



*Isabella County*

Margaret A. McAvoy  
Administrator/Controller

TO: Board of Commissioners

FROM: Margaret McAvoy, County Administrator/Controller

DATE: February 5, 2020

RE: Request to Approve the 2020 Memorandum of Understanding with Community Mental Health for Central Michigan

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Isabella County has an Interagency Agreement currently in place for a collaborative program to provide mental health treatment and assistance to people with serious mental illness who meet program eligibility guidelines. This Interagency Agreement between the County, Community Mental Health for Central Michigan (CMHCM), law enforcement, and the Courts is a requirement of Act 28 of the Public Acts of Michigan of 2014.

Isabella County has received a request from CMHCM to consider approval of the attached 2020 Memorandum of Understanding (MOU) to renew the existing Interagency Agreement. The MOU has been executed by Chief Trial Court Judge Eric Janes, Probate Judge Stuart Black, Sheriff Mike Main, Prosecuting Attorney David Barberi, Mt. Pleasant Chief of Police Paul Lauria, Shepherd Chief of Police Luke Sawyer, Saginaw Chippewa Tribal Chief of Police Harry Ambs, Central Michigan University Chief of Police Larry Klaus, and CMHCM Executive Director John Obermesik. My recommendation is to approve entering into the MOU to continue the Interagency Agreement.

CMHCM Program Director Jennifer McNally will be present at the February 18, 2020 Board of Commissioners' Work Session for discussion and questions.

## ISABELLA COUNTY MEMORANDUM OF UNDERSTANDING

This memorandum officially acknowledges the affiliation, relationship, and understanding among Isabella County, the Isabella County Sheriff's Office, Isabella County Trial Court, Isabella County Prosecutor's Office, Mount Pleasant Police Department, Shepherd Police Department, Saginaw Chippewa Tribal Police Department, Central Michigan University Police Department, and Community Mental Health for Central Michigan (CMHCM), collectively referred to as "Parties".

### 1. Purpose

It is the intent of the Parties to this memorandum to collaborate in order to provide mental health treatment to Isabella County residents who have serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder.

### 2. Recitals

- A. Act No. 28 of the Public Acts of Michigan of 2014 (Act 28) requires each county, no later than October 1, 2014, to have a written interagency agreement for a collaborative program to provide mental health treatment and assistance, if permitted by law and considered appropriate, to people with serious mental illness who are considered at risk for one or more of the following: entering the criminal justice system; not receiving needed mental health services during incarceration in a county jail; not receiving needed mental health treatment services upon release or discharge from a county jail; and being committed to the jurisdiction of the Michigan Department of Corrections (MDOC).
- B. Act 28 requires Parties to the written interagency agreement to include, at a minimum, all of the following parties: the County Sheriff's Office, the County Prosecutor's Office; the Community Mental Health services program (CMHSP) that provides services in that county; the County Board of Commissioners; and a Trial Court Judge who serves in that county.
- C. The interagency agreement shall, at a minimum, cover all of the following areas: guidelines for program eligibility; interparty communication and coordination; day to day program administration; involvement of service consumers, family members, and other stakeholders; how the program shall work with local courts and county jails, and address potential participants before and after screening and assessment procedures; case management guidelines; criteria for completing the collaborative program to provide mental health treatment and assistance; available mental health

treatment services; first response procedures for potential cases; and the manner in which administrators will report the program's actions and outcomes to the public.

- D. The Act does not require the County to provide fund for the collaborative program. However, the County is required to expend funds for the program to the extent that funds have been appropriated annually by the Legislature for the program.
- E. Act No. 29 of the Public Acts of Michigan of 2014 amended the Mental Health Code to prohibit the Michigan Department of Health and Human Services (MDHHS) from preventing the use of General Fund/General Purpose dollars to provide mental health services to county jail inmates if the CMHSP has entered into a memorandum of understanding (MOU) with the county to provide those services.

