

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **ADMINISTRATIVE PROCEDURE**

Date Issued **03/23**

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### **I. APPLICATION:**

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

### **II. PURPOSE STATEMENT:**

St. Clair County Community Mental Health Authority (SCCCMHA) may only in crisis situations or, when it is clinically essential, will individuals be immediately removed from site-based services and offered an alternative form of treatment.

### **III. DEFINITIONS:**

- A. **Immediate Removal:** Action taken to remove individuals from site-based services when they present an immediate danger to themselves or others; or, who are uncontrollable to the point of presenting a significant disruption to services provided and pro-active strategies to decrease the disruption have not been effective.

### **IV. PROCEDURES:**

#### **Staff**

1. Notifies supervisor or designee when an individual presents a danger to themselves or others or presents a significant disruption.

#### **Clinician/Supervisor or Designee**

2. Evaluates individual's condition and appropriateness for services.
3. Consults with Planning Team to discuss treatment intervention and assists in the coordination and implementation of the decided upon treatment and/or exclusion from site-based services.

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4. Notifies Access, as needed, to discuss alternative treatment options other than those provided for by site-based service and which would need their approval. Follows Access' recommendations and coordinates services as appropriate.
5. Provides, arranges, or coordinates for transportation to the appropriate setting, as appropriate to the situation or condition of the individual.

### **Primary Caseholder**

6. Convenes a Planning Team meeting within 24 hours in order to facilitate future treatment planning needs, including any alternative setting/services. Individual to have choice/options in alternate treatment setting if possible. Notification and invitation of both residential provider and family/guardian needs to be assured.

### VI. REFERENCES:

None Available

### VII. EXHIBITS:

None Available

### VIII. REVISION HISTORY:

Dates Issued 12/85; 12/89, 06/91, 10/93, 12/95, 03/98, 02/00, 02/02, 02/04, 02/06, 02/08, 02/10, 03/12, 05/13, 05/14, 11/15, 11/16, 11/17, 11/18, 11/19, 1/21, 03/21, 03/22.