

# ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## ADMINISTRATIVE PROCEDURE

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Page 1

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0120
<b>SECTION</b> Personnel, Employee Practices/Pay		<b>SUBJECT</b> Duty to Warn		
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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) will ensure that all direct-operated and contract provider network mental health professionals are notified of their duty to take action in connection with a recipient making threats against a third party.

### III. DEFINITIONS:

- A. Mental Health Professional: Means an individual who is trained and experienced in the areas of mental illness and/or intellectual/developmental disabilities and who is one of the following: a physician, psychologist, limited licensed psychologist, licensed professional counselor, nurse practitioner, registered nurse, marriage/family therapist, psychiatric social worker, licensed master's social worker, licensed bachelor's social worker, or social service technician.
- B. Recipient: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility or from a provider that is under contract with the MDHHS or a community mental health services program.

### IV. STANDARDS:

- A. A mental health professional who determines in good faith that a particular situation presents a duty to warn a third party and complies with the procedures established in this administrative procedure does not violate a recipient's right to confidentiality or violate any physician-patient, psychiatrist-patient, psychologist-patient, counselor-patient, therapist-patient, social worker-patient, or social worker technician-patient privilege. If a mental health professional is uncertain on this issue, he/she should seek immediate counsel from his/her supervisor.

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0120
<b>SECTION</b> Personnel		<b>SUBJECT</b> Duty to Warn		

- B. A mental health professional has discharged their duty created under this administrative procedure if the mental health professional, subsequent to the threat, does one or more of the following in a timely manner:
1. Hospitalizes the recipient or initiates proceedings to hospitalize the recipient under Chapters 4 or 4A of the Michigan Mental Health Code.
  2. Makes a reasonable (defined as: at least three telephone calls made throughout the morning, afternoon, or evening) attempt to communicate the threat to the third person, and communicates the threat to the local police department or county sheriff for the area where the third person resides or for the area where the recipient resides, or to the state police.
  3. If the mental health professional has reason to believe the threatened person is a minor or is incompetent by other than age, the mental health professional shall:
    - a. Take the steps set forth in Standard B.2.,
    - b. Communicate the threat to the St. Clair County Department of Health and Human Services, and
    - c. Communicate the threat to the threatened person's custodial parent, non-custodial parent, or legal guardian, whoever is appropriate in the best interests of the threatened person.
  4. Nothing in this policy affects the duty a mental health professional may have under another administrative procedure, policy, rule, or law.
- C. Information released about a recipient making a threat should be limited to the information that is pertinent to the threat and will assure the well-being of the threatened party. Other information, such as a recipient's diagnosis and treatment details, is not pertinent and should be withheld.
- D. The mental health professional who is made aware of a threat to a third party is the staff person responsible for completing the notifications and/or initiating other provisions of this administrative procedure.

V. PROCEDURES:

**Mental Health Professional**

1. Reports a threat to their supervisor (or SCCCMHA Program/Assistant Division Director/Chief Executive Officer, if Supervisor is unavailