

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

<b>Chapter: 4</b>	<b>Care and Treatment Services</b>		
<b>Section: 12</b>	<b>Residential Services</b>		
<b>Topic: 7</b>	<b>Responsibilities Regarding Working with Persons Hospitalized in State Facilities</b>		
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**Policy**

It is the policy of the Bay-Arenac Behavioral Health (BABH) that procedures for working with persons hospitalized in State facilities be established.

**Purpose**

This policy and procedure ~~was~~<sup>was</sup> developed to describe the responsibilities of the BABHA staff member in regards to working with persons hospitalized in state facilities.

**Education Applies to**

- All BABH Staff
- Selected BABH Staff, as follows: BABH Residential Liaison, All Clinical and Clinical Management
- All Contracted Providers:  Policy Only     Policy and Procedure
- Selected Contracted Providers, as follows: Primary Care/Outpatient  
 Policy Only     Policy and Procedure
- Other:

**Definitions**

Not Guilty by Reason of Insanity (NGRI) - The person is adjudicated NGRI by the criminal court due to diminished mental status at the time the crime was committed.

Partial Leave of Absence (PLOA) - A PLOA is a pass from the hospital for part of the day, less than twenty-four hours.

Leave of Absence (LOA) - A leave of absence is a pass from the hospital for twenty-four hours or more.

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~~Authorized Leave Status (ALS) – An ALS status contract is completed by the hospital and outlines the requirements for community placement from the hospital for NGRI persons.~~  
Risk Mitigation Strategies – Strategies developed by hospital and BABH Residential Liaison, and approved by NGRI committee, to outline frequency of services and level of care needed for successful community placement.

CSS- Client Services Specialist. CSS provides case management and/or supports coordination services.

Incompetent to Stand Trial (IST)

**Procedure for Adults in State Facilities**

Caro Center: The Residential Liaison will do the following.

1. Upon admission, provide the hospital with information regarding relevant history, treatment needs, previous responses to community treatment and availability of alternative community resources to be used in developing treatment plans and discharge plans.
2. Attend all treatment team meetings as scheduled with at least monthly contact as discharge planning occurs.
3. Review and report progress to the Residential Referral Committee and document in the EHR as needed.
4. If it is determined that a Specialized residential AFC is necessary upon discharge, the Residential Liaison will send a packet to prospective providers.
  - a. Schedule Preferred Housing Review Committee (PHRC), inviting the person referred, guardian (if appropriate), treatment team, intake worker, hospital staff and residential provider.
5. Upon discharge, schedule follow-up appointments and arrange transportation.
6. Act as primary liaison to probate court.
  - a. Prepare Alternative Treatment Report for the court.
  - b. Attend hearing and testify if necessary.
  - c. Copy order to Hospital Liaison, And scan into EHR.

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7. Completes a monthly report providing the names of the persons hospitalized, date of admission, date of discharge (if appropriate), and date of LOA's (if appropriate).

Responsibilities Regarding Working with Persons Who Are On NGRI status

A. While Still in the Hospital, the Residential Liaison will.

1. Attend all treatment team meetings.
2. Attend all court hearings and fill out Alternative Treatment Report for the court.
  - a. After hearing is completed, copy order to NGRI Committee, Hospital Liaison, and EHR.
3. Assist in determining when the person is ready to be considered for partial leaves of absence (PLOA) and leaves of absence (LOA). Once this is determined and a setting is identified:
  - a. Send packet to prospective provider if specialized residential AFC is necessary.
  - b. Talk with Clinical Services Manager to request assignment of a Client Services Specialist if the person is new to our agency.
  - c. Schedule PHRC inviting the person referred, guardian (if appropriate), treatment team, Client Services Specialist, hospital staff and the residential provider.
  - d. Schedule PLOA's and LOA's and wait for response to request from the NGRI Committee.
  - e. If approved, and person is going to a residential setting, arrange transportation.
4. Once the person referred has successfully completed all PLOA's and LOA's, assist Caro Staff as needed in developing Risk Mitigation Strategies and submit writing ALS Status Contract for approval from NGRI Committee.
5. If Risk Mitigation Strategies are ALS is approved, establish move date, schedule follow up appointments, and arrange transportation for person.

