

Risk Assessment, Petitioning, and Mandatory Reporting

What to do when our work assessing
risk intersects with Michigan Law

Kristyn Spangler Kristyn_Spangler@ihacares.com

Rachel Glick rglick@umich.edu

We assess several types of risk

- ▶ Suicide Risk
- ▶ Violence Risk
- ▶ Risk in caring for self
- ▶ Risk of abuse/neglect (children, the elderly or disabled, domestic violence)



Suicide Risk Assessment has several components

- ▶ Ideation, Plan, Intent
 - ▶ Not necessarily needed for high risk
- ▶ Risk Factors
 - ▶ History, family history, diagnosis, current mental state (agitation/anxiety, hopelessness), insomnia, substance use, access to means (guns)
- ▶ Protective Factors
 - ▶ Family/friends, future orientation, reasons to live/hope, commitment to safety
- ▶ Safety Planning
 - ▶ Coping skills, mobilizing supports, removing means

Sometimes patient are at risk of harming others

- ▶ Ideation, Plan, Intent
- ▶ Risk Factors
 - ▶ History of violence, diagnosis, male, disenfranchised, access to weapons

Risk of Harm to others might invoke Duty to Warn

- ▶ Tarasoff case and resulting state laws on “duty to warn” an identified potential victim
- ▶ **In Michigan, only mental health providers have this duty to warn,** so other providers will often refer these cases to the emergency department to be assessed by a mental health provider. (May use the petitioning process to get patient to the ED.) Our teams should notify law enforcement or follow agency policy, which may be petition to the ED.
- ▶ If threat is due to mental illness, hospitalization is usually most appropriate.
- ▶ If threat not due to a mental illness we can respond in hospital, ED behavioral health provider must warn potential victim and/or appropriate police agency.

Can my patient care for their basic needs?

Are they

- ▶ eating
- ▶ drinking
- ▶ protecting themselves from the weather

Is their inability to do these things due to a mental illness?

- ▶ Consider involuntary hospitalization

If due to cognitive deficits/psychosocial issues

- ▶ Is this a mandated reporting situation?

Patients whose psychiatric condition puts them at risk to self or others could require involuntary hospitalization

- ▶ In the State of Michigan, involuntary psychiatric hospitalization requires 3 steps
- ▶ **Petition**
 - ▶ Any adult with direct observation or knowledge of patient statements or behavior can complete a Petition.
- ▶ **First Certificate**
 - ▶ completed by any physician who has examined the patient and agrees criteria are met
 - ▶ A petition and first certificate are sufficient to have the patient placed in a psychiatric facility.
- ▶ **2nd Certificate**
 - ▶ Completed by a treating psychiatrist to start the court process.
 - ▶ Within 24 hours of first certificate completion
- ▶ The patient remains in the hospital pending the court hearing
- ▶ A patient can become a voluntary patient by “signing in” at a psychiatric facility.
 - ▶ Court is not involved for a voluntary patient.
 - ▶ A voluntary patient who wants to leave against medical advice then becomes an involuntary patient by the above process.

A petition is completed by an adult with direct knowledge of patient's statements and behavior

- ▶ Petitions are typically completed by family, caregivers, social workers, police, or nurses; although any adult can complete one.
- ▶ A petition is good for 10 days.
 - ▶ This is sometimes needed to find the patient who has been petitioned, but things can get complicated based on what community the patient lives in , as some police will only respond to petitions issues by the courts (pick-up orders).
- ▶ Find the petition online
 - ▶ <http://courts.mi.gov/administration/scao/forms/courtforms/pcm201.pdf>

A Petition is a court document

If you are advising someone on how to fill out a petition or filling one out yourself, remember:

- ▶ Be as completely as possible, but leave blank any question you cannot answer.
- ▶ On page 1, you must fill out at least **patient name, sections 1 and 2, and check at least one box of section 3** (you may check more than one).
- ▶ In section 3, you will likely be checking a, b, and/or c. (D is a new option designed for the seriously mentally ill and will most often be used by CMHs and others.)
Usually a or b.
 - ▶ Checking only c is not typically deemed enough to commit a patient
- ▶ On page 2: **Be as detailed as possible in sections 4 and 5.** Don't worry about sections 6, 7, or 8.
- ▶ Check section 9 and complete all information (except signature of attorney)
- ▶ Use **BLACK INK** (some counties will not accept other ink).
- ▶ DO NOT PUT YOUR HOME ADDRESS OR PHONE (patients get a copy)
- ▶ **If you make a mistake, start over.** Crossing out words is unacceptable.
- ▶ **KNOW THAT AS PETITIONER YOU MAY BE CALLED TO TESTIFY IN COURT**

Petition for Mental Health Treatment

Approved, SCAD PCS CODE: PFHIPAS
TCS CODE: IPFH/FFHIPAS

| | | |
|---|---|----------|
| STATE OF MICHIGAN PROBATE COURT COUNTY OF | PETITION FOR MENTAL HEALTH TREATMENT | FILE NO. |
|---|---|----------|

In the matter of Patient's Name
First, middle, and last name XXX-XX-
Last four digits of SSN

| | | | | |
|-----------|------------------------------|---|-----------------|---------------|
| Court ORI | Date of Birth patient DOB | Place of Birth where pt was born if you know | Race Pt race | Sex Pt sex |
|-----------|------------------------------|---|-----------------|---------------|

1. I, Petitioner's Name, an adult, how do you know the patient (social worker, for example) 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 patient DOB, has a permanent residence in Pt's county of residence
Date

County at Pt's address
Street address City State ZIP

and can presently be found at Pt's current location (doctor's office, hospital, home)
Facility name or other address

This petition is for a person who was found not guilty by reason of insanity in this county.

