JAIL DIVERSION FIELD GUIDE

A PROJECT OF

The Jail Diversion Collaborative of
Lake, Mason, and Oceana Counties of Michigan

TO ACCESS THE MOST UP TO DATE VERSION OF THIS DOCUMENT VISIT:

wmcmhs.org/community-partners/

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Introduction

Purpose

This document is developed by the Jail Diversion Collaborative of Lake, Mason and Oceana Counties to provide a comprehensive training resource for local partner agencies directly involved in these procedures.

It is designed to assist behavioral health and criminal justice professionals in better understanding their respective roles. The intention is to document methods for coordinating efforts to improve our community's response to individuals with mental illness and co-occurring substance use disorders who interact with the criminal justice system through enhanced jail diversion, crisis response, and connection to services and supports.

This document is intended to serve as a 'living' document that will be updated to reflect ongoing system improvements and improved understanding of existing procedures. To be sure you have the most recent version of the document visit: wmcmhs.org/community-partners/.

About the Collaborative

The collaborative was established in February of 2018 as a partnership of West Michigan Community Mental Health Servics and Pentwater Police Department. The collaborative seeks to engage behavioral health providers, medical organizations, law enforcement, the courts, and other community partners. The collaborative works to develop a coordinated initiative to improve identification and response to persons with mental illness and co-occurring substance use disorders who interact with the criminal justice system.

Through enhanced collaboration and system enhancements, the Collaborative aims to achieve the following for individuals with mental illness and co-occurring disorders:

- Decrease lengths of stays in the jail
- Decrease recidivism
- Increase pre-booking and post-booking jail diversions
- Improve engagement in behavioral health services following release from jail

Rationale:

To improve our community's response to individuals with mental illness and co-occurring substance use disorders who interact with the criminal justice system through enhanced jail diversion, crisis response, and connection to services and supports.

Benefits for persons or organizations involved include improved and quicker access for individuals requiring treatment, improved experience for the individual, reduced length of incarceration, improved quality of care, reduced costs to the mental health system, improved safety for the individual and responding officer, and improved overall health status of the person served.

Guiding Principles:

1. The better our community manages situations that involve mental health, substance use, and the criminal justice system, the safer and healthier our community will be.

2. This is a community issue that requires a coordinated community response. A successful response to these situations requires committed participation from all involved community parties including but not limited to; law enforcement, courts, jails, community mental health, ED's/hospitals, 911/dispatch, and other involved organizations.

3. The community response process is built on the Sequential Intercept Model where each intercept affords an opportunity to respond in a way that improves outcomes.

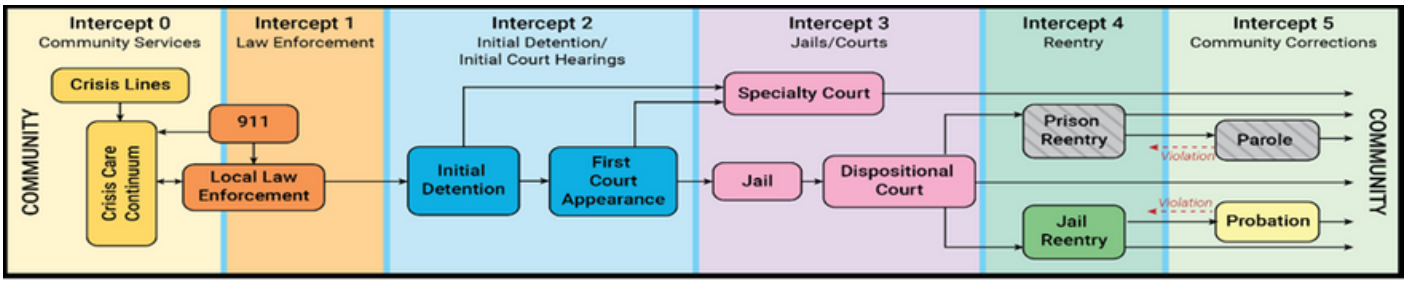
4. Communication, clarity, mutual trust, and continuous improvement efforts among partners are paramount to community success. Our emphasis will be progress, not perfection.

5. Continuous education and training that deepens understanding and improves skills in response to mental health, trauma, substance abuse, legal problems, and related issues is critical for all partners.

6. We must maximize the resources we have in our community and work to create other resources needed to improve the system.

Sequential Intercept Model

The collaborative's approach is based on the Sequential intercept model, which details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. This model enables an identification of opportunities along the continuum to improve coordination and eliminate gaps to divert people with mental and substance use disorders away from the justice system into treatment where appropriate.



