

Deferral Conference Process for Inpatient Hospitals & CRSPs

Deferral defined: The subject of a petition who is hospitalized pending the court hearing may file with the Court a request to temporarily defer the hearing for not longer than 60 days if the individual chooses to remain hospitalized, or 90 days if the individual chooses alternative treatment or a combination of hospitalization and alternative treatment. The request shall include a stipulation that the individual agrees remain hospitalized and to accept treatment as may be prescribed for the deferral period, or to accept and follow the proposed plan of treatment for the deferral period, and further agrees that at any time the individual may refuse treatment and demand a hearing. MCL 330.1455 (5)

If the individual is participating in an alternative to hospitalization in the community and if not earlier than 14 days nor later than 7 days before the expiration of the deferral period, the executive director of the community mental health services program responsible for the treatment that is an alternative to hospitalization believes that the condition of the individual is such that he or she continues to require treatment, and believes that the individual will not agree to accept treatment voluntarily or is considered by the alternative treatment program provider not suitable for voluntary treatment, the executive director shall notify the court to convene a hearing. MCL 330.1455 (10)

The Court is notified of an individual's (who has deferred to voluntary treatment) refusal to comply with that agreement, through the filing of a Demand for Hearing PCM 236.

MCL 330.1455 (2) The subject of a petition under section 452(a) or (b) who is hospitalized pending the court hearing within 72 hours, excluding Sundays and holidays, after the petition and clinical certificates have been filed with the court, shall meet with legal counsel, a treatment team member assigned by the hospital director, a person assigned by the executive director of the responsible community mental health services program, and if possible, a person designated by the subject of the petition, in order to be informed of all of the following:

- a. The proposed plan of treatment in the hospital.
- b. The nature and possible consequences of commitment procedures.
- c. The proposed plan of treatment in the community consisting of either an alternative to hospitalization or a combination of hospitalization and alternative treatment with hospitalization not to exceed 60 days.

If the subject of a petition who is hospitalized elects to hold a deferral conference, a representative from the assigned CRSP must appear either remotely or in-person to participate in the deferral conference. The purpose of this appearance is to ensure a warm handoff for the individual to ensure compliance with the assisted outpatient treatment plan. If an individual is not assigned to a CRSP, a representative from DWIHN will appear at the deferral conference.

Deferral Process: DWIHN Expectations

1. Representation from the CRSP/CMH and/or;
2. A DWIHN representative must be present if there is no CRSP/CMH provider ;
3. DWIHN UM Reviewer should be aware of the Deferral Hearing
4. Inpatient facility is responsible for coordinating and ensuring parties are present at the hearing.
5. Submit Deferral Hearing documentation to both AOTorders@dwihn.org and the appropriate Judges courtroom.
6. Non-DWIHN referrals should be sent directly to BHUMgr@wcpc.us
7. Medicare DWIHN members hearing information should be sent directly to AOTorders@dwihn.org

The inpatient hospital must notify the CRSP (via the AOT CRSP Contact List should we add intake managers/coordinators/staff to that list to be notified) by email as soon as the date and time of the deferral conference has been set, along with Zoom or Teams instructions. Included on that email should be the Court (BHUMgr@wcpc.us) and DWIHN (AOTorders@dwihn.org).

If there is no assigned CRSP, the inpatient hospital will need to email: Sojourner Jones at sjones1@dwihn.org. Ms. Jones will attend the deferral conference.

The deferral conference should incorporate the following components to establish a treatment plan for the individual:

1. Where member will reside upon discharge.
2. How to reach the member (phone number and address).
3. Guardian information, if applicable.
4. Medications taken while hospitalized.
5. Information regarding member's diagnosis, prognosis and status.
6. Substance abuse history.
7. Suggested treatment modalities and recommendations to CRSP; including but not limited to the following:
 - a. Case management plan
 - b. Case management services
 - c. Medication including injectables
 - d. Blood or urinalysis tests to determine medication compliance
 - e. Individual therapy
 - f. Group therapy
 - g. Educational training
 - h. Vocational training
 - i. Supervised living
 - j. ACT services
 - k. SUD treatment
 - l. SUD testing
 - m. Any other services deemed beneficial to the individual's health