### **3. Vision**

The vision of the identified Parties is to create a strong collaborative unit in order to best serve individuals with serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder in order to:

Establish a process to identify those defendants charged with either a nonviolent felony or misdemeanor offense who suffer from serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder in order to:

- A. Provide mental health treatment services, substance abuse services, education, and vocational opportunities as appropriate and practicable.
- B. Provide intensive probation monitoring and court supervision as warranted.
- C. Coordinate services between the courts, probation officers, treatment providers, and any other service providers for consistent and effective approach.
- D. Achieve program goals through teamwork and a collaborative effort.
- E. Reduce criminal behavior and decrease incarceration of individuals with mental illness.
- F. Enhance the quality of life for participants throughout Isabella County.
- G. Treat the needs of defendants promptly and professionally.

**4. Guidelines for program eligibility**

Eligible persons are individuals determined to have a serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder and are considered:

- (a) An individual at risk when entering the criminal justice system.
- or-
- (b) An individual needing mental health treatment services during a period of incarceration in the Isabella County Jail.
- or-
- (c) An individual needing mental health treatment services upon arrest or initial contact with law enforcement, or at release or discharge from incarceration in the Isabella County Jail.
- or-
- (d) An individual needing mental health treatment services under court supervision through Community Corrections or Parole/Probation.
- or-
- (e) An individual being committed to the jurisdiction of the Department of Corrections.
- or-
- (f) Treatment services provided within the community are determined based on medical necessity and Medicaid or other treatment funding sources.

**5. Interparty communication and coordination**

- (a) The Isabella County Sheriff's Office and CMHCM or designee shall jointly consult on all individuals determined to have a serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder who enter the Isabella County Jail.
- (b) The jail diversion worker will facilitate all communication with both the Isabella County Trial Court of jail diversion and any other communication needed to facilitate needed information regarding individuals determined to have a serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder.

- (c) Crisis Intervention Team (CIT) meetings shall take place at minimum annually, or as needed, to address processes and collaboration efforts, as well as to identify areas for improvement and problem-solving.
- (d) A coordinated effort between law enforcement, first responders, community representatives, and CMHCM shall be made to address treatment needs, including access to mental health services, substance abuse treatment, including Medication Assisted Treatment (MAT), and crisis intervention.
- (e) The county jail is responsible for providing psychiatric care to inmates. Upon notification that a consumer has been booked into the county jail, CMHCM will immediately send a current medication list, the most recent psychiatric evaluation, and the last 12 months of medication reviews. Communication and coordination of care between the jail physician and the CMHCM prescriber on current CMHCM consumers is encouraged. For non-CMHCM consumers, the CMHCM crisis team (Crisis Mobilization Intervention Team or CMIT) is available to respond for an evaluation and has access to the CMHCM Medical Director whenever a consultation may be necessary.

## **6. Day to day program administration**

- (a) The Isabella County Sheriff's Office administers and facilitates mental health treatment provided within the Isabella County Jail. The Sheriff's Office contacts CMHCM for urgent and emergent mental health services, including emergency psychiatric pre-admission screening. Mental health post-booking diversion is facilitated by CMHCM at the request of the County Jail, Public Defender's Office, or Prosecutor's Office.
- (b) Pre-booking diversion is administered by CMHCM in collaboration with local law enforcement agencies.
- (c) During business hours, law enforcement may bring individuals to the CMHCM office for evaluation or emergency intervention when aggression, substance use, or other medical emergencies are not present.
- (d) After business hours screening location is available for law enforcement to bring individuals who require evaluation or emergency intervention by CMHCM. Pre-booking diversion evaluation may take place at this location. (see Exhibit B)

- (e) CMHCM will complete evaluations on inmates identified by the jail personnel who appear to be experiencing symptoms of a mental illness and may require inpatient hospitalization.