Intercept 0 - Community Services: Opportunities for people to access local crisis care services without requiring a call to 911 by connecting people with treatment or services without an arrest or charging them with a crime.

Intercept 1 - Law Enforcement: Diversions performed by law enforcement and other emergency service providers which allows people to be diverted to treatment instead of being arrested or booked into jail.

Intercept 2 - Initial Court Hearings/Initial Detention: Diversions to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

Intercept 3 - Jails/Courts: Diversion to community-based services through jail or court processes after a person has been booked into jail, including services that prevent worsening of a person's illness during their stay in jail or prison.

Intercept 4 - ReEntry: Supported reentry back into the community following release from jail or prison to link people with services in the community to reduce further justice involvement.

Intercept 5 - Community Corrections: Involves community-based criminal justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

1. https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

Intercept 0: Community Services

Opportunities for people to access local services without necessitating a call to 911. Involves connecting people with treatment or services without an arrest or charging them with a crime. This can occur prior to, or during, a mental health crisis.

Partners Involved:

- CMH Clinicians (CMH)
- Emergency Departments (ED)
- Community Service Providers

Scenario 1: An individual struggling with mental health would like to seek support (prior to a crisis).

When an individual is struggling with mental health issues or a substance use disorder, it is best for them to access services prior to experiencing a crisis. By doing so, the likelihood of a call to 911 with law enforcement responding decreases, reducing the likelihood of criminal justice involvement.

Community organizations that interact with individuals struggling with behavioral health issues can play a vital role in supporting individuals in accessing these services. Organizations interested in learning more about how to support individuals with mental illness can request training and support through the Jail Diversion Collaborative.

Options:

For individuals who are not in crisis but need additional support, the following resources are available.

- West Michigan CMH: Individuals can call the CMH phone number to speak to a live person 24 hours a day at 1-800-992-2061. Even if an individual does not qualify for services through CMH they will receive assistance in identifying options and accessing services; including substance use disorder and mental health treatment. Assistance with financial coverage of services is available for eligible individuals.
- Private Insurance: For individuals with private health insurance an individual may call the number on the back of their card to identify providers in their network and coverage for services.
- MI-Recovery.org: Provides a comprehensive set of options in the area for recovery from substance use disorder and addiction, including community support groups.
- myStrength App: The myStrength is an online tool to help you live your best life. You'll find help for stress, anxiety, chronic pain, and more. It's safe, secure and personalized. You can track your health, enjoy activities, and become inspired. The myStrength app is available at no cost through West Michigan CMH to anyone in the three-county region. To access this app click here.

For individuals who are need of other types of supports the following resources are available.

- 211: A resource to assist individuals to locate information about health and human services resources at no cost, 24 hours a day, 7 days a week, as follows. To access 211 an individual can:
  - call 2-1-1 or 1(800) 887-1107,
  - visit mi211.org,
  - Text their zip code to 8988211. or
  - Live chat is available at hwmuw.org/211
- COVE Domestic Violence Shelter: For individuals experiencing domestic violence, the COVE shelter provides 24/7-365 Crisis support related to domestic violence and emergency shelter. All COVE services are free, confidential and available to all those in need. COVE's 24/7 help line (800) 950-5808.
- Hospitality Inc.: Provides safe emergency shelter for homeless men during the Winter months. Visit their website to learn more.

Scenario 2: An individual experiencing a mental health crisis. or someone on their behalf, seeks help without contacting 911.

Procedure:

When an individual is experiencing a mental health crisis their friends and family often call 911. However, calls to 911 will always result in dispatch of a trained law enforcement officer which can increase the likelihood of the individual in crisis becoming involved in the criminal justice system.

West Michigan CMH provides 24/7, 365-day emergency and crisis mental health services to the community which can be accessed without calling 911.

The goal of crisis services is to quickly stabilize an individual or family in crisis. WMCMHS can assist in ensuring safety and preventing a more serious crisis from occurring. In addition, they will be able to make a plan for necessary follow-up services.

When a request for crisis services is received, WMCMHS will provide options to ensure immediate safety and help the individual cope with whatever situation they find themselves in. Community members calling the West Michigan CMH phone number will be able to speak to a live person 24 hours a day.

To access crisis services, the individual, or someone on their behalf, can call:

1-800-992-2061

Participation in crisis services is voluntary. If an individual refuses services, the CMH clinician will be unable to provide assistance. However, contacting crisis services may still be of benefit for individuals who are resistant. The CMH can assist in determining the best course of action and speak with the individual to attempt to de-escalate the situation and encourage them to participate.

