriate for the person to continue under the court's supervision, a Petition for Second, form PCM 218 or Continuing Mental Health Treatment Order, form PCM 218a is completed.
- When the person is currently on a Second Order, it is a 90 day order PCM 218 and the treatment team believes it is appropriate for the individual to remain under the court's supervision, a petition for a Continuing Mental Health Treatment, form PCM 218a is completed.
- When the person is currently on a Continuing Order -1 year order/combined order, a petition for a Continuing Mental Health Treatment Order, form 218a is completed.
- A person on 1 year hospital only order would be currently admitted to a long term facility. A Petition for a Continuing Mental Health Treatment Order would be completed to allow continued admission to the facility.
- When the individual is currently on a 1 year Hospital Only order with NGRI status and is on Authorized leave status in the community, it is important to adhere to the guidelines outlined by the NGRI Committee.
- A Demand can be done up to 7 days prior to the expiration of the 180 day Deferral.
- When a person is on an existing order and the treatment team feels the person would benefit from remaining under the court's supervision, a Petition for Second or Continuing order, accompanied by a Clinical Certification, must be completed and filed with the court 14 days prior to the expiration of the order.



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Approved, SCAO

PCS CODE: OFN
TCS CODE: OFN

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

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

- Date of hearing (if one): _____ Judge: _____ Bar no. _____
- This court issued an order on _____ Date _____ directing the individual named above to undergo a program of _____ assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
- 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.
- THE COURT FINDS:**

IT IS ORDERED:

5. 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
6. 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.
7. 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:

Date

Judge

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 certify that this notice was personally served on the above individual on _____ Date _____ at _____ Time _____
and a copy mailed to the _____ 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

Do not write below this line - For court use only



AOT Kevin's Law

- Criteria for seeking an AOT Order:
- An individual who has a diagnosed mental health condition, whose judgement is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused them to demonstrate an unwillingness to voluntarily participate or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent relapse or harmful deterioration of their condition, and present a substantial risk of significant physical or mental harm to the individual or others MCL 330.140
- AOT only (or a combined order) is available if the individual meets 401 a. b. or c. “a person requiring treatment”.



Kevin's Law AOT

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



AOT

- A treatment plan that is supervised by the psychiatrist must be completed in 30 days and submitted to the court within 3 days of completion.
- The Court will appoint an attorney to represent the individual.
- The individual has the right to be present at the hearing.
- The individual may stipulate to the order and waive the hearing.



AOT

- At the hearing, if the court finds by clear and convincing evidence, that the individual requires treatment, the court may order a combined order for hospitalization and out patient or Assisted Outpatient Treatment only .
- The court may order the individual to receive an AOT for up to 180 days provided by the CMH or other entity.
- The treatment plan must take into consideration the individuals preferences and prior experiences.
- If the Court Order conflicts with an existing advance directive, an independent psychiatrist must review the matter.



AOT Includes

- The array of services specified in the order may include Substance Use Disorder treatment.
- Inpatient admission is possible while on an AOT. An Order after Notice of Non-Compliance with Assisted Outpatient Treatment or combined order, form PCM 244, is completed and filed.
- No Continuing order is permitted, a new AOT is needed .



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Wrap Up

- This concludes our presentation on Civil Admission and Discharge Procedures for individuals with mental health conditions.



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Presenters

- Judge Patrick J. McGraw , Saginaw Probate Court
- John McColgan Saginaw County Prosecutor
- Ali Ibrahim M.D. Medical Director SCCMHA
- Matthew Deibel M.D. Medical Director Covenant Emergency Care Center
- Nikita Roy, M.D. Child and Adolescent Psychiatrist CMU Partners
- Saginaw County Undersheriff Miguel (Mike) Gomez
- Lt. Nathaniel Voelker Watch Commander Saginaw City Police
- Officer Jordan Bady, Community Police Officer, Saginaw City Police
- Latica Cirilo, Chief Register, Saginaw County Probate Court.
- Beth Miller, Deputy Register, Saginaw County Probate Court
- Vurlia Wheeler SCCMHA Care Management
- Eddie Robinson III SCCMHA Covenant site supervisor, Crisis Intervention
- Nancy Johnson SCCMHA Crisis Intervention Services



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Contributors and Resources

- Kevin's Law Update Milton L. Mack Jr. Michigan State Court Administrator Emeritus
- Michigan Department of Health and Human Services 9/29/2020
Memorandum: Incarcerated Individual Needs for Inpatient Psychiatric Care
- Beverly K. Sobolewski Community Rights Specialist MDHHS Lansing, MI
- The Updated Path of Kevin's Law, State Court Administrators Office (SCAO) March 2019
- Admission Process for Adults: Interaction between CMH Crisis, admitting hospital and the Saginaw Probate Court 9/2020
- NGRI Handbook, Center for Forensic Psychiatry State of Michigan Department of Health and Human Services, July 2021



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Funding Thanks and Information on this Production and Related Materials

- The production of this video is supported by funds from Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, through the Michigan Department of Health and Human Services
- For more information about this video and related training materials contact: Nancy Johnson, Supervisor SCCMHA Crisis Intervention Services at njohnson@sccmha.org



Glossary

- ALS Authorized Leave Status
- ATP Alternative Treatment Plan
- AOT Assisted Outpatient Order
- CMH Community Mental Health
- ETOH Medical abbreviation for Ethanol. Blood alcohol level.
- I/DD Intellectual/Developmental Disability
- MDHHS Michigan Dept. of Health and Human Services
- MC (MC97) Michigan Court
- MMHC Michigan Mental Health Code
- NGRI Not Guilty by Reason of Insanity
- PCM Probate Court Michigan
- PHI Protected Health Information.
- Probate Court Saginaw 70th District Court
- SCAO State Court Administrators Office
- SCCMHA Saginaw County Community Mental Health Authority
- SUD Substance Use Disorder.



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Main Facility

500 Hancock, Saginaw, Michigan 48602

Phone: (989) 797-3400

Toll Free: 1-800-258-8678

Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732

Toll Free: 1-800-233-0022

www.sccmha.org