**7. How the program shall work with local courts**

- (a) CMHCM will collaborate with local courts by providing information about the needs of individuals with serious mental illness, co-occurring disorders, or intellectual/developmental disabilities. This gives the courts the ability to best meet the needs of that individual in a way that protects the community and serves the consumer. The primary point-of-contact between the jail, mental health, and local courts is the jail diversion staff.
- (b) The jail diversion staff facilitates the communication and collaboration between the mentally ill individual, case management service, and other parts of the individual's support system, along with the local court, so that the individual can safely transition back into the community with a specific plan of action in place.

**8. How the program will address potential participants before and after criminal charges have been filed (see Exhibit A)**

- (a) Discharge planning commences immediately once an individual who enters the jail is identified as having mental health concerns.
- (b) The individual is evaluated by mental health staff to gather information to assess for safety and to best meet that individual's needs during the time they remain in jail.
- (c) Collaboration and communication among departments within the jail is essential and shall occur on a regular basis, as needed, between jail administration, mental health staff and the medical department to enhance the safety and security of the individuals while in jail and CMHCM.

**9. Resource sharing between the parties to the agreement**

- (a) CMHCM and Isabella County Jail will coordinate services based on eligibility and need. This may include but is not limited to non-emergency assessments, group treatment, and consultation.
- (b) Jail diversion trainings will be offered by CMHCM annually to law enforcement. Other joint training opportunities will be explored as available and necessary.

**10. Referral, Screening and Assessment Procedures**

- (a) Law enforcement or first responders will refer individuals for evaluation by mental health staff when mental health issues are identified. Law enforcement or first responders may contact CMHCM for consultation at any time when responding to a situation in a private residence, group home, or other community-based location. (see Exhibit C and D)
- (b) Mental Health staff engages the individual to gather information that is critical to the safety, security and mental health well-being of that individual while in jail. Discharge planning is a key component to the screening and assessment process.
- (c) If a client is involved in pre-booking jail diversion, CMHCM will provide screening and assessment services and coordinate with community treatment providers if the diversion is successful.
- (d) CMHCM may assess inmates within the jail if called upon to determine if a client has a serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder. This would occur for individuals who may pose a risk for mental health emergency at release, or who may require engagement into services prior to release. If eligible, Mental Health staff will authorize community treatment services for the client upon their release.

**11. Criteria for completing the program**

- (a) The individual is no longer in the criminal justice system or no longer at risk of entering the criminal justice system.

- (b) The individual is no longer in need of mental health treatment services.
- (c) The individual is released from incarceration in the Isabella County Jail and is not in need of mental health treatment services upon release.
- (d) The individual is committed to the jurisdiction of the Department of Corrections.
- (e) The individual moves out of Isabella County.

**12. Mental health treatment services that are available through the program**

- (a) Jail Diversion
- (b) In-jail treatment groups as resources allow.
- (c) Discharge Planning for individuals with serious mental illness, severe emotional disturbance, intellectual/developmental disability, or co-occurring disorder (see Exhibit A3) and other high risk inmates.
- (d) Crisis Mobilization Intervention Team (CMIT) (see Exhibit A)

**13. How the program administrators will report the program's actions and outcomes to the public**

- (a) CMHCM will report annually to the County Commissioners on the services provided.
- (b) Jail diversion data will be tracked annually and reported in CMHCM's annual report.
- (c) Prosecutor's Office and Probation/Parole will track data on admissions and successful completions of individuals referred for coordinated mental health programming.



**14. Counterpart Execution**

This agreement may be executed in any number of counterparts, each of which will be deemed to be an original, and all counterparts, when taken together, will constitute one and the same agreement. The parties agree that signatures on this agreement may be delivered by facsimile or electronically in lieu of an original signature and agree to treat facsimile or electronic signatures as original signatures that bind them to this agreement.

**IN WITNESS WHEREOF**, the Parties have executed this Agreement as of the date first written above by the authority of CMHCM, the Isabella County Sheriff, the Isabella County Prosecutor, Isabella County Trial Court, and the Isabella County Board of Commissioners, respectively.

