

# SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## CLINICAL POLICY

**NUMBER: BC147**

**NAME: ORDERED TREATMENT ADHERENCE/RECIDIVISM PREVENTION POLICY**

INITIAL APPROVAL DATE: 06/05/2019 BY: Administrative Committee

(LAST) REVISION DATE: 03/17/2022 BY: Policy Committee

(LAST) REVIEW DATE: 07/27/2023 BY: Policy Committee

DISCONTINUED DATE: N/A REPLACED BY: N/A

### I. **PURPOSE**

To establish a policy for recidivism prevention within our service system.

### II. **APPLICATION**

Populations: **NA**

Programs: **Direct - ALL**  
**Contracted - ALL**

### III. **POLICY**

Sanilac CMH shall adopt a Recidivism Prevention Policy to ensure that individuals remain in the least restrictive setting to meet their mental health needs. This policy addresses individuals that are on active court deferrals, court orders, or are identified as psychiatric hospitalization outliers.

### IV. **DEFINITIONS**

Recidivism: A tendency to relapse into a former pattern of behavior, especially a tendency to return to criminal habits or psychiatric hospitalization.

### V. **STANDARDS**

- A. Sanilac CMH will implement a Recidivism Prevention Team. The team will be composed of the Hospital Liaison, Clinical Supervisor(s), Chief Operating Officer, Medical Director, and Clinician/Care Manager when appropriate.
- B. The Recidivism Prevention Team will meet monthly to review/discuss treatment compliance and provide recommendations to address severity of individuals. Individuals reviewed will be individuals currently on court deferrals, court treatment orders, or are identified as psychiatric hospital outliers (re-hospitalized within a 30-day period).
- C. The Recidivism Prevention Team will meet within 7 days of an (court ordered, deferred, or psychiatric hospital outlier) individual being discharged from the psychiatric hospital to determine an appropriate course of treatment.
- D. If an individual who is on a court deferral or court order misses 3 consecutive appointments for therapy, doctor, or care management within Sanilac CMH, and is identified as a no show, the treatment team will meet to discuss if the appropriate court paperwork needs to be submitted for non-compliance; this may be completed sooner if clinically appropriate. A wellness check with local law enforcement will be initiated to ensure individual safety. If

there is concern for harm to self or others, the appropriate box on the court paperwork will be marked to pursue inpatient hospitalization.

- a. If the individual is on an active Deferral (PCM 236), then a Demand for Hearing (PCM 236) needs to be completed.
  - b. If the individual is on an active Court Order (PCM 214), then a Notice of Noncompliance (PCM 230) needs to be completed.
- E. If an individual who is on a court deferral or court order reports not taking their psychiatric medication as prescribed, the treating psychiatrist will be consulted to determine if hospitalization is necessary. The appropriate court paperwork will be submitted for non-compliance and hospitalization will be initiated if recommended by the treating psychiatrist.
- F. The Hospital Liaison will attend all deferral and court ordered hearings.
- G. The Hospital Liaison will visit all individuals who are identified as psychiatric hospital outliers while they are admitted to the psychiatric unit.
- H. The Hospital Liaison will clarify on the court deferral or court order which agency is providing treatment monitoring. This would be identified as either Sanilac CMH or an appropriate community provider. If the Hospital Liaison is unable to obtain this information or link to an appropriate community provider, Sanilac CMH will be the responsible monitoring agency.
- I. The Hospital Liaison will be responsible for coordinating with community providers for those individuals who are on a court deferral or court order in which Sanilac CMH is listed as the monitoring agency. For these cases the Hospital Liaison will send case information to Data Management to open the case in Oasis.
- J. Appropriate level of care will be determined by severity of mental illness. Below is the minimal level of care recommended. Intensity of services would be altered to meet individual's needs at a higher level of care.
- a. For the first month, the individual will be seen at least weekly by their primary caseholder.
  - b. For the second month, the individual will be seen at least 2 times per month by their primary caseholder.
  - c. After the second month of treatment, on-going care will be assessed to determine the appropriate level of care.
- K. For psychiatric hospital outliers (those re-hospitalized within 30 days after their discharge), the following is required:
- a. They will be scheduled to see their primary caseholder within 3 business days.
  - b. They will be scheduled to see the psychiatrist within 5 business days.
  - c. Staff should address recidivism and note this in every progress note for 30 days following a Root Cause Analysis.

**VI. ATTACHMENTS**

None

**VII. REFERENCES**

- A. Medicaid Manual
- B. Deferral PCM 236
- C. Demand for Hearing PCM 236
- D. Court Order PCM 214
- E. Notice of Noncompliance PCM 230