



WAYNE STATE
School of Social Work
Center for Behavioral Health and Justice

Notifying Court of Nonadherence

Procedures, examples, and process

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When to do a PCM 230, Notification of Noncompliance

A PCM 230 can only be done for an individual who is on an order. It cannot be done on someone who has deferred.

Scenarios when to do it:

1. When someone needs to be hospitalized **and** will not voluntarily be admitted.
2. When someone is not currently adherent to their order, and it has resulted in situations such as:
 - a. They are missing in action/cannot be located (make sure you document efforts to locate them on the form)
 - b. They have been incarcerated *due to behaviors* associated with noncompliance of their current order.
 - c. The current AOT order is not appropriate, and it needs to be modified for more or different outpatient services ordered.
 - d. They missed their AOT evaluation assessments to document to court why you did not petition for a second or continuing order.

How to fill out the form:

1. Fill out the top with the county the current order is out of, the court's case number, the judge, and court's address and phone number. If you want the current order modified, check the box "request to modify order." If not, do not check it. Then fill out the full name of the individual who is on the order after "in the matter of."
2. For line number 1, write your name and check the box for your role.
 - a. First box – you are the agency/person providing services
 - b. Second box – you are the responsible CMHSP for supervising the order
 - c. Third box – you are the individual who is court ordered
 - d. Fourth box – you have a different role than above, you must specify.
3. Check the appropriate box(es) for your reason for turning in this PCM 230.
 - a. First box – outpatient treatment is not sufficient, and the person is at risk of harm to self/others and they need to be hospitalized.
 - b. Second box – the individual on the order is not adhering to their treatment.
 - c. Third box – the current AOT is not appropriate (usually this one if you are asking to modify the order – change outpatient services ordered or the person needs long term hospitalization, for example).

4. For line 4, part a, you are writing the facts of your personal observations for the reason for this PCM 230 (maybe what you directly heard or saw the individual do, or what you directly read in the file, for example appts that were scheduled and missed). Quotes, specific dates and/or how long something has occurred are highly recommended in section 4.

For line 4, part b, you are writing the facts of what others have told that relates to the rationale for this PCM 230.

NOTE: If your court does not require a PCM 231 to accompany a PCM 230, the clinical recommendations or plans should be included in line 4. If you complete a PCM 231, it is sufficient to document your clinical recommendations or plans on that document instead of the PCM 230.

5. For line 5, only check if the psychiatrist overseeing the AOT has ordered the person to go to the hospital. Do not check unless they have specifically said “they need to go to the hospital” or something similar, not something that is vague or wishy-washy.
6. For line 6, you can skip this one if you are just telling the court about the noncompliance and you are not requesting the court does anything right now. You can use this form to document noncompliance or concerns and not fill out line 6. (An example of this may be if the individual cannot be located and you’ve completed due diligence.) However, if you are asking the court to do something, such a modify the order or provide a pickup order, then you need to fill out number 6 as follows:
 - a. Check the corresponding box if they are on an AOT only (assisted outpatient treatment) or a combined order
 - b. Check what you want the court to do:
 - i. A = modify the current order
 - ii. B = send them to the hospital for no more than the listed number of days left under their current order
 - iii. C = provide a pickup order for a peace officer to take them to the hospital

NOTE: If C is checked, B should also be checked.

7. Fill out the bottom in its entirety with the date, your title, your agency, your signature (not typed), your work address and work phone number.

Procedure for notifying court of noncompliance

To notify court on noncompliance of a deferral:

1. Fill out PCM 236, Demand for Hearing.
 - a. You may request the individual be hospitalized if it is clinically appropriate. Be prepared to testify.
 - b. If you are not requesting hospitalization, you may need to secure psychiatrist testimony for the hearing.
 - i. If you request hospitalization and they are hospitalized, usually the hospital will provide the testimony.
 - ii. If you are requesting hospitalization, and the person is NOT hospitalized, there will still be a hearing and if there is not someone secured to testify, then the original petition can be dismissed, and you may lose the deferral status.

NOTE: Some judges/prosecutors will subpoena the doctor that did the original certs, some will not.