Intercept 1: Law Enforcement

Involved interactions by law enforcement and other emergency service providers which provide an opportunity for people to be diverted to treatment instead of being arrested or booked into jail when appropriate.

Partners Involved:

- 911 Dispatchers (911)
- Law Enforcement (L/E)
- CMH Clinicians
- Emergency Departments (ED)
- Emergency Medical Services (EMS)

Scenario: 911 dispatches L/E to scene of a call with MH issue.

Law enforcement is dispatched to every mental health call received by local dispatch because of the risk that the individual may pose a threat to themselves and/or others.

Law enforcement is commonly requested to be on scene and confirm that the scene is secure (safe) while EMS and medical first responders stage.

Procedure:

Upon arrival at the scene, in most instances, law enforcement will...

- Secure the scene and keep people safe.
- Conduct a preliminary investigation to determine identity of the subject.
- Interview witnesses to determine the circumstances resulting in 911 call.
- Determine if there is an ongoing mental health issue/diagnosis.
- Determine if a crime has been committed.
- Run a check through the Law Enforcement Information Network (LEIN) to determine if there are warrants, court orders, or mental health orders for the subject.
- Interview the subject and attempt to de-escalate the situation.
- Contact dispatch and request additional assistance if necessary.

For instances where there is probable cause that a crime has been committed but the offense is non-violent, or does not require an immediate arrest, it may be appropriate to produce a police report and refer the report to the Prosecutor's Office with a "Request for Action" rather than arresting the individual. The following page details five options available to the officer.

Options available to the officer:

Based on the situation, it is recommended that the officer use the least intense intervention. required by the situation. The following are listed in order of escalating intensity:

1. De-escalates the situation and leaves in custody of family or transports to another location that is safer for the person to stay (friend, other family, etc); especially common with juveniles .
2. Contact Mobile Crisis Team (MCT)
3. Transport to CMH building (during office hours)
4. Transport to ED for evaluation
5. Transport to Jail

Details for procedure related to each of these options is provided in the following section.

Option 1. Officer De-Escalates Situation:

If the officer determines an arrest is not necessary, is able to de-escalate the situation without assistance, and the individual presents no risk to themselves or others, the officer may leave the subject in the custody of their family. Ideally, the officer would offer to contact CMH at that moment to provide immediate engagement and connection to supportive services. In the event the individual declines immediate connection to services the officer should provide the family and subject contact numbers for CMH and encourage them to contact the CMH on the next business day. In addition, officers can call CMH with a referral for CMH follow up.

Option 2. Contact Mobile Crisis Team (MCT):

An officer can immediately contact Mobile Crisis Team at CMH when the following when an individual presents with depressive symptoms (mood is disrupted or fluctuating, overly tearful, flat emotions, irritable, agitated and/or aggressive behaviors), mania (pressured speech, thoughts are not linear, significantly high energy, judgment is impaired), delusional, psychosis, irrational thoughts, responding to internal or external stimuli, or confusion.

The MCT can provide assistance to support the individual in stabilizing. An online evaluation using the Department iPad can be performed when appropriate. The process to engage MCT is as follows:

Law enforcement calls CMH 24/7/365 phone number at 1-800-992-2061.

- During office hours: The call will be received by the CMH local main Line where front desk staff will gather relevant information and either connect to a clinician immediately or pass on the information to the appropriate crisis clinicians who will respond to the call within 10 minutes.

- After hours/weekends: The call will be received by the on-call support agency (not a local CMH staff person yet). The on-call support clinician will record relevant information and will notify on-call local CMH crisis staff via a phone call. The local CMH crisis staff will call the requesting officer back, usually within 15 minutes or less.

The officer and CMH clinician will make a plan for whether the mobile crisis team will provide assistance via telehealth, in-person, or a combination of both.

- If in-person assistance will be provided, a team of two CMH Mobile Crisis Clinicians will arrive as quickly as possible. The MCT will indicate to the officer the estimated ETA and dispatch to the secured scene. Response time varies depending on the current location of the MCT staff within the 3-county area and whether they are currently engaged in another call. Arrival times will be coordinated to ensure the quickest arrival possible, that allows staff to arrive at the same time.

- The officer must ensure the scene is secure and safe prior to CMH clinician arrival.

For individuals experiencing a mental health issue who do not qualify as a "Person Requiring Treatment" per section 4 of the mental health code it still may be appropriate to connect them to mental health services rather than arresting them and taking them to jail. Although MCT is voluntary, the MCT can be an important resource to assist the officer in encouraging the individual to engage in the appropriate service which could include voluntary inpatient hospitalization or an outpatient service (e.g. ACT).