**County of Isabella**

By: \_\_\_\_\_  
George Green  
Chair of the Board of County Commissioners

Date: \_\_\_\_\_, ~~2019~~ 2020  
JM

Attest:  
\_\_\_\_\_  
Minde Lux  
County Clerk

**Isabella County Trial Court**

By: \_\_\_\_\_  
Hon. Eric Janes, Chief Judge

By: \_\_\_\_\_  
Hon. Stuart Black, Probate Judge

**Isabella County Sheriff's Office**


By: \_\_\_\_\_  
Mike Main, Sheriff

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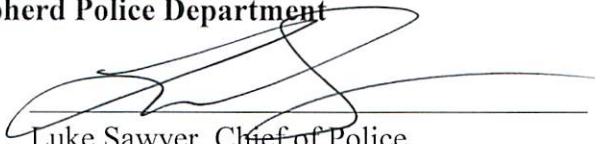
**Isabella County Prosecutor's Office**

By:   
\_\_\_\_\_  
David Barberi, Prosecutor

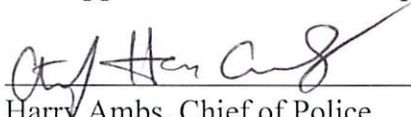
**Mount Pleasant Police Department**

By:   
\_\_\_\_\_  
Paul Lauria, Chief of Police

**Shepherd Police Department**

By:   
\_\_\_\_\_  
Luke Sawyer, Chief of Police

**Saginaw Chippewa Tribal Police Department**

By:   
\_\_\_\_\_  
Harry Ambs, Chief of Police

**Central Michigan University Police Department**

By:  12-16-19  
\_\_\_\_\_  
Larry Klaus, Chief of Police

**Community Mental Health for Central Michigan**

By:   
\_\_\_\_\_  
John Obermesik, Executive Director

1-20-2020  
\_\_\_\_\_  
Date

Effective date of February 1, 2020.

## **Exhibit A**

**Community Mental Health for Central Michigan (CMHCM)** serves the counties of Clare, Isabella, Gladwin, Mecosta, Midland and Osceola counties.

CMHCM provides 24/7 crisis response including screening for psychiatric hospitalization inpatient care for both voluntary and involuntary admission requests.

The county of residence of the individual must be determined prior to CMHCM staff providing service, as the county in which the individual resides to provide permission for services.

CMHCM's Crisis Mobilization Intervention Team (CMIT) is the main provider of crisis services. Other CMHCM service providers, such as Assertive Community Treatment (ACT) teams and Case Managers, may provide crisis services to their consumer.

CMIT provides assistance to any family and community members who wish to initiate involuntary psychiatric hospitalization.

CMIT provides crisis services in the community at the following locations: the CMH office, local Emergency Departments and hospital medical floors, physician offices, the county jail or other law enforcement agencies, area schools and universities, and identified after-hours screening locations. CMIT networks regularly with law enforcement, and works in consultation or as a team for crisis resolution, for consumers who have been identified as being a person with a mental illness, individual with an intellectual/developmental disability and those with a co-occurring substance use disorder.

When an officer of the law determines someone is exhibiting serious mental health symptoms, has a significant intellectual/developmental disability, at risk of harm to themselves or others or appears to have one of the previous and is under the influence of drugs or intoxicated, they will transport the individual to the local Emergency Department if they determine that person is at risk. Hospital staff will contact CMIT to do an emergency screen if the individual has Medicaid or is indigent.

When an emergency screening for psychiatric hospitalization is requested, CMIT will complete an assessment and make a determination within three hours from the time of request. If the determination from the screening for hospitalization results in recommendation for hospitalization, the CMIT team will work to procure an available bed in an appropriate psychiatric unit. The Emergency Department Physician, Physician Assistant, or Nurse Practitioner is responsible to assess the individual and make a determination as to whether or not

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they can be medically cleared. Individuals must always be medically cleared before they will be accepted in a psychiatric unit. It should be noted that for intoxicated individuals an emergency screening for hospitalization will be completed when the person is lucid enough to carry on a conversation, however, some psychiatric units will not accept the individual until they are medically cleared and have a blood alcohol level under .10%.