2. Probate will respond with a hearing date and a pickup order if you requested hospitalization.

If at the end of a deferral period, you have reason to believe the individual still meets the criteria as a person requiring treatment (they will not voluntarily participate in needed services after the deferral ends), then you may submit a demand for hearing per MCL 330.1455 (11). The Demand for Hearing must be submitted to probate “not earlier than 14 days nor later than 7 days before the expiration of the deferral period” At that hearing, a doctor must testify. The individual does not need to be hospitalized before this hearing and this can happen completely “in residence”. If you miss the deadline of turning in the paperwork, then you will need to start over with an initial AOT petition.

If you wish to request hospitalization on an AOT order- turn in the following forms to probate, in person, and be available/ready to testify:

Hospitalization:

1. PCM 230, Notification of Noncompliance
2. Proposed PCM 244 – *this may vary depending on court*
3. PCM 231 – to report on the adequacy and suitability of the current outpatient treatment, and make any recommendations to the court (e.g., set a hearing date on the notice, modify the order, transport the individual to the hospital, etc.). This can be found under number 5 on page 2 of the form.
4. Take completed forms to probate court and be prepared to testify.

Request to modify order with hospitalization or no hospitalization:

1. PCM 230- notification of noncompliance
2. PCM 231- to report on the adequacy and suitability of the current outpatient treatment, and make any recommendations to the Court (e.g., set a hearing date on the notice, modify the order, transport the individual to the hospital, etc.). This can be found under 5. on page two of the form.
3. Proposed PCM 217a - *this may vary depending on court*
4. Prefilled out Notice of Hearing with the date/time of the hearing blank- *this may vary depending on court*
5. Take completed forms to probate court and be prepared to testify.

NOTE: The PCM 244 and PCM 217a forms largely operate to do the same thing – take an individual to the hospital. The only difference is PCM 217a can be used to modify the underlying terms of an existing assistance outpatient treatment (AOT) order. Hospitals may have a preference for one of the forms. Each county/hospital has its own ways of navigating mental orders.

Information for Notifications of Noncompliance, especially when requesting a pickup order/hospitalization

The judge may request testimony when you turn in a notification of noncompliance. Some questions to come prepared to testify on are following:

- How many missed appointments/no-shows with case manager, medication clinic/psychiatrist?
- What efforts have been made to engage the consumer, including face-to-face attempts?
- Describe current compliance with medications (including how long without meds)?
- What is the current risk of harm to self-and/or others and examples of behaviors/what that looks like.
- What prior history of risk of harm to self-and/or others when noncompliant with treatment such as SI or attempts, threatening or assaultive behaviors?
- Have they had any recent hospitalizations? If so, how many?

The judge may ask clarifying questions or additional questions. If you do not know the answer, state that. The judge may give you an opportunity to step out and check the record or make a quick phone call and come back. If you do not have all the information, the judge may deny the request.

Procedure for transferring a current order to another county

Fill out the PC 608p petition to change venue and a proposed PC 608p order to change venue. Send to the county that the current order is in. It is important to have a correct residence address for the new county.

How to fill out PCM 230

PCS Code: NCA
TCS Code: NCAD

STATE OF MICHIGAN PROBATE COURT COUNTY County the order is out of	NOTIFICATION OF NONCOMPLIANCE <input type="checkbox"/> REQUEST FOR MODIFIED ORDER	CASE NO. and JUDGE AOT case # and Judge
Court address Write the court address		Court telephone no. Court phone

In the matter of Individual's name (Consumer/Patient/etc)
First, middle, and last name

1. I, Your name, make this notification as the
Name (type or print)
- agency. **Check this one if you are the agency that provides services**
 - mental health professional who is supervising the individual's assisted outpatient treatment program.
 - individual. **Check this one if you are the person on the order**
 - other. **If none of the above, specify here**
State interest/relationship
- Check this one if you are the CMH overseeing the order**

2. The individual who is the subject of this notification was ordered to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
- a. The assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others. **Check this one if there is risk of harm/you need a pick up order/hospitalization**
 - b. The individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment. **Check this one if they are not adherent with order**
 - c. I believe that my assisted outpatient treatment program is not appropriate.
3. The individual was in the hospital _____ days for mental health treatment. The individual needs immediate hospitalization. **Check this box if you think the person needs hospitalized, and add the number of hospital days the person has used of the current order**
4. This conclusion is based upon

- a. my personal observation of the individual doing the following acts and saying the following things:
List only facts of what you have personally observed.

- b. conduct and statements seen or heard by others and related to me: State the conduct and statements and the name, address, and telephone number of each witness.

Write facts of what others have told you. Add the witness name, address, and phone number.