Working with the Mobile Crisis Team is voluntary. If the individual refuses to speak with MCT, CMH can't make them do it. If officers believe the individual is not safe, the officer will need to take them into custody to facilitate an evaluation. Note: Officers can still contact the mobile crisis team to get support for how to deal with the situation even if the individual says no.

If an individual refuses MCT services, it may still be of benefit for the officer to contact MCT when the individuals aren't destructive or unsafe as they can:

- Encourage the individual to let MCT assist.
- Assist the individual in accessing services by conducting a screening and scheduling follow up appointment.
- Provide consultation to the officer in determining the best course of action.
- Allow officers to notify CMH to make a referral for CMH to follow up.

Option 3. Transport to CMH Building:

If the individual is safe to transport and it is during office hours, the officer may take the individual to one of the WMCMH Offices for immediate support.

- Individuals must not be aggressive, violent, psychotic, or at risk of any immediate self-harm or harm to others.
- Officer calls CMH to notify them of the situation and the plan to bring the individual to CMH, which office, ETA, and provides any relevant information. CMH may advise other options if they determine it would be more clinically appropriate.
- CMH will inform the clinician who will receive the individual.
- Upon arrival, the CMH will receive the individual, provide triage, and proceed as clinically warranted.
- Officers will engage with CMH staff before leaving CMH building. CMH staff and officers will decide whether or not officer support is still needed. Officers may be requested to stay if the individual is a risk to themselves, aggressive or potentially a risk to others.

Option 4. Transport to ED For Evaluation

If law enforcement determines that transport to the ED is appropriate due to imminent risk of harm to self/others, psychosis, inability to converse, or medical concerns they will take the individual to the ED for evaluation.

ED will provide triage and either calls CMH if publicly funded (Medicaid/Indigent) or manage placement themselves if commercially insured. In either case, the individual will either:

- Develop a safety plan and be released to a safe community setting with appropriate follow up,

OR

- Be placed in a high acuity setting such as a Crisis Residential Home or an Inpatient Psychiatric Hospital, which may be done voluntarily or involuntarily.

For involuntary placement, petitions are completed by family members, law enforcement or other individuals who witness behavior of concern. The individual in crisis will be evaluated by an attending physician in the ED, if necessary, certification will be completed by the attending physician. Placement will be pursued by CMH.

Transport: If transport is needed it will be coordinated by the ED. Voluntary placements can be transported by family, friends, or taxi. Involuntary placements will be transported by ambulance or law enforcement. Upon receipt of a transport order LE will execute the transport order. Please note, CMH does not make this decision alone. The attending physicians, EMS and other community providers have input on the outcome of how to transport an individual to placement.

Option 5. Transport to Jail

If the individual is not in crisis or has been found not to need immediate inpatient mental health treatment, and it is determined that an immediate arrest is necessary, the officer will arrest the individual and bring them to the local jail for processing which may include consideration for diversion and referral for jail based MH treatment.

If officers engage with an individual that appears to have mental health concerns (mood is disrupted or fluctuating, confusion, paranoia, irritable, agitated) and these behaviors appear to be causing the individual to NOT make sound judgements the Officer can call Mobile Crisis Team for further assessment of whether mental health symptoms are interfering with sound judgment.

If there is a potential or pending charge as a result of mental health, the Mobile Crisis Team can be called prior to transporting to jail (example: charge of assaulting officer or resisting arrest).

If an Officer recognizes potential mental health concerns they should notify jail staff of these concerns upon arrival, jail officers should consider diversion and/or referral for jail based MH treatment.

Intercept 2: Initial Court Hearings/ Initial Detention

Diversions to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

Partners Involved:

- Law Enforcement (L/E)
- CMH Clinicians
- County Jails (jails)
- Emergency Depts (ED)
- Judges, Magistrates, & Prosecutors

There are three scenarios identified where mental health may be addressed during initial court hearings or initial detention:

Scenario 1: Jail officer identifies an individual for a potential diversion during intake.

Scenario 2: A court or legal representative identifies an individual for a potential diversion.

Details for procedure related to each of these scenarios is provided in the following sections. If methamphetamine psychosis may be involved, click here for relevant information.

Scenario 1: Jail officer identifies an individual for potential diversion during intake

During the intake process, the Correction Officer will screen and observe the subject for possible mental health problems and conduct the intake form which includes mental health screening questions.