Children typically must be functioning at a minimum of an 8 year old to 17 year old to be admitted to a psychiatric unit. They must be accompanied by a guardian for the assessment and emergency screening and the guardian must be present to sign them in at the hospital. Faxed signatures may be accepted in certain circumstances where the guardian may not be able to sign in person.

Children's Mobile Crisis Intervention services are available in-home. CMIT will complete an initial over-the-phone screening to determine eligibility and appropriateness of that service, and will initiate the Children's Crisis Team response accordingly. These interventions may be done in tandem with local law enforcement or first responders.

CMHCM provides authorization for payment for all Medicaid and indigent psychiatric admissions. Daily contact with the psychiatric unit staff is completed to determine continued stay days for payment.

CMIT is the main provider of pre-booking jail diversion. They communicate and network with law enforcement when an individual is suspected to be experiencing a mental health crisis. As requested or needed CMIT will meet law enforcement in the Emergency Department and complete or assist law enforcement in an assessment if pre-booking diversion is warranted. An alternate after-hours screening location may be used for evaluation whenever available.

CMIT or an alternate staff will respond to requests from jail administrators and/or corrections officers to go to the jail and assist in an assessment for post-booking diversion. This may result in recommendations for psychiatric hospitalization, psychiatric services or other related CMH services. Jail staff would be responsible to transport the inmate to CMH for appointments.

When an incarcerated inmate requires psychiatric hospitalization and the court determines they will need to return to jail following the hospitalization the CMIT staff will communicate with jail medical staff on progress and expected date for discharge. CMIT will communicate daily with the hospital and regularly with jail medical staff.

## **Exhibit B**

### **CMIT After-Hours Protocol for Isabella County**

In collaboration with MidMichigan Medical Center – Mt. Pleasant, CMHCM in Isabella County has secured an afterhour crisis screening location that would not require emergency room admission. The goal of this collaboration is to reduce inappropriate ED visits, provide more immediate crisis intervention services, and shorten the time law enforcement spends with a mental health crisis situation.

#### **Location:**

**Jazzman's Café**  
**MidMichigan Medical Center – Mt. Pleasant**  
**4851 E. Pickard Street**  
**Mt. Pleasant, MI 48858**

#### **Hours:**

**Monday-Friday** 12am – 7:30am, 5:30pm – 11:59pm

**Saturday** 12:00am – 11:59pm

**Sunday** 12:00am – 11:59pm

#### **Appropriate referrals:**

Individuals who are experiencing a mental health crisis, including suicidal ideation, lower-level psychosis, trauma reactions, non-threatening behaviors. Individuals who are candidates for pre-booking jail diversion may also be considered.

#### **Inappropriate referrals:**

Individuals who are physically aggressive, appear to be under the influence, or require medical attention. These consumers should be taken to the Emergency Department. Individuals who are under arrest must have a law enforcement officer remain with them during the screening process.

#### **Procedure:**

1. Referral source (e.g. individual, Law Enforcement, Listening Ear) contacts CMIT. Contact number is (989)772-5938.
2. CMIT completes a brief phone assessment to determine appropriateness of using designated location.
3. If it's determined that it would not be appropriate for the space, CMIT refers individual at risk/caller to alternate location.

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4. If it's determined individual is appropriate for afterhours location, CMIT provides direction to the location and reviews the following with the caller/individual at risk:
  - Entrance is at the Emergency Department. Upon entering the first set of doors, take the doors to the left for the lobby/café area.
  - Remind the individual NOT to go into the ED and NOT to go through triage. Individual will be instructed that they should not register with the ED. If asked by staff, they can inform them they are waiting to meet staff from CMH.
  - If Law Enforcement is present, ask them to remain until CMIT arrives; after CMIT arrives, they do not need to remain present unless the individual is under arrest.
5. CMIT arrives at the building, ideally prior to the individual's arrival. CMIT should immediately check in with security inside the ED to make him/her aware of CMIT's presence.
6. CMIT completes contact with individual and initiates appropriate follow up per current practice.
7. If requested, CMIT will follow up with referral source, with individual's approval, to notify referral source of outcome.
8. CMIT should communicate with security when the contact is complete and they will be leaving the building.

## **Exhibit C**

### **Responding to individuals with Intellectual/Developmental Disabilities in emergency/crisis situations**

#### **Definition :**

Intellectual/Developmental Disabilities (I/DD) can be defined as a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. Adaptive behavior is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives. These skills include language and literacy, interpersonal skills, self-esteem, gullibility, problem-solving, ability to follow rules, and daily living activities such as personal care, employment, and transportation.

Individuals with I/DD may live in private residences alone or with friends or family members, or they may live in semi-independent or dependent living group homes. Many I/DD consumers may have staff that assist them with activities of daily living and community engagement throughout the week. Group homes are staffed with regular employees and also have a home manager.

#### **Protocol:**

When law enforcement is contacted to respond to a mental health emergency or crisis situation involving an individual with I/DD, it is recommended that the responding officer contact CMHCM's crisis team (CMIT) at (989)772-5938 for information on the disability and guidance on techniques that may be helpful in approaching the individual. CMIT should contact the staff or home manager whenever available to get additional information on the emergency and to work on a safety plan to address the situation. Possible resolutions may include alternate or additional staff members working with the consumer, distraction and self-soothing exercises for the consumer, or removal of an individual from the home or residence for additional screening and possible crisis placement.

Consumers with I/DD may have some delays in responding verbally or in following direct commands due to their disability. Whenever possible, officers should allow for some extra time for responses. Talking in a low, calm tone and minimizing physical contact whenever possible can also help de-escalate the situation. Use concrete, concise language to maximize comprehension and understanding. Reassuring the individual that law enforcement is there to help them can also be useful in keeping the individual feeling calm and safe.

In the event that an individual with I/DD may be the victim of abuse or exploitation, Adult Protective Services (APS) through Department of Health and Human Services (DHHS) should be contacted for investigation.

## **Exhibit D**

### **Responding to children and families in crisis/emergency situations**

Children in crisis can present unique challenges. CMHCM offers several options for children and families in crisis situations. CMHCM's crisis team, CMIT, is available to respond in school or other similar community based settings, or to the Emergency Department as needed.

CMHCM also offers a Children's Crisis Stabilization Service (CSS) that can respond in the home for an acute intervention in order to prevent further escalation of the emergent or crisis situation.

#### **Protocol:**

When law enforcement is contacted to respond to a mental health crisis or emergency situation for a youth, the responding officer should contact CMHCM's crisis team (CMIT) to find out if the family is engaged in services and get some pertinent background information for assistance in responding. Alternatively, law enforcement can ask the family what, if any, services they are participating in and whether they have a safety plan. CMIT may complete a basic screening on the family to ascertain as to whether the CSS team should be mobilized to respond in the home. That in-home response is a voluntary service so the family must be willing to participate. Families engaged in Multi-Systemic Therapy (MST) have a specific on-call worker who is available 24 hours per day, seven days per week.

If law enforcement feels the situation cannot be safely or adequately addressed in the home, the youth and family can be seen in the after-hours screening location (see Exhibit B) or the Emergency Department if necessary.

When responding to a mental health crisis or emergency, law enforcement should minimize physical contact due to any potential trauma triggers. Using a calm tone and specific and concise language can be helpful in de-escalating the family. It may be necessary to separate members of the family for a period of time while de-escalating the situation. Whenever possible, law enforcement should reassure the youth that the officer's role is to help with the situation.

**Handle with Care:** When a Law Enforcement Officer assists with a situation where a student from a community school is present, the Handle with Care reporting form should be completed and submitted for the local school to be notified in order to utilize the Handle with Care Protocol.

CMHCM is not a child placing agency and cannot recommend removal of children from a home. If a child appears to be a victim of neglect, abuse, or exploitation, Child Protective Services (CPS) through DHHS should be contacted for investigation.