I. PURPOSE
To establish policy and procedure related to jail and juvenile detention center mental health services.

II APPLICATION
To all CMHOC operated and contracted programs as specified by contract.

III DEFINITION
Jail Diversion is a collaborative, integrate program utilizing a community’s resources to divert persons with serious mental illness, serious emotional disturbance and developmental disabilities who have committed misdemeanors, and nonviolent felonies to mental health services and/or as an alternative to being charged and incarcerated in a county jail or municipal detention facility.

IV POLICY
It is the policy of CMHOC to provide mental health services for persons detained in the county jail and juvenile detention center commensurate with medical necessity and eligibility as defined by the Mental Health Code and Master Contract with the Department of Community Health.

V PROCEDURE
1. CMHOC crisis intervention services will be made available to the jail and juvenile detention center at all times.
2. A CMHOC Jail Liaison will be made available to the jail on a daily basis. This individual will be responsible for providing mental health screenings on individuals referred by the jail or CMHOC. Priority for screenings will be afforded to individuals with serious mental illness, serious emotional disturbance or to persons with developmental disability.
3. The CMHOC Jail Liaison will be responsible for implementing jail diversion procedures, including assessing individual for jail diversion eligibility, working with jail administration and the prosecutor’s office to effect jail diversion, and monitoring the status of jail diversion candidates for up to one year.
4. Jail-based intake assessments will be provided by Access Center staff.
5. CMHOC office and jail-based psychiatric services will be available to CMHOC registered consumers.
6. Jail-based medically necessary case management and counseling services will be provided by the CMHOC programs responsible for these services.

VI ATTACHMENT
Adult Jail Diversion Procedures
Juvenile Detention Diversion Procedures
Jail Mental Health Services

VII REFERENCE
Jail and Juvenile Detention Services 4.34
Jail and Juvenile Detention Services 4.34
COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
ADULT JAIL DIVERSION PROCEDURES

Post-Booking Diversion

These diversion efforts emphasize post-booking activity and focus upon intervention at the point of pre-arraignment, arraignment or following the arraignment. Mental health professionals evaluate consumers for jail diversion eligibility and report to the legal system recommendations for mental health services as a condition of bond, in lieu of prosecution, or as a condition of the reduction in charges.

These recommendations are made within the framework of a coordinated set of policies and procedures that assures that:

1. Services are integrated.
2. Key agency representatives meet regularly (separate front line and administration meetings).
3. Agency Leaders are committed to these activities.
4. The CMHOC jail diversion liaison manages interactions between the criminal justice system and the community mental health system.
5. Consumers are identified at an early point of contact.
6. Case Management Services are specific and focused. (Case Management Services includes - case finding, evaluation of consumer mental health service needs, consultation with the courts, developing person-centered plans, linking and monitoring of services, consumer advocacy, and direct service provision.)

Post-Booking Procedures

1. All consumers eligible for jail diversion services shall be assessed to have a serious mental illness or developmental disability, shall be involved in either misdemeanor or non-violent felony legal contacts, and shall have been assessed to have an HCR-20 rating of low on risk for violence.

2. The Jail Diversion Checklist will be made available and completed by law enforcement agencies when booking persons at the jail.

3. The initial jail screening performed at booking will serve to identify individuals requiring further mental health evaluation. From this group, the CMH jail liaison will identify potential candidates for jail diversion services.

4. CMHOC will provide for an initial jail diversion screening within the jail 5 mornings per week. On weekends, the CMHOC crisis worker may be called to provide an initial jail diversion screening. Screening will include a determination that the individual is a person with a major mental health disorder, an assessment of risk for violence, and recommendations regarding jail diversion services. Release of information forms, as needed, will be signed at this time.

5. The County Sheriff Department will provide necessary information related to the individual’s incarceration/holding status via the AS-400 jail data base.

6. The County Prosecutor’s office will provide necessary legal liaison for the Sheriff Department/law enforcement agencies to review the CMHOC recommendations for bond, bond conditions, or post arraignment status.

7. CMHOC will provide case management services necessary to facilitate the recommendations as provided to the County Prosecutor’s office.

8. All consumers recommended for post-booking jail diversion services will individually and independently be responsible for participating in the mental health service activity defined as necessary to maintain their diversion status.
9. All consumers involved in post-booking jail diversion services shall be subject to review and loss of this status should they fail to comply with their agreed upon plan of service or should they be involved in any further legal violations or misconduct. The decision to remove an individual from jail diversion status shall be a joint decision of the jail diversion committee membership.