- 5. A psychiatrist has ordered the individual to return to the hospital. **Check this only if Dr. Opined and ordered**
- 6. I request the court to modify its last order of assisted outpatient treatment combined hospitalization and assisted outpatient treatment to direct the individual to: **Mark what you are requesting the court action be, if there is no request court action, then skip.**
 - a. undergo another assisted outpatient treatment program.
 - b. undergo hospitalization or combined hospitalization and assisted outpatient treatment, with hospitalization not to exceed _____ days.
 - c. be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

Date _____	Signature _____
Title _____	Business Address _____
Agency _____	City, state, zip _____ Telephone no. _____

Example of PCM 230 when an individual is non-compliant, but you are not asking for any court action

PCS Code: NCA
TCS Code: NCAD

STATE OF MICHIGAN PROBATE COURT COUNTY Wayne	NOTIFICATION OF NONCOMPLIANCE <input type="checkbox"/> REQUEST FOR MODIFIED ORDER	CASE NO. and JUDGE MI 1234567 Judge Burton
Court address 12345 Main Street, Detroit MI 48222		Court telephone no.

In the matter of **John Deere**
First, middle, and last name

1. I, **Jennifer Kimmel**, make this notification as the
Name (type or print)
- agency.
 mental health professional who is supervising the individual's assisted outpatient treatment program.
 individual.
 other _____
State interest/relationship
2. The individual who is the subject of this notification was ordered to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
- a. The assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
 b. The individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
 c. I believe that my assisted outpatient treatment program is not appropriate.
3. The individual was in the hospital _____ days for mental health treatment. The individual needs immediate hospitalization.
4. This conclusion is based upon
- a. my personal observation of the individual doing the following acts and saying the following things:

- b. conduct and statements seen or heard by others and related to me:

Per ABC Records, John was scheduled to get his injection on 8/12/24. The case manager has documented Phone calls, letters, and attempting home visits and reports they have not made contact with him in over 60 Days. AOT assessment was scheduled on 10/1/24 and 10/10/24 and John did not show up to the appointment.

5. A psychiatrist has ordered the individual to return to the hospital.
6. I request the court to modify its last order of assisted outpatient treatment combined hospitalization and assisted outpatient treatment to direct the individual to:
- a. undergo another assisted outpatient treatment program.
 b. undergo hospitalization or combined hospitalization and assisted outpatient treatment, with hospitalization not to exceed _____ days.
 c. be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

10/11/24
 Date

AOT Monitor
 Title

ABC Healthcare
 Agency

Jennifer Kimmel
 Signature

456 Main Street
 Business Address

Detroit, MI, 48224 **555-555-1234**
 City, state, zip Telephone no.

Example when someone is not compliant and needs to be hospitalized

PCS Code: NCA
TCS Code: NCAD

STATE OF MICHIGAN PROBATE COURT COUNTY Wayne	NOTIFICATION OF NONCOMPLIANCE <input type="checkbox"/> REQUEST FOR MODIFIED ORDER	CASE NO. and JUDGE MI 1234567 Judge Burton
Court address 12345 Main St. Detroit MI 78945		Court telephone no. 555-555-5555

In the matter of **John Wayne Deer**
First, middle, and last name

1. I, **Jennifer Kimmel**, make this notification as the
Name (type or print)

agency.
 mental health professional who is supervising the individual's assisted outpatient treatment program.
 individual.
 other _____
State interest/relationship

2. The individual who is the subject of this notification was ordered to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

a. The assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
 b. The individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
 c. I believe that my assisted outpatient treatment program is not appropriate.

3. The individual was in the hospital _____ days for mental health treatment. The individual needs immediate hospitalization.

4. This conclusion is based upon

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

Per ABC records, John has missed his last two medication reviews. Records indicate if he was taking his medications as prescribed, he would be out of medications for the past three weeks.

b. conduct and statements seen or heard by others and related to me: State the conduct and statements and the name, address, and telephone number of each witness.

Per Case Manager, John called CM and threatened if he came to his house, he would "be sorry" and "leave in a body bag". John has a history of violence towards others and in the past was adjudicated NGRI for attempted murder in 2014.

