
PURPOSE

The Michigan Department of Health and Human Services (MDHHS) policy and process that identifies barriers and provides guidance for adults, adolescents and children moving through the continuum of behavioral health care involving State of Michigan hospitals.

DEFINITIONS**Admission/Discharge Coordinator**

The chief of clinical affairs, or their designee, operating at each state hospital responsible for conferring and assisting with the Careflow coordinator to develop the admissions prioritization list and ensuring that patients are admitted to state hospitals in accordance with such prioritization. The coordinator is also responsible for monitoring patients identified as ready for discharge and leveraging community-based services to maximize Careflow. The coordinator will regularly and promptly notify the Careflow coordinator(s) of state bed availability.

Adult

A person 18 years of age or older.

Careflow

The progress of patients through the systems of care involving state hospitals.

Careflow Coordinator

The person responsible for tracking and coordinating the admission prioritization and discharge readiness lists in collaboration with the state hospital admission/discharge coordinators. The Careflow coordinator works under the supervision of State Hospital Administration (SHA) administrative and clinical leadership.

Catchment

The geographical area containing the population served by a state hospital.

Community Mental Health Services Program (CMHSP)

A program operated under Chapter 2 of the Michigan Mental Health Code (MMHC) as a county community mental health agency, a

community mental health authority, or a community mental health organization.

Forensic Process

The progression of evaluation, treatment, care, and services in the context of court ordered and other criminal judicial procedure as provided to a person adjudicated incompetent to stand trial (IST) or not guilty by reason of insanity (NGRI). This process is overseen by the Center for Forensic Psychiatry (CFP) under the direction of SHA.

Hospital Diversion

Opportunities to redirect individuals referred to a state hospital to alternative community services when clinically appropriate.

Incompetent to Stand Trial (IST)

A defendant to a criminal charge who, because of their mental condition, is incapable of understanding the nature and object of the proceedings against them or of assisting in their defense in a rational manner. The court must determine the capacity of a defendant to assist in their defense by their ability to perform in the preparation of their defense and during their trial

Licensed Private Hospital

An inpatient program licensed under MCL 330.1137 for the treatment of individuals with serious mental illness or serious emotional disturbance.

Not Guilty by Reason of Insanity (NGRI)

An affirmative defense to a prosecution for a criminal offense that the defendant was legally insane when they committed the acts constituting the offense. An individual is legally insane if, as a result of mental illness as defined per MCL 300.1400 or as a result of having an intellectual disability as defined per 300.1100b, that person lacks substantial capacity either to appreciate the nature and quality or the wrongfulness of their conduct or to conform their conduct to the requirements of the law. Mental illness or having an intellectual disability does not otherwise constitute a defense of legal insanity.

Probate Process

The progression of evaluation, treatment, care, and services in the context of probate court orders as outlined in MMHC Chapters 4 and 5.

State Hospital

An inpatient program operated by MDHHS for the treatment of individuals with serious mental or serious emotional disturbance.

Suitable Hospital Bed

A space available in a state hospital that is appropriate for the individual being served.

Youth

A person under 18 years of age.

POLICY

All Careflow processes and decisions will be carried out pursuant to the parameters set forth in MCL 330.1708 to maximize access to suitable services. Careflow provides:

- Oversight of admissions.
- Oversight of internal transfers.
- Oversight of discharges.
- Oversight of any applicable waitlists.
- Leveraging of MDHHS community-based supports to maximize Careflow.

To implement and support MCL 330.1708, state hospital admissions are based on:

- Prioritization of the referred individual's need for inpatient services.
- Availability of a suitable hospital bed.

Further, state hospital discharges are based on:

- The patient no longer meeting hospital admission criteria.
- The patient being clinically appropriate for discharge.
- An expectation of community services to address the treatment needs of a reasonably dischargeable patient within the

established statutory rules, administrative rules, or other structures of community-based services.

PROCEDURE

State Hospital Access and Pathways

- Individuals referred to state hospitals for admission by CMHSP must align with process set forth in MMHC Chapter 4. Admissions are reviewed for psychiatric/medical appropriateness.
- Individuals may also be court ordered into a state hospital per MMHC Chapter 5.
- Judicial Admission Review Committee, comprised of representation from MDHHS Legal Affairs Administration, SHA, Behavioral Health Adults' Services Bureau, Behavioral Health Children's Services, Office of Recipient Rights, and Disabilities Rights Michigan, will review all judicial admissions to state hospitals regarding the following:
 - Appropriateness of CMHSP request for judicial order due to the lack of community resources and other pertinent factors.
 - Appropriateness of judicial order versus hospitalization order for a clinical opinion of the person's psychiatric condition/diagnosis.
 - Any other factors or data as appropriate.
 - Individuals may be court ordered into state hospitals per MMHC Chapter 10.
 - Careflow coordinator(s) facilitating admissions per triage level and other resource availability.