Post-Booking Contact Communication Procedures

1. CMHOC will provide jail diversion screenings in the jail 5 mornings a week. At other times, law enforcement/jail staff may call CMHOC to advise of need to screen inmate for jail diversion services (M-F 8-5 1-877-588-4357, After-hours 1-866-512-4357). At this phone contact the law enforcement/jail staff will exchange information and complete linking time frames.

2. The CMHOC jail diversion liaison will complete a face-to-face assessment and advise the jail administrator of their recommendations.

3. When there is agreement between the law enforcement agency, jail and CMHOC to recommend diversion, the CMHOC jail liaison will submit the Jail Diversion Checklist to the County Prosecutor’s office to review recommendations and await approval of diversion status conditions.

4. Law enforcement/jail staff will complete the required legal paper process to review the expected conditions of bond/diversion status with the consumer prior to release from jail.

5. The CMHOC jail diversion liaison will arrange for CMHOC services, and will provide initial service linking with other necessary community services as needed.

6. The CMHOC Access Center will complete a comprehensive clinical assessment, and will assign the consumer to a case manager who will initiate the development of a person-centered plan specific to the agreed upon needs and outcomes.

7. The case manager will assure that the consumer is linked to all services specified in the person-centered plan and will monitor progress.

8. The CMHOC jail diversion liaison will assure that the County Prosecutor's office and Jail receive a copy of the person-centered plan.

9. CMHOC staff will inform the County Prosecutor’s office of the consumer’s failure to follow through with the recommended conditions of diversion release.

10. The County Prosecutor’s office will inform the appropriate law enforcement agency of any court decisions in regards to further legal disposition and the law enforcement staff will be responsible for ensuring that this decision is enforced.

11. The CMHOC jail diversion liaison will provide quarterly data base reports to the Jail Diversion Committee containing information on number of persons diverted, services diverted to, and any known system problems and recommendations for improvements.

(Last reviewed 4/23/2019)
Pre-Booking Diversion

1. Pre-booking diversion activities may be those activities that law enforcement officers engage in as part of the statutory mandate as provided by the state Mental Health Code. If a law enforcement officer observes an individual conducting himself or herself in a manner that causes the law enforcement officer to reasonably believe that the individual is a person requiring treatment as defined below, the law enforcement officer may take the individual into protective custody and transport the individual to a preadmission screening unit designated by a community mental health services program for examination or for mental health intervention services.

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

   b. An individual who has mental illness, and who as a result of that mental illness is unable to attend to those of his or her basic physical needs such as food, clothing, or shelter that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.

   c. An individual who has mental illness, whose judgment is so impaired that he or she is unable to understand his or her need for treatment and whose continued behavior as the result of this mental illness can reasonably be expected, on the basis of competent clinical opinion, to result in significant physical harm to himself or herself or others.

   d. An individual who has mental illness, whose understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily, who is currently noncompliant with treatment that has been recommended by a mental health professional, and that has been determined to be necessary to prevent a relapse or harmful deterioration of his or her condition and whose noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, prison, or jail at least 2 times within the last 48 months or whose noncompliance with treatment has been a factor in the individual's committing 1 or more acts, attempts, or threats of serious violent behavior within the last 48 months.

2. These individuals may also have committed misdemeanors or non-violent felonies who are diverted from being charged and incarcerated in a county jail to better be provided services within the community mental health system.

Pre-Booking Procedures

1. Eligibility for pre-booking jail diversion is restricted to individuals who have or are suspected of having a serious mental illness, including those with a co-occurring substance disorder, or a developmental disability who have or are alleged to have committed a misdemeanor or a certain, usually non-violent, felony that would likely lead to arrest, or have been removed from a situation that could potentially lead to arrest, and who voluntarily agree to participate in the diversion program.

2. Offenses considered appropriate for diversion shall be negotiated at the local level. Persons charged with driving under the influence of drugs or alcohol, domestic violence or criminal sexual conduct will not be eligible for pre-booking diversion.

3. Individuals considered for pre-booking jail diversion shall be better provided services via a community
mental health and community support service system (e.g., mental health services, substance abuse services, employment services, housing assistance, etc.).

4. All persons who present with a suspected serious mental health disorder and/or who require protective custody as defined by the Michigan Mental Health Code, and in combination with coming to law enforcement attention by alleged commission of a misdemeanor or non-violent felony are eligible for a face-to-face evaluation to best assess and recommend continued services or legal processing.