If the Jail Officer doing intake identifies an urgent mental health situation they can contact CMH for immediate consultation. For non-urgent mental health issues they can refer the individual to the Jail Diversion Clinician and Liaison (JDCL) for further assessment. Procedures based on the type of situation are detailed below:

Procedures: Non-Urgent Situations

Non-urgent mental health issues may include more chronic conditions such as ongoing depression, chronic severe anxiety, etc.

If screening results indicate there may be a need for mental health services but the individual is not in crisis, or in need of inpatient hospitalization, they should refer the individual to the JDCL. The JDCL will conduct further assessment to determine appropriateness for jail diversion consideration or eligibility for jail-based mental health services.

Procedures: Urgent Situations

If the Jail Officer doing intake identifies an urgent mental health situation (suicidal, homicidal or psychotic) they should stop the intake process and contact CMH for intervention at 1-800-992-2061.

When the Officer thinks the inmate is in crisis or may be in need of immediate transfer to professional mental health services the officer will contact the Community Mental Health for an evaluation.

- During business hours (M-F 8am-5pm) they may contact the Jail Liaison.
- After hours they should contact the 24/7 CMH main line at 1-800-992-2061 to request an evaluation.

If the Correction Officer believes that the inmate is a threat to themselves or others, the Correction Officer will:

- Remove all clothing and issue the inmate a suicidal safety gown and blanket.
- Place the inmate into a single person cell and monitored under surveillance by closed circuit television and regular in-person checks every 15 minutes

.

A CMH clinician will come to the jail and do a mental health assessment.

- The visit and all recommendations of the mental health worker will be documented by a report which will be maintained in the inmate file.
- An officer may accept verbal instruction from a mental health worker as long as the name of the worker, time and date, and recommendations are documented.
- The Correction Officer will take necessary action recommended by the mental health case worker, as follows:

Inpatient: If it is determined that the inmate will need inpatient mental health treatment, the Correction Sergeant on duty will call the Magistrate to set up a release for transport to the selected mental health hospital.

- The Correction Officer will work with the Jail Administrator and CMH clinician to fill out the Request for Release of Inmate Form. This form will be shared with the defense attorney, prosecutor, and judges. Forms used in Mason and Oceana Countis are provided in Attachment A.
- JDCL/CMH staff will provide necessary support regarding placement.
- The inmate will be transported to our local hospital for medical clearance. The inmate will be transported to the facility by two officers.
- If released under a 'jail-hold' they will return to the jail following release from treatment.

If it is determined that the inmate may have a mental health issue but is not appropriate for inpatient care, they will be referred to the JD Clinician for assessment to determine appropriateness for consideration of diversion and/or eligibility for jail-based MH Services.

Scenario 2: A court or legal representative identifies an individual for a potential diversion.

If at arraignment, the magistrate, court representative, or defense attorney identifies that the individual may be appropriate for a MH diversion they should:

- Postpone the formal 'charge',
- Refer to the JDCL for an assessment, and
- Notify the prosecuting attorney (PA).

The JDCL will then provide their findings and treatment recommendations to be included in conditional release if appropriate.

Many individuals with mental illness who commit an arrestable offence are given a ticket to appear in court rather than taken to jail. In these instances, the procedure described above should be followed.

Intercept 3: Jails & Courts

Involves opportunities for diversion to community-based services through jail or court processes after a person has been booked into jail, including services that prevent worsening of a person's illness during their stay in jail or prison.

Partners Involved:

- CMH Clinicians (CMH)
- County Jails
- Emergency Depts (ED)
- Judges, Magistrates, & Prosecutors

Scenario:

Established inmate identified for initiation of jail-based MH Services

Ideally, inmates will be identified at intake for services. However, some inmates may be identified at a later point during incarceration.

Procedure:

For an inmate who has been incarcerated may be identified for initiation of mental health services in the following ways:

- Corrections staff observe an increase in MH symptoms, or a clearer demonstration of symptoms.
- An inmate can request services by filling out a request form requesting mental health treatment. The Correction Officer that receives the request will make copies and put one copy in the CMH box, one copy in the inmates file and one copy will go to our medical provider.

The officers response will vary depending on the severity of the situation:

Urgent SItuations: If the Jail Officer determines it is an urgent mental health situation (suicidal, homicidal or psychotic), they will contact Community Mental Health for an evaluation at the 1-800-992-2061 to request an evaluation.

CMH will triage the situation and provide information on the next steps.

Non-Urgent Situations: For non-urgent situations, the Correction staff will refer the inmate to Jail Diversion Clinician and Liaison (JDCL) for mental health screening for further treatment.

The JDCL will respond to the request and screen the individual to determine eligiblity for services.

Inpatient: If inpatient hospitalization is necessary, the JD Clinician will make recommendation to court or jail and facilitates connection to appropriate treatment.