B. While In the Community

1. Track due dates of petitions for continuing treatment, six-month reviews and quarterly reviews.

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2. Once completed by the Residential Liaison, copy reviews to NGRI Committee and Caro Center.
3. Keep Emergency Services Supervisor advised of any changes in NGRI person's status (address, phone number and court order date) via memo as changes occur.
4. Complete a Petition for Continuing Treatment on an annual basis. Attend all court hearings and fill out Alternative Treatment Reports for the court.
  - a. After hearing is completed, copy order to NGRI Committee, Caro Center and Hospital Liaison and electronic medical record.
5. If the person needs hospitalization for psychiatric purposes, assist the CSS and Emergency Services in following protocol established by the Caro Center.

**Procedure for Children and Adolescents in State Facilities**

When a child is hospitalized, the appropriate Director of Integrated Care from that department or their designee provides liaison services at the state hospital. These services are provided to children and adolescents from Bay or Arenac counties who are referred through BABHA to a state psychiatric hospital. The purpose of this liaison function is to:

1. Obtain approval through the Director of Integrated Care. The Director of Integrated Care will seek support from the CEO and/or the Medical Director.
2. Complete the Referral for Admission form assuring that all relevant information is included (i.e., psychiatric evaluation, recent hospitalizations, history, etc.).
3. Authorize 30 days upon admission and conduct Continued Stay Reviews every 14 days.
4. The designee/liaison participates with Individual Plan of Service meetings on a monthly basis or as scheduled by the State facility.
5. Discharge planning begins at the entry of hospitalization to optimize success.
6. Prevent further psychiatric hospitalizations and other out-of-home placements following discharge.
7. Limit the duration of hospital stays.

A number of aftercare options are available depending on each individual case. In all instances, the philosophy should be to prevent out-of-home placement and further hospitalization whenever

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possible. If placement cannot be avoided, the standard should be to place the child in the least restrictive setting, preferably within the community, and the goal should be to return the child home as soon as possible.

Decisions regarding appropriate aftercare services are made after all information is obtained from the hospital, parents, and an interview with the child, when appropriate.

Long Term Psychiatric Hospitalization:

- Criteria:
- a. Danger to self or others
  - b. Cannot function in a less restrictive setting.

BABHA must approve referrals to the Children’s State Psychiatric Hospital. Requests for long-term hospitalization are to be directed to the appropriate Director of Integrated Care depending on where the child is being served (SED or DD Services). It is the responsibility of the Director of Integrated Care in consultation with the Chief Executive Officer to determine if the child meets the criteria for long-term hospitalization. The State Psychiatric Hospital is the last option to be considered. Only those children who are considered to be a danger to themselves or others and cannot function in a less restrictive setting will be considered for admission. If admission to the State Hospital is approved, the Director of Integrated Care or their designee will provide hospital liaison services at least monthly and will continue to monitor the case to ensure that the admission is as short term as possible.

Attachments

N/A

Related Forms

Petition for Continuing Treatment (G:\BABH\Clinical Services\Master Clinical Files)

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Six month Review and Quarterly Review (G:\BABH\Clinical Services\Master Clinical Files)

**Related Materials**

N/A

**References/Legal Authority**

N/A

REVISION

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<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
			Revision	Changed wording to reflect person first language. Added completion of Petition for Discharge. Changed Client Service Manager to Client Service Specialist. Deleted information regarding the Mt. Pleasant Center which closed on 10/01/09.
M. Swank D. Cranston	PNLT	08/29/13	Revision	Triennial Review: Integrated C04-S12-T12 – Children’s Hospital Liaison Services into C04-S12-T07 form one policy and procedure to address liaison services for all persons admitted to a state facility.
R. Lemiesz	E. Albrecht	05/20/15	Revision	Annual review for CARF. Updated language to reflect current process.
R. Lemiesz K. Maciag/K. Amon (Children’s Procedure)	Residential Referral Committee	10/10/18 10/19/18	Revision	Triennial Review. Updated language to reflect current process and terms.
<u>R. Lemiesz (adult section only)</u>	<u>H. Beson</u>	<u>9/4/24</u>	<u>Revision</u>	<u>Triennial Review. Updated language from Authorized Leave Status to Risk Mitigation Strategies</u>