5. A psychiatrist has ordered the individual to return to the hospital.

6. I request the court to modify its last order of assisted outpatient treatment combined hospitalization and assisted outpatient treatment to direct the individual to:

a. undergo another assisted outpatient treatment program.
 b. undergo hospitalization or combined hospitalization and assisted outpatient treatment, with hospitalization not to exceed **54** days.
 c. be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

10/11/24
 Date

AOT Monitor
 Title

ABC Healthcare
 Agency

Jennifer Kimmel
 Signature

456 Main St.
 Business Address

Detroit, MI 11548
 City, state, zip

555-555-5555
 Telephone no.

Example when someone is compliant-ish, but they need a higher level of care and a modified order.

PCS Code: NCA
TCS Code: NCAD

STATE OF MICHIGAN PROBATE COURT COUNTY Wayne	NOTIFICATION OF NONCOMPLIANCE <input type="checkbox"/> REQUEST FOR MODIFIED ORDER	CASE NO. and JUDGE MI 1234567 Judge Burton
Court address 12345 Main St. Detroit MI 78945		Court telephone no. 555-555-5555

In the matter of John Wayne Deer
First, middle, and last name

- I, **Jennifer Kimmel**, make this notification as the
Name (type or print)
 - agency.
 - mental health professional who is supervising the individual's assisted outpatient treatment program.
 - individual.
 - other _____
State interest/relationship
- The individual who is the subject of this notification was ordered to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
 - a. The assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
 - b. The individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
 - c. I believe that my assisted outpatient treatment program is not appropriate.
- The individual was in the hospital _____ days for mental health treatment. The individual needs immediate hospitalization.
- This conclusion is based upon
 - a. my personal observation of the individual doing the following acts and saying the following things:

- b. conduct and statements seen or heard by others and related to me: State the conduct and statements and the name, address, and telephone number of each witness.

Per ABC records, John has been hospitalized or incarcerated 5 times in the past 4 months. Treatment team has been referred to ACTP services, however John has refused the service. Requesting to modify the order to include ACTP services.

5. A psychiatrist has ordered the individual to return to the hospital.
6. I request the court to modify its last order of assisted outpatient treatment combined hospitalization and assisted outpatient treatment to direct the individual to:
 - a. undergo another assisted outpatient treatment program.
 - b. undergo hospitalization or combined hospitalization and assisted outpatient treatment, with hospitalization not to exceed _____ days.
 - c. be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

10/11/24 <small>Date</small>	 <small>Signature</small>
AOT Monitor <small>Title</small>	456 Main St. <small>Business Address</small>
ABC Healthcare <small>Agency</small>	Detroit, MI 11548 <small>City, state, zip</small>
	555-555-5555 <small>Telephone no.</small>

How to fill out PCM 231. Depending on the court, they may fill out the first section and give it to you, or they may ask that you fill it out based on your PCM 230 and the Judge will sign off on it.

JIS Code: ORN

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER FOR REPORT AFTER NOTIFICATION AND REPORT	CASE NO. and JUDGE
County the order is out of		AOT case # and Judge

Court address _____ Court telephone no. _____
Write the court address _____ **Court phone** _____

In the matter of Individual's fist, middle, and last name
First, middle, and last name

- The court has received notification that **Pick the appropriate one that matches the PCM 230**
 - a. the 90-day order for assisted outpatient treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - b. the one-year order for alternative/assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - c. the individual named above is not complying with the order of alternative/assisted outpatient treatment.
 - d. it is believed that the alternative/assisted outpatient treatment program is not appropriate.
- IT IS ORDERED** that the Supervising Agency community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative/assisted outpatient treatment program or in a hospital or facility.

 Judge signature and date

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/ASSISTED OUTPATIENT TREATMENT

3. I, Your first and last name, as Your position/title of the The name of your agency community mental health services program, report as follows.

4. I have
- reviewed the notification to the court to report as to
 - spoken with the person who notified the court to report as to
 - reviewed other available records to report as to
 - spoken with other knowledgeable persons to report as to
- Check which ones you have done, ideally it will be all 4 options**

a. the reason for concern about the adequacy of the ordered care or treatment: _____

What is the clinical concern that had the agency fill out the pcm 230? Summarize it in these few lines here.

b. the continued suitability of the care or treatment: _____

Write whether or not the current OP course of treatment is suitable and why. Example: is inadequate due to the individual being overdue for their injection for 2 weeks and presenting with signs of psychiatric decompensation. Individual is labile in mood, irritable, and having an increase in hallucinations and delusions.