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 that s/he is unable to understand his/her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.

d. the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition. The individual's noncompliance with treatment has been a factor in the individual's

i. placement in a psychiatric hospital jail prison at least two times within the last 48 months.
(Specify the name(s) and location(s) of the hospital, jail, or prison and the date(s) of hospitalization or incarceration.)

AND/OR

ii. committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.
(Specify the acts, attempts, or threats of serious violent behavior.)

(SEE SECOND PAGE)

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

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

The patient said.... The patient (describe behavior)

Ex: Mr Patient said that he wanted to die and said he has a plan to jump into traffic.

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

Another source told you about the patient's condition.

Ex: Mr Patient's wife said that he texted her and said he was going to kill himself

by: Wife of Mr Patient address phone
Witness name Complete address telephone no.

5. The persons interested in these proceedings are:

| NAME | RELATIONSHIP | ADDRESS | TELEPHONE |
|-------------|--------------|---------|-----------|
| Mrs Patient | Spouse | | |
| | Guardian* | | |

*(Specify the county where the guardianship was established and the case number.)

6. The individual is is not a veteran.

7. Attached is a clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
 clinical certificate by a psychiatrist taken within the last 72 hours.
 petition/affidavit for examination (form PCM 209a) because an examination could not be secured.

8. I request the court to determine the individual to be a person requiring treatment and

a. (Check if item 3a, 3b, or 3c is checked.) order appropriate mental health treatment.
 b. (Check if item 3d is checked.) order that the individual participate in assisted outpatient treatment without hospitalization.

9. I request the individual be hospitalized pending a hearing.

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

| | |
|--|--|
| <input checked="" type="checkbox"/> leave blank Signature of attorney | today's date Date |
| Name (type or print) | <input checked="" type="checkbox"/> sign here Signature of petitioner |
| Address | work address Address |
| City, state, zip | Telephone no. |
| | City, state, zip |
| | Home telephone no. |
| | work phone Work telephone no. |

| | |
|-----------------------------|--|
| FOR HOSPITAL USE ONLY | This petition for mental health treatment was received by the hospital on _____ at _____ |
| | Date Time |
| | Signature of hospital representative |

Send an at-risk patient to the Emergency Department

- ▶ Most likely we want to arrange for them to be taken to an ED. Best if in county of their residence, especially if they live in Oakland or Wayne County.
- ▶ **If you are petitioning, have them transported by ambulance.** (It is ok if an at risk patient agrees to hospital assessment and is driven by family, but in this case you would not be filling out the petition.) If you are really worried about patient's ability to get to ED and you think they are at risk, petition and send by ambulance.

Patients are evaluated and dispositioned in the ED

- ▶ Depending on which ED facility, may be evaluated by psychiatrist, social worker, or only medical physician.
- ▶ Outcome of ED assessment:
 - ▶ Discharge with safety plan
 - ▶ Admit as voluntary patient
 - ▶ Admit as involuntary patient (once in hospital usually have opportunity to sign-in, unless they need an ATO or we are worried about them having guns)
- ▶ Expect several hours in the ED (8 is not uncommon), with some patients staying in ED over 24 hours while an appropriate psychiatric bed is located.

Children and Adults can be at risk for abuse and neglect

- ▶ Based on your clinical assessment, is patient **vulnerable**?
 - ▶ child, elder, disabled
- ▶ Based on your clinical assessment, is patient **at risk of abuse or neglect**?
 - ▶ Non-accidental physical or mental injury
 - ▶ Sexual abuse / sexual exploitation
 - ▶ Inadequate food, clothing, shelter, or medical care

We are mandated to report suspected abuse or neglect

- ▶ Michigan Child Protection Law requires certain professionals to report their suspicions of child abuse or neglect to Children's Protective Services (CPS) at the Department of Human Services (DHS). These people are mandated reporters and have established relationships with children based on their profession.
 - ▶ Physicians, LMSWs, Nurses, et al
- ▶ Mandated reporters are required to make an immediate verbal report to CPS and a written report within 72 hours when they suspect child abuse or neglect. Form DHS-3200
 - ▶ The verbal report can be completed by calling 855-444-3911
 - ▶ https://www.michigan.gov/documents/FIA3200_11924_7.pdf
- ▶ Children's Protective Services investigates allegations of abuse from birth to age 18.
- ▶ Alleged perpetrator must be parent, legal guardian, or other person responsible for the child's health and welfare