The Correction Officer will work with the Jail Administrator and CMH clinician to fill out the Request for Release of Inmate Form. This form will be shared with the defense attorney, prosecutor, and judges. The forms used in Mason and Oceana counties are provided in Attachment A.

Jail-Based: If inpatient hospitalization is not necessary, the JDCL will determine whether the inmate meets criteria for jail-based MH Treatment. If eligible and the inmate agrees to services, the JDCL will:

- Completes a comprehensive assessment (unless an existing CMH client).
- Develops an Individual Plan of Service (IPOS)
- Provide treatment services
- Starts planning for jail release
- Coordinates psychotropic medications with jail medical staff if necessary
- Initiate Medication Assisted Treatment for opiates or alcohol, as appropriate.

Intercept 4: ReEntry

Involves supported reentry back into the community following release from jail or prison to link people with services in the community with the aim of reducing furthercriminal justice involve.

Community Partners Involved:

- Jail Corrections Staff
- Jail Medical Staff
- Jail-Based CMH Clinicians
- Community-Based Services

Scenario: An Inmate enrolled in Jail-Based MH Services is scheduled for release

A comprehensive jail release plan will be developed prior to release for all participants of jail-based MH Treatment Service prior. This plan will provide for identified needs upon release including service appointments for: mental health, substance use, medical, employment, health care insurance coverage, housing, transportation, family coordination, legal supports, education, and other forms of identified support needs.

Procedure:

Jail corrections staff must notify the Jail Diversion Clinician and Liaison (JDCL) of upcoming release dates for all individuals enrolled in jail-based MH treatment services when information is available. If this is an unscheduled release, jail officers will immediately inform the JDCL of this release so JDCL can engage with individuals about release planning.

When an inmate nears jail release, the JDCL will finalize a comprehensive jail release plan to support transition to the community. When possible, appointments with identified services are scheduled for the inmate.

Following release, the Jail Diversion Case Manager will provide follow-up case management to ensure the individual is engaged with their service provider as soon as possible, but not to exceed 14 days.

Intercept 5: Community Corrections

Involves community-based criminal justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

Partners Involved:

- Courts/Specialty Courts
- Community Corrections
- Community Based Services thru CMH
- Other Community Service Providers

Scenario:

Inmate released and still connected with legal system through community corrections

For those released and still connected with the legal system through community corrections (court monitoring/probation/parole), the goal is to avoid recidivism due to reoffending. On-going service coordination and planning among the courts, mental health, substance abuse, medical, and other necessary providers will be maintained.

The CMH Jail Clinician/Liaison can assist with treatment recommendations for individuals who are diverted post booking with treatment conditions as part of their sentencing, or released on probation after serving at least a portion of their sentence with treatment conditions.

Procedure:

On-going Support and Technical Rule Violation Response Alternatives:

The CMH Jail Clinician/Liaison can assist with treatment recommendations for individuals who are diverted post booking with treatment conditions as part of their sentencing, or released on probation after serving at least a portion of their sentence with treatment conditions.

- If an individual participates in jail-based mental health services, the JDCL will provide recommended treatment options(e.g. continue with a certain level of care, refer to community providers, etc.).
- If an individual is not currently working with CMH, a scheduled intake can occur to assess for level of care and needs (SUD, MH). The Jail Diversion Clinician is available to assist with this process.

Methamphetamine Psychosis

Individuals who are exhibiting psychotic symptoms and syndromes may be experiencing methamphetamine related psychosis. Acute symptoms can include agitation, violence, and delusions, and may require a crisis intervention.

Partners Involved:

- 911 Dispatchers (911)
- Law Enforcement (L/E)
- CMH Clinicians (CMH)
- Emergency Departments (ED)
- Emergency Medical Services (EMS)

Scenario:

911 dispatches L/E to scene of a call with symptoms of psychosis that may be due to methamphetamine use.

Psychotic symptoms are a possible consequences of methamphetamine (MA) use and can occur irrespective of any prior history of psychosis. Among MA users with risk factors for psychosis or pre-existing schizophrenia, MA use may lead to the onset or exacerbation of these conditions.

MA-related psychiatric symptoms can include irritability, anxiety, psychosis, and mood disturbances. Prominent psychotic symptoms include auditory and tactile hallucinations, ideas of reference, and paranoid delusions often resulting in violent behavior.