4. (continued)

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or facility:

Write whether the individual's current needs require hospitalization or not. Example: Adequate. Due to the individual's nonadherence with outpatient services and current psychiatric decompensation symptoms, hospitalization is needed to stabilize their mental health.

5. I recommend that the court

Check this box if you are recommending the court set a hearing. This is typical for when a modification of an order is requested and it would be appropriate to have a hearing about it. This does not mean the court will schedule a hearing, it is just what you are recommending they do.

a. set a date for hearing.

b. modify the order for alternative care and treatment program/assisted outpatient treatment as follows:

Check this box if you are recommending the court modify the current AOT order and list the recommended outpatient services.

Check this if the individual needs IPU

c. order the individual to be hospitalized in hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

d. order the individual be judicially admitted to facility.

Check this box if there is an appropriate facility to provide care for the person and you are asking the court to order it.

e. order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the hospital or facility if the individual refuses to comply with the order of hospitalization or judicial admission.

Check this box if you are recommending a pickup order

6. My recommendation is based upon the following described interviews, observations, and information:

List the facts, interviews, record reviews, etc that lead to the above recommendations you provided. This should be fairly detailed and justify the clinical need for what you are requesting the court do.

Date

Date

Signature

Signature

Business address

City, state, zip Telephone no.

Example of a report that accompanies a PCM 230 requesting a pickup order/hospitalization

JIS Code: ORN

STATE OF MICHIGAN PROBATE COURT COUNTY Wayne	ORDER FOR REPORT AFTER NOTIFICATION AND REPORT	CASE NO. and JUDGE MI 1234567 Judge Burton
Court address 12345 Main St. Detroit MI 78945		Court telephone no. 555-555-5555

In the matter of John Wayne Deer
First, middle, and last name

1. The court has received notification that
 - a. the 90-day order for assisted outpatient treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - b. the one-year order for alternative/assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - c. the individual named above is not complying with the order of alternative/assisted outpatient treatment.
 - d. it is believed that the alternative/assisted outpatient treatment program is not appropriate.

2. **IT IS ORDERED** that the ABC Healthcare community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative/assisted outpatient treatment program or in a hospital or facility.

 Judge signature and date

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/ASSISTED OUTPATIENT TREATMENT

3. I, Jennifer Kimmel, as AOT Monitor of the ABC Healthcare community mental health services program, report as follows.

4. I have reviewed the notification to the court to report as to
 spoken with the person who notified the court to report as to
 reviewed other available records to report as to
 spoken with other knowledgeable persons to report as to

a. the reason for concern about the adequacy of the ordered care or treatment: _____

John has a history of violence towards others and in the past was adjudicated NGRI for attempted murder in 2014. He is currently not on medications and is making threats of harm towards his case manager.

b. the continued suitability of the care or treatment: _____

Inadequate. John has not been adherent to outpatient services and he is currently showing signs of psychiatric decompensation. In the past, he has harmed others and he is currently threatening harm to others.

4. (continued)

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or facility: _____

Adequate and appropriate to assist John in stabilizing his mental health symptoms.

5. I recommend that the court

a. set a date for hearing.

b. modify the order for alternative care and treatment program/assisted outpatient treatment as follows:

c. order the individual to be hospitalized in Pinerest, Stonecrest, or other appropriate. _____ hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

d. order the individual be judicially admitted to _____ facility.

e. order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the hospital or facility if the individual refuses to comply with the order of hospitalization or judicial admission.

6. My recommendation is based upon the following described interviews, observations, and information:

John was last seen for a medication review on 8/25/24. He was given a 30 day supply of medications at this time. He did not show to his follow up scheduled medication reviews on 9/25/24 and 9/30/24. He is now at least 3 weeks without medications. John's case manager reports that when he contacted John to attempt to engage him in services, John stated to him that if the case manager to his house that he "would be sorry" and "leave in a body bag". Case Manager reports during the conversation, John reported delusions about being in the CIA and visual hallucinations of "the KGB" stalking him. John has a history of harm to others and was found NGRI in 2014 for attempted murder.

10/17/24
Date

Jennifer Kimmel
Signature

456 Main St.
Business address

Detroit, MI 11548
City, state, zip

555-555-5555
Telephone no.