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services

| | | | | | |
|---|----------------------------------|---|--|--|-------------------|
| Was Complaint Phoned to MDHHS? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | ▶ If yes, Intake ID # _____ ▶ | | ▶ If no, contact Centralized Intake (855-444-3911) immediately | |
| INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address listed on page 2. | | | | | 1. Date |
| 2. List of Child(ren) Suspected of Being Abused or Neglected. To insert additional rows, tab at the end of last row to create a new row. | | | | | |
| NAME | | BIRTH DATE | SOCIAL SECURITY # | SEX | RACE |
| "Click Here and Type" | | | | | |
| | | | | | |
| | | | | | |
| 3. Mother's Name | | | | | |
| | | | | | |
| 4. Father's Name | | | | | |
| | | | | | |
| 5. Child(ren)'s Address (No. & Street) | | | 6. City | 7. County | 8. Phone No. |
| | | | | | |
| 9. Name of Alleged Perpetrator of Abuse or Neglect | | | 10. Relationship to Child(ren) | | |
| | | | | | |
| 11. Person(s) The Child(ren) Living With When Abuse/Neglect Occurred | | | 12. Address, City & Zip Code Where Abuse/Neglect Occurred | | |
| | | | | | |
| 13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect | | | | | |
| | | | | | |
| 14. Source of Complaint (Add reporter code below) | | | | | |
| 01 Private Physician/Physician's Assistant | 11 School Nurse | 42 MDHHS Facility Social Worker | | | |
| 02 Hosp/Clinic Physician/Physician's Assistant | 12 Teacher | 43 DMH Facility Social Worker | | | |
| 03 Coroner/Medical Examiner | 13 School Administrator | 44 Other Public Social Worker | | | |
| 04 Dentist/Register Dental Hygienist | 14 School Counselor | 45 Private Agency Social Worker | | | |
| 05 Audiologist | 21 Law Enforcement | 46 Court Social Worker | | | |
| 06 Nurse (Not School) | 22 Domestic Violence Providers | 47 Other Social Worker | | | |
| 07 Paramedic/EMT | 23 Friend of the Court | 48 FIS/ES Worker/Supervisor | | | |
| 08 Psychologist | 25 Clergy | 49 Social Services Specialist/Manager (CPS, FC, etc.) | | | |
| 09 Marriage/Family Therapist | 31 Child Care Provider | 56 Court Personnel | | | |
| 10 Licensed Counselor | 41 Hospital/Clinic Social Worker | | | | |
| 15. Reporting Person's Name | | Report Code (see above) | 15a. Name of Reporting Organization (school, hospital, etc.) | | |
| | | | | | |
| 15b. Address (No. & Street) | | 15c. City | 15d. State | 15e. Zip Code | 15f. Phone Number |
| | | | | | |
| 16. Reporting Person's Name | | Report Code (see above) | 16a. Name of Reporting Organization (school, hospital, etc.) | | |
| | | | | | |
| 16b. Address (No. & Street) | | 16c. City | 16d. State | 16e. Zip Code | 16f. Phone Number |
| | | | | | |
| 17. Reporting Person's Name | | Report Code (see above) | 17a. Name of Reporting Organization (school, hospital, etc.) | | |
| | | | | | |
| 17b. Address (No. & Street) | | 17c. City | 17d. State | 17e. Zip Code | 17f. Phone Number |
| | | | | | |
| 18. Reporting Person's Name | | Report Code (see above) | 18a. Name of Reporting Organization (school, hospital, etc.) | | |
| | | | | | |
| 18b. Address (No. & Street) | | 18c. City | 18d. State | 18e. Zip Code | 18f. Phone Number |
| | | | | | |
| 19. Reporting Person's Name | | Report Code (see above) | 19a. Name of Reporting Organization (school, hospital, etc.) | | |
| | | | | | |
| 19b. Address (No. & Street) | | 19c. City | 19d. State | 19e. Zip Code | 19f. Phone Number |
| | | | | | |

We must report suspected maltreatment of vulnerable adults

- ▶ Health Care (including mental health care), Educational, and Public Services are mandated to report suspected abuse, neglect, or exploitation of vulnerable adults.
- ▶ **Vulnerable:** A condition in which an adult is unable to protect himself or herself from abuse, neglect, or exploitation because of a mental or physical impairment or advanced age.
- ▶ **Exploitation:** Misuse of an adult's funds, property, or personal dignity by another person.
- ▶ 1-800-444-3911
 - ▶ Same number for Child Protective Services. No paper form required.

We report domestic violence when it endangers a child or vulnerable adult

- ▶ Report Domestic Violence as abuse when you suspect that a child or vulnerable adult is hurt as a result
 - ▶ Children or vulnerable adults who witness domestic violence
 - ▶ No mandate to report DV against a pregnant woman to Children's Protective Services unless there are other children in the home that may be harmed
 - ▶ You may elect to report it to Children's Protective Services, and they may elect to follow up.