When responding to possible methamphetamine psychosis, the correct diagnosis informs the most appropriate approach. [1]

Diagnosis Determines Approach:

When an individual is exhibiting psychiatric symptoms and has methamphetamine in their system, to determine the most appropriate response, it will be necessary to determine whether the symptoms are due to:

- A Primary psychiatric disorder OR
- A Substance-induced psychotic disorder OR
- A transient (acute) issue due to the methamphetamine itself.

A description of each type is provided on the following pages.

1. Glasner-Edwards, S., & Mooney, L. J. (2014). Methamphetamine psychosis: epidemiology and management. CNS drugs, 28(12), 1115–1126. https://doi.org/10.1007/s40263-014-0209-8

1. Primary Psychotic Disorders: According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) an episode of psychosis that involves MA (or other substance) can be considered a **primary psychotic disorder** (e.g., schizophrenia) under the following conditions:

    a. Symptoms are substantially in excess of what would be expected given the type or amount of substance used or the duration of use;

    b. there is a history of psychotic episodes that are not substance-related;

    c. psychotic symptom onset precedes the onset of substance use; **and**

    d. psychotic symptoms persist for at least one month after the cessation of intoxication or acute withdrawal.

2. Substance-Induced Psychotic Disorder: According to the DSM-5 an episode of psychosis that involves MA (or other substance) can be diagnosed as a substance-induced psychotic disorder when the following symptoms are present:

    a. Presence of prominent hallucinations or delusions;

    b. Hallucinations or delusions develop during, or soon after, intoxication or withdrawal from a substance or medication known to cause psychotic symptoms;

    c. Psychotic symptoms are not actually part of a psychotic disorder (such as schizophrenia, schizophreniform disorder, schizoaffective disorder) that is not substance-induced (i.e., if psychotic symptom onset was prior to substance or medication use, or persists longer than one month after substance intoxication or withdrawal, then another psychotic disorder is likely);

3. Transient Psychotic Symptoms: Acute symptoms which can include agitation, violence, and delusions that do not exceed the known and expected effects of intoxication or withdrawal from MA. Transient psychotic symptoms may still require pharmacological management when accompanied by acute agitation, violent behavior, or otherwise severe distress and impairment in functioning.

    NOTE: Inpatient psychiatric hospitalization is not an appropriate option for individuals experiencing transient psychotic symptoms.

Options available to the officer:

Based on the situation, there are currently four response options. Recommended procedure for each of these options is detailed on the following pages.

1. Connect to substance use disorder treatment
2. Release to the Community
3. Take Individual to the local Emergency Department (ED)
4. Take Individual to the Local Jail

Option 1: Connect to substance use disorder (SUD) treatment

Research indicates that treatment for methamphetamine dependence is the optimal approach to reducing rates of psychosis among individuals who use methamphetamines. Therefore, the recommended approach for individuals with transient psychotic symptoms related to MA is to connect the individual with substance use disorder treatment.

Connected with WMCMH: If the individual is willing, the individual should be connected with WMCMH, who may facilitate a connection to the most appropriate SUD treatment setting.

SUD Involuntary placement: Michigan PA 200 of 2014 is a viable option for mandating SUD Treatment for those who meet the criteria. This requires a petition to the appropriate probate court using that specific court's process. Refer to the relevent section later in this document by clicking here.

If an individual is being released from the ED or the local jail, the following procedure should be followed to assist them in accessing SUD treament.

Prior to release from the jail: For individuals housed at the jail, prior to release the individual should be referred to the SUD jail clinician for post-release planning and referral to community-based services.

Prior to release from ED: For individuals in the ED, the ED staff should provide SUD Treatment education/options, facilitate a referral to SUD treatment immediately when possible, seek support from WMCMH crisis services, contact the individual's insurance carrier if necessary.

Option 2: Release to the Community

When the individual is determined to be safe and under the care of a responsible adult, it may be necessary to release an individual to their home/community if they are not willing to engage in treatment, are not a danger to self/others, and SUD Involuntary treatment criteria are not met.

Option 3: Take Individual to the local Emergency Department (ED)

Individuals should be taken to the ED for evaluation unless they are too violent to be managed at the ED or it is determined that an immediate arrest is necessary due to the nature of a crime.

If the psychosis is diagnosed as a primary psychotic disorder, protocol for mental health plan intervention will be followed.

If it is determined that the psychosis is due to substance induced psychotic disorder or transient psychotic symptoms (that do not exceed the known and expected effects of intoxication or withdrawal from MA) the ED will provide pharmacological management, when deemed appropriate, and medical monitoring until the individual is stabilized when they may be released. They and/or family members/loved ones should be educated on treatment options upon release.