State Hospital Admission Triage Factors

Prioritization and diversion will consider pertinent clinical factors. In extenuating circumstances, SHA may make exceptions to the following prioritization orders:

Individuals in Forensic Process

1. IST in custody, with prioritization based on clinical condition, date of court order, and severity/circumstances of criminal charges.
2. NGRI diagnostic.
3. Bonded, with prioritization based on clinical condition, date of court order, and severity/circumstances of criminal charges.

Adults in the Probate Process

1. Those who have reached their maximum sentence date, are being released without parole supervision from the Michigan Department of Corrections (MDOC), and who are authorized for state hospitalization from their CMHSP.
2. Those who are being paroled from MDOC and who are authorized for state hospitalization from their CMHSP.
3. Those in a county jail placement at the time of the CMHSP referral.
4. Those in a licensed private hospital emergency department setting.
5. Those in a licensed private hospital inpatient medical/surgical setting.
6. Those in a licensed private hospital inpatient psychiatric setting.

Youth

1. Foster care youth who are approved for admission by CMHSP, who are undomiciled, and who are not in a medical facility.
2. Youth in a licensed private hospital emergency department setting.
3. Youth in a licensed private hospital inpatient medical/surgical setting.
4. Youth in a licensed private hospital inpatient psychiatric setting.

State Hospital Assignments for Admission

- Individuals in the forensic process are placed in the most appropriate setting for the level of care required.
- NGRI diagnostic admissions are placed at CFP.

Individuals in the probate process are placed in the most appropriate setting for the level of care they require. A person's catchment may inform which hospital they are ultimately admitted to, however, catchment must not act as a barrier to placement in a state hospital.

- State hospital staff must enter authorized admission referrals into the electronic medical record.
- A standard, centralized list of individuals who have been referred and accepted for state hospital admission must be maintained by the Careflow coordinator.
- Admission referrals must include legal and clinical documentation to support the admission request and triage appropriately. At a minimum, documentation must include:
 - Any court orders documenting legal status of the admission as well as documentation of any legal guardian of the patient.
 - A summary of the patient's course of treatment if referred from a licensed private hospital or recent course of treatment if referred from any other setting, including evaluations, assessments, and treatments.
 - A clinical rationale for the transfer or admission to the state hospital.
 - Any necessary documentation requested or required by the Careflow coordinator or SHA leadership.

State Hospital Discharges

- Patients in IST process, MMHC Chapter 10, who are opined competent to stand trial are discharged timely to an appropriate setting.
- Patients in probate process, MMHC Chapters 4 and 5, who have met short-term hospital individualized plan of service

(IPOS) goals and no longer meet MMHC Chapters 4 and 5 hospital admission criteria, and who are clinically suitable for discharge, are discharged timely to appropriate setting per APFs 104 and 106.

- The admission/discharge coordinator for each state hospital must maintain a list of patients whose treatment teams have deemed them clinically suitable for discharge.
- The Careflow coordinator maintains Careflow metrics. These metrics include, but may not be limited to, the number of individuals, and their length of stay on the state hospital waitlist, and the number of patients, and their length of stay on the state hospital discharge list.

REFERENCES

- Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.1137, Psychiatric hospital and psychiatric unit, license required; disclosures; provisional license; violation; penalty; annual licensure; fees; receipt of completed application; issuance of license within certain time period; report; "completed application" defined.
- Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.1401, "Person requiring treatment" defined, exception.
- Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.1708, Suitable services; treatment environment; setting; rights.
- Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.2020, Defendant presumed competent to stand trial; determination of incompetency; effect of medication; statement by physician.
- Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.2032, Ordering treatment; medical supervisor; commitment; restriction of movements.
- Mental Health Code, Public Act 258 of 1978, Michigan Compiled Law 330.2050, Person acquitted of criminal charge by reason of insanity; commitment to center for forensic psychiatry; record; examination and evaluation; report; opinion; certificates; petition; retention or discharge of person;

applicability of release provisions; condition to being discharged or placed on leave; extension of leave.

- The Code of Criminal Procedure, Public Act 175 of 1927, Persons deemed legally insane, burden of proof.

CONTACT

For more information contact the State Hospital Administration.