5. Pre-booking jail diversion face-to-face mental health evaluations shall be given priority status and conducted as soon as possible after the individual arrives at the preadmission screening site, unless there are documented medical reasons why the examination cannot be completed within that time frame or other arrangements are agreed upon by the peace officer and the preadmission screening unit. Priority status shall be afforded to law enforcement referrals.

6. Individuals who are determined to be eligible for pre-booking jail diversion services must agree to sign the CMHOC Jail Diversion Screening form and appropriate releases for continued community service involvement. Failure to sign will disqualify the individual from receiving jail diversion services.

7. All pre-booking jail diversion services candidates shall be informed that they are receiving services voluntarily and hence no legal hold will be considered as adjunct to service requirements.

8. CMHOC will not be responsible to report information back to the legal system for individuals in the pre-booking status and these individuals will be considered as voluntary consumers of mental health services and may withdraw releases to exchange information at any time.

**Pre-Booking Contact Communication Procedures**

1. The law enforcement officer will call the CMHOC Access Center (1-877-588-4357) during regular office hours (8:00 a.m. To 5:00 p.m.). After hours the law enforcement officer will call the CMHOC crisis number (1-866-512-4357). At this contact point the officer and the CMHOC crisis worker will exchange information pertinent to timely linking and agree upon a location for the contact (e.g., hospital, CMHOC site, etc.).

2. The CMHOC crisis worker will complete a face-to-face screening and make initial service recommendations. Recommendations and case dispositions will be reported via the CMHOC Jail Diversion Screening form to the CMHOC jail diversion liaison for follow-up and outcome tracking purposes.

3. For persons who are diverted, a copy of the Jail Diversion Screening form will be sent to the Prosecutor’s Office by the CMHOC jail diversion liaison.

4. Consumers recommended for CMHOC services will be referred to the CMHOC Access Center.

5. The CMHOC Access Center will complete a comprehensive clinical assessment, and will assign the consumer to a care coordinator who will initiate the development of a person-centered plan specific to the agreed upon needs and outcomes.

6. The care coordinator will assure that the consumer is linked to all services specified in the person-centered plan and will monitor progress.

7. The CMHOC jail diversion liaison will provide quarterly data base reports to the Jail Diversion Committee containing information on number of persons diverted, services diverted to, and any known system problems and recommendations for improvements.

(Last reviewed 4/23/2019)
COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

Juvenile Detention Diversion

Pre-Intake Diversion Procedures:
There is no viable way to divert youth prior to JDC admission at this time.

Post-Intake Diversion Procedures:
1. The MAYSI-2 will be administered to all children admitted to the Juvenile Detention Center by Juvenile Detention Center staff.

2. A score of 3 or more on the MAYSI-2 Thought Disturbance scale will trigger a request for a juvenile detention diversion assessment. JDC staff will contact the CMHOC jail/detention diversion liaison to request that an assessment be done (1-877-588-4357). Diversion assessments will be provided at no charge and regardless of health insurance status.

3. The CMHOC jail/detention diversion liaison will perform the assessment (time of assessment dependent on circumstances but before preliminary hearing) and make recommendations regarding juvenile detention diversion.
   a. The parent or guardian will be contacted by the jail/detention diversion liaison to report on the results of the assessment, to advise as to need and availability of mental health services, and to seek approval for diversion recommendations when services will be provided by CMHOC. If the parent or guardian objects to the plan, diversion will not occur.

4. When the parent or guardian are in support of the recommended plan, the CMHOC jail/detention diversion liaison will contact the on-call intake worker or assigned probation officer (see shift supervisor for names and phone numbers) for review and approval of the plan.

5. If all parties are in agreement with the diversion plan, the reference may cancel the preliminary hearing and release the child from detention so that the child can be diverted immediately to the recommended community based mental health services.

6. Otherwise, the preliminary hearing will occur within 24 hours (excluding Sunday and holidays). The written recommendation of the jail/detention diversion liaison will be presented at the preliminary hearing.

7. If juvenile detention diversion is agreed to at the preliminary hearing, the child will be diverted to receive CMHOC mental health and case management services.

8. When signed release forms are received from the parent or guardian, a copy of the CMHOC person centered plan will be provided to the assigned probation officer.

9. The jail/detention liaison will follow the case and give status reports at the quarterly jail diversion committee meeting.