Option 4: Take Individual to the Local Jail

If law enforcement determines it is appropriate for the individual to be transported to the jail for processing rather than the ED, the Officer or jail may call the WMCMH Mobile Crisis Team or the WMCMH jail-based service provider for further assessment when it is determined necessary or possible.

Primary Psychotic Disorder: If it is determined that the psychosis is diagnosed as a primary psychotic disorder protocol for mental health placement/intervention will be followed.

Substance-Induced Psychotic Disorder: If it is determined that the psychosis is diagnosed as a substance-induced psychotic disorder, arrangements should be made for monitoring or connection to SUD treatment, as possible based on legal situation.

Transient Psychotic Symptoms: If it is determined that the diagnosis is transient psychotic symptoms the jail should monitor the individual per jail protocol until the individual is stabilized and symptoms resolve. Following stabilization, the individual should proceed with normal legal proceedings and a referral to SUD Services.

Involuntary Placement for Substance Use Disorder (SUD)

Effective June 24, 2014, Public Act 200 of 2014 (the "Act") amended the Mental Health Code to allow an individual to petition the court to provide involuntary treatment and/or services for a substance use disorder.[1]

This process is used much less frequently than involuntary placement for mental health services. As such, the process is less defined locally and can be challenging to implement. Similar to challenges with mental health placement, finding a bed can be challenging due to many providers not accepting individuals that are being placed involuntarily. However, there are instances when the risk to the individual is great and this option can be an important tool.

For assistance with this process, contact the Probate Court in the county of residency of the person needing help or contact West Michigan CMH at 1-800-992-2061.

Procedure:

A court may order involuntary substance use disorder treatment for an individual when **all** of the following statements apply:

- The individual has a substance use disorder as verified by a health professional under section 281b.
- The individual presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or a substantial likelihood of the threat of danger in the near future exists.
- The individual can reasonably benefit from treatment.

To initiate court proceedings for involuntary SUD treatment a verified petition may be filed in the court by any of the following individuals:

- The spouse of the respondent
- A family member of the respondent
- The guardian of the respondent
- A health professional

1. MENTAL HEALTH CODE (EXCERPT), Act 258 of 1974, 330.1281b

Attachment A: Request for Release of Inmate Forms

OFFICE OF THE
SHERIFF
MASON COUNTY

Prosecutor Lauren Kreinbrink
Judge Susan Sniegowski
Judge John Middlebrook
Magistrate Glenn Jackson

Date: _____

Subject: Request for release of Inmate: _____

Court File No: _____ **Attorney** (if Inmate has one)**:** _____

1. This form is a formal request for the release of the above Inmate for the reason of:

   _____

   _____

2. This Inmate will be going to: _____
3. If time is of the essence, please specify the time frame and reasons for time frame: _____

   _____
4. The current bond amount conditions are: _____
5. It is requested that the Prosecuting Attorney's office conveys their position in writing, to the Court and Sheriff's Department.
6. It is requested that if the Prosecuting Attorney's office agrees with the release, an Amended Pre-trial Release Order (MC 240), detailing the release in #u. will be presented to the Court for Judge to effectuate the release.
7. The Court will provide the executed MC 240 to the Jail to action the release.

Thank you for considering this request.

_____ _____
Chief Deputy Kenny VanSickle Sergeant
Jail Administrator

_____
Community Mental Health

OCEANA COUNTY SHERIFF'S OFFICE

CRAIG MAST, SHERIFF **RYAN SCHILLER, UNDERSHERIFF**
216 LINCOLN ST., P.O. BOX 32 • HART, MI 49420 • PHONE: (231) 873-2121
FAX: (231) 873-0154

Prosecutor Joseph Bizon- Judge Susan Sniegowski- Judge John Middlebrook
Magistrate Adriana Facundo- Asst. Mag. Brandi Bruch

Date:_____

Subject: Request for release of Inmate:_____ DOB:_____

1. This form is a formal request for the release of the above Inmate for the reason of:

   ☐ Mental Health/Evaluation ☐ Medical ☐ Other

   _____

   _____

   _____

2. This Inmate will be going to:_____

3. If time is of the essence, please specify the reason why:_____

   _____

4. The current bond amount/bond conditions are:_____

5. It is requested that if the Prosecuting Attorney's office agrees with the release, an Amended Pre-trial Release Order (MC 240), detailing the release in line U. will be presented to the Courts to effectuate the release. [Prosecutor Authorization:_____ Date:_____]

6. The Court will provide the executed MC 240 to the jail to action the release.

Thank you for considering this request.

X_____ X_____

Lieutenant Mark Schneider
Jail Administrator

Sergeant
Jail Sergeant

Community Mental Health:_____ Date_____