Example after a PCM 230 has been submitted requesting to modify an order

JIS Code: ORN

<p>STATE OF MICHIGAN PROBATE COURT COUNTY</p> <p>Wayne</p>	<p>ORDER FOR REPORT AFTER NOTIFICATION AND REPORT</p>	<p>CASE NO. and JUDGE</p> <p>MI 1234567 Judge Burton</p>
<p>Court address</p> <p>12345 Main St. Detroit MI 78945</p>		<p>Court telephone no.</p> <p>555-555-5555</p>

In the matter of **John Wayne Deer**
First, middle, and last name

1. The court has received notification that
 - a. the 90-day order for assisted outpatient treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - b. the one-year order for alternative/assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - c. the individual named above is not complying with the order of alternative/assisted outpatient treatment.
 - d. it is believed that the alternative/assisted outpatient treatment program is not appropriate.

2. **IT IS ORDERED** that the **ABC Healthcare** community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative/assisted outpatient treatment program or in a hospital or facility.

 Judge signature and date

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/ASSISTED OUTPATIENT TREATMENT

3. I, **Jennifer Kimmel**, as **AOT Monitor** of the **ABC Healthcare** community mental health services program, report as follows.

4. I have reviewed the notification to the court to report as to
 spoken with the person who notified the court to report as to
 reviewed other available records to report as to
 spoken with other knowledgeable persons to report as to

a. the reason for concern about the adequacy of the ordered care or treatment: _____

John is currently minimally participating in case management and medication clinic services. Per records, he has been hospitalized or incarcerated 5 times in the past 4 months. He requires a higher level of care and does not consent to the service.

b. the continued suitability of the care or treatment: _____

Case management services are not adequate to meet John's needs. He requires a higher level of care of ACTP to assist with avoiding future incarcerations and hospitalizations and maintaining placement in the community.

4. (continued)

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or facility: _____

Not adequate at this time, however if John does not receive a higher level of care, it may be needed in the near future.

5. I recommend that the court

By checking a., I am stating that I am requesting a review hearing. The consumer may be appointed an attorney and the overseeing psychiatrist or another appropriate staff may need to testify on the need to modify the order. Having a hearing ensures the AOT individual's voice is heard regarding their AOT ordered services and can protect their rights. – this document could be submitted without checking a.

a. set a date for hearing.

b. modify the order for alternative care and treatment program/assisted outpatient treatment as follows:

Medications, labs, assertive community treatment services, therapy, and vocational training.

c. order the individual to be hospitalized in _____ hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

d. order the individual be judicially admitted to _____ facility.

e. order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the hospital or facility if the individual refuses to comply with the order of hospitalization or judicial admission.

6. My recommendation is based upon the following described interviews, observations, and information:

Per ABC records, John's has had 5 hospitalizations or incarcerations in the past 4 months. His case manager has referred him to ACTP services and he has been approved to meet medical necessity for their service. John is refusing to transfer to ACTP services. Per a note by ACTP supervisor on 10/1/24 when requesting to schedule an intake appointment, John stated "no, I don't need all that. I'm doing fine. No thank you". Case Manager reports John is at risk of future incarceration or hospitalization if he does not participate in a higher level of ACTP. In the 9/15/24 medication review, the psychiatrist documented a recommendation of ACTP services.

10/17/24

Date



Signature

456 Main St.

Business address

Detroit, MI 11548

City, state, zip

555-555-5555

Telephone no.

How to fill out PCM 236

JIS Code: DFH

STATE OF MICHIGAN PROBATE COURT COUNTY	DEMAND FOR HEARING	CASE NO. and JUDGE
County the order is out of		Probate case # and Judge

Court address _____ Court telephone no. _____
Write the court address **Court phone**

In the matter of AOT individual's fist, middle, and last name
First, middle, and last name

- 1. I am the individual, and I demand a court hearing. **This box is checked if the deferred individual is filling it out and wants a hearing**
Check if you are hospital staff **Check if you are CMH/provider**
- 2. I am the hospital director/designee, outpatient treatment provider/designee, and I demand a court hearing because the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
Check if individual is not adherent to deferral agreement. **Check if deferred individual asked for a hearing**
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an outpatient treatment program in the community. The deferral period ends on

Date deferral ends

Date _____

- I believe the individual continues to require treatment, but the individual refuses to sign a voluntary treatment form, and I demand a court hearing. **Check this if the deferral period is ending and you want to have a hearing based off MCL 330 1455 (11)**
- I believe the individual continues to require treatment, but the individual is found not suitable for voluntary treatment, and I demand a court hearing. **Check if the deferred individual is not adherent to deferral agreement**

Hospital only

- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on

Date hearing was scheduled

Date _____

- will not agree to sign a formal voluntary admission, and I demand a court hearing. **Ind. Deferred but will not sign paperwork.**
- is not suitable for voluntary admission, and I demand a court hearing. **Ind. Deferred but is not following needed treatment recs.**

Check 5 if person is in community and needs IPU

- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the Local IPU or other appropriate hospital pending the hearing.