Reviewed: 4/23/2019
COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
JAIL MENTAL HEALTH SERVICES

I. Crises Services
Crisis services will be available to the jail at all times. Jail crisis services will be documented on the Crisis Assessment form. Dispositional arrangements will be dependent on assessed clinical need.

II. Non-Crisis Services
CMHOC will make available to the jail an on-site jail liaison from the Crisis Team Monday through Friday 8am to 4pm (or other times as mutually agreed to). The jail liaison will provide mental health screenings on individuals referred by the jail. Individuals referred for screening should be prioritized in terms of need. Jail diversion candidates and persons with serious mental illness will be given top priority. Mental health screenings may result in the following dispositions:

A. The individual is not an open case at CMHOC, and has a condition less than serious mental illness. Recommendations regarding mental health needs and services will be made following a face to face assessment. The case will be opened and closed with provision for one additional follow up contact, as needed.

B. The individual currently has an open case at CMHOC. The jail liaison will screen for medically necessary services not currently being received. If there are none, the case will continue to be managed by the case manager. If there are in-jail mental health services needed, the jail liaison will advise the Access Center who in turn will arrange for services with AOP. If medication services are the only needed service, the case manager will make arrangements.

C. The individual is not an open case at CMHOC, and has a serious mental illness. Specific requests by the consumer, and recommendations for services by the jail liaison will be documented and forwarded to the Access Center. The Access Center will determine eligibility for CMHOC services. If the individual is not eligible for services, the jail liaison will inform the individual and the case will be closed. If the individual is eligible, the Access Center will schedule a psychosocial assessment to be done within 14 days by an Access Center clinician. The AOP clinician will provide any necessary follow up therapy services.

D. The individual is considered a candidate for jail diversion services. The jail liaison will assess the individual for serious mental illness, risk for violence, and type of offense. Recommendations for jail diversion for Ottawa County residents will be made to the Jail Administrator and then to the County Prosecutor. Recommendations for jail diversion for persons from other counties will be made to that county by the jail liaison.

E. The individual is a resident from another county. CMHOC will be responsible for providing mental health services to eligible Ottawa County jail inmates regardless of county of residence. There is not a need to seek authorization from another

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county to provide jail mental health services for an Ottawa County resident, we may offer coordination but not an authorization for payment.

III. Confidentiality of Record
The jail may receive copies of the crisis assessment, jail assessment, and jail diversion forms. All other documents to be released will require standard written authorization from the consumer.

IV. County of Financial Responsibility (DCH Technical Requirement for CMHSPs, 9/04)
Jail: CMHSPs are responsible to provide mental health services to persons in their local county correctional facilities (jails) on the same basis as they provide services to other persons located in their geographical jurisdiction. CMHSPs shall work with Jail personnel to ensure that all reimbursements for mental health services are pursued, including the county’s (not the CMHSP) responsibility to pay for the costs of mental health care for its residents. If a jailed individual requires State provided inpatient care, the COFR shall be the COFR prior to entering jail. When an individual is released from jail and establishes an independent residence in the county of the jail, the COFR shall be the county in which the residence is located. If the person is released into a dependent setting the COFR shall be assigned according to the General Rule A. (i.e., For persons served under the terms of this contract, the financially responsible CMHSP is the one that served them in the county where they last lived independently).

V. Diversion from Jail Incarceration (Michigan Mental Health Code, Section 207)
Each community mental health services program shall provide services designed to divert persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. These services shall be consistent with policy established by the department.

VI. Treatment of Private Pay (Michigan Mental Health Code, Section 402a)
A licensed hospital may admit and treat voluntary or involuntary private-pay patients without complying with the preadmission screening requirements of section 410 (i.e., An individual seeking either informal or formal voluntary admission to a hospital operated by the department or a hospital under contract with a community mental health services program may be considered for admission by the hospital only after authorization by a community mental health services preadmission screening unit.) or consulting with the community mental health services program before release or discharge of the patient if no state, county, or community mental health services program funds are obligated for the services provided by the licensed hospital, including aftercare services.

VII. Admissions to Kalamazoo Psychiatric Hospital (Operating Service Agreement)
CMHOC shall serve as the single point of entry to and exit from the hospital; shall evaluate and screen all request for admission; shall participate in the provision of treatment; shall lead in planning and arranging aftercare services; and shall be responsible for authorizing admissions and continuing stay. KPH admissions require that there be no community inpatient alternative, and that the individual be certified by a physician or fully licensed psychologist as a person requiring treatment (Section 401 of the Michigan Mental Health Code).