6. The individual is located at Current address of individual or where individual is currently at, such as name of hospital IPU

Date
Date _____

Signature, not typed.
Signature _____

Type your name
Name (type or print) _____

Agency's address
Address _____

Agency's city, state, and zip
City, state, zip _____

(Complete only if item 5 is checked.)

ORDER TO TRANSPORT

IT IS HEREBY ORDERED that a peace officer shall take the individual into protective custody and transport the individual to the hospital stated above.

If you checked number 5 and Judge agrees to pickup, they will sign here and this will be your pickup order

 Judge signature and date

Example for requesting a hearing with no pickup/hospitalization

JIS Code: DFH

STATE OF MICHIGAN PROBATE COURT COUNTY Wayne	DEMAND FOR HEARING	CASE NO. and JUDGE MI 1234567 Judge Burton
Court address 12345 Main St. Detroit MI 78945		Court telephone no. 555-555-5555

In the matter of **John Wayne Deer**
First, middle, and last name

- 1. I am the individual, and I demand a court hearing.
- 2. I am the hospital director/designee, outpatient treatment provider/designee, and I demand a court hearing because the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an outpatient treatment program in the community. The deferral period ends on **12/12/24**.
Date
 I believe the individual continues to require treatment, but the individual refuses to sign a voluntary treatment form, and I demand a court hearing.
 I believe the individual continues to require treatment, but the individual is found not suitable for voluntary treatment, and I demand a court hearing.
- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on _____ . I believe the individual continues to require treatment and
Date
 will not agree to sign a formal voluntary admission, and I demand a court hearing.
 is not suitable for voluntary admission, and I demand a court hearing.
- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the _____ hospital pending the hearing.
- 6. The individual is located at **54321 First St, Detroit MI 48444**.

11/21/24
Date


 Signature
Jennifer Kimmel
 Name (type or print)
9876 Second St
 Address
Detroit MI 48292
 City, state, zip

(Complete only if item 5 is checked.)

ORDER TO TRANSPORT

IT IS HEREBY ORDERED that a peace officer shall take the individual into protective custody and transport the individual to the hospital stated above.

 Judge signature and date

Example for a pick up request and hearing on deferral


JIS Code: DFH

STATE OF MICHIGAN PROBATE COURT COUNTY Wayne	DEMAND FOR HEARING	CASE NO. and JUDGE MI 1234567 Judge Burton
Court address 12345 Main St. Detroit MI 78945		Court telephone no. 555-555-5555

In the matter of **John Wayne Deer**
First, middle, and last name

- 1. I am the individual, and I demand a court hearing.
- 2. I am the hospital director/designee, outpatient treatment provider/designee, and I demand a court hearing because the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an outpatient treatment program in the community. The deferral period ends on _____.
- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on _____.
- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the **Stonecrest or other appropriate** hospital pending the hearing.
- 6. The individual is located at **54321 First St Detroit MI, 48444**.

11/21/24
 Date



 Signature
Jennifer Kimmel
 Name (type or print)
9876 Second St
 Address
Detroit MI 48292
 City, state, zip

(Complete only if item 5 is checked.)

ORDER TO TRANSPORT

IT IS HEREBY ORDERED that a peace officer shall take the individual into protective custody and transport the individual to the hospital stated above.

 Judge signature and date

9. Assisted outpatient treatment services shall be supervised by **Write the CMH or other designated agency responsible to supervise the AOT order** _____
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy group therapy individual and group therapy
- day programs partial day programs
- educational training vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: _____

Check the outpatient services ordered

NOTICE: The court must be promptly notified of the individual's release from the hospital to the assisted outpatient treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for assisted outpatient treatment.

10. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

11. This order expires on _____ **Write the date the order expires, this will be no longer than the expiration date of the current court order**
Date

If the individual is ordered to be hospitalized, then they must personally be served this order and the below proof of service filled out. This may be done at the hospital upon admission and then immediately mailed to court

Judge signature and date

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court has ordered you to be hospitalized rather than continue in an assisted outpatient treatment program you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

PROOF OF SERVICE

This notice was personally served on the individual named above on _____ and a copy was mailed
Date and time

to the _____ Court on _____. I declare under the penalties
Date

of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

Date

Signature

Example of an order that modifies the existing AOT order after a PCM 230 requesting modification has been submitted

JIS Code: OMA

STATE OF MICHIGAN PROBATE COURT Wayne COUNTY	ORDER REGARDING REQUEST TO MODIFY ORDER FOR ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT	CASE NO. and JUDGE MI 1234567 Judge Burton
Court address 12345 Main St. Detroit MI 78945		Court telephone no. 555-555-5555

In the matter of **John Wayne Deer**
First, middle, and last name

1. Date of hearing (if one): _____ Judge: **Freddie Burton**

2. This court issued an initial second continuing order on **4/18/24** directing the
Date
individual named above to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

3. The court has been notified that
 the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
 assisted outpatient treatment has not been or will not be sufficient to prevent harm the individual may inflict upon self or others.
 the individual believes that the assisted outpatient treatment program is not appropriate.

4. **THE COURT FINDS:**
There is sufficient evidence that warrants modifying the current AOT order

IT IS ORDERED:

- 5. The request to modify the treatment order is denied.
- 6. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall undergo a program of assisted outpatient treatment as ordered in item 9. This assisted outpatient treatment shall not exceed the time from the date of issuance of the initial second continuing combined order.
- 7. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall be hospitalized at _____
for a period not to exceed the remainder of the previously-ordered hospitalization portion of the initial second continuing combined order.
- 8. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall continue to undergo combined hospitalization and assisted outpatient treatment as ordered in item 9 for the remainder of the previously-ordered period. The individual shall be hospitalized at _____
for a period not to exceed the remainder of the initially ordered hospitalization portion of the initial second continuing combined order.

USE NOTE: Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment under MCL 330.1475(3)-(5).

9. Assisted outpatient treatment services shall be supervised by

ABC Healthcare

Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy group therapy individual and group therapy
- day programs partial day programs
- educational training vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: _____

NOTICE: The court must be promptly notified of the individual's release from the hospital to the assisted outpatient treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for assisted outpatient treatment.

10. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

11. This order expires on 4/17/25
Date

Judge signature and date

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court has ordered you to be hospitalized rather than continue in an assisted outpatient treatment program you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

PROOF OF SERVICE

This notice was personally served on the individual named above on _____ and a copy was mailed
Date and time

to the _____ Court on _____. I declare under the penalties
Date

of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

Date

Signature

How to fill out PCM 244

JIS Code: OFN

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER	CASE NO. and JUDGE
County the order is out of		Probate case # and Judge
Court address		Court telephone no.
Write the court address		Court phone #

In the matter of AOT individual's fist, middle, and last name
First, middle, and last name

1. Date of hearing (if one): Hearing date if there was on, it is not required Judge: Judge that reviewed the PCM 230

2. This court issued an order on Date of current order directing the individual named above to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

4. THE COURT FINDS:

List the finding of the court based off of the PCM 230, PCM 231, testimony, etc.

IT IS ORDERED:

5. The request to modify the last treatment order is denied. **This box is checked if the judge denies the request from the PCM 230 This box is checked if they are ordering a pickup order to the preadmission screening unit**

6. A peace officer shall take the individual into protective custody and transport the individual to the preadmission screening unit established by the community mental health services program serving the community in which the individual resides. _____
Designated facility

This box is checked to order hospitalization

7. The individual shall be hospitalized at _____
 for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody. **This box is if the current order is an AOT only order.**
 as recommended by the community mental health services program, more than 10 days but not longer than the duration of the order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, or not longer than 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody. **This box is checked if the current order is a combined order.**

This box is checked for modifying the AOT ordered outpatient services.

- 8. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

This will outline AOT outpatient ordered services

If the person was hospitalized, they must be personally served a copy of this order and the below proof of service section filled out.

Judge signature and date

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court ordered, without a hearing, that you be hospitalized, you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

PROOF OF SERVICE

I declare under the penalties of perjury that this notice was personally served on the above individual on

_____ and a copy mailed to the _____
Date and time
Court on _____
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection in accordance with MCR 5.744.

Date

Signature

This section is for the AOT individual to fill out to object to the hospitalization and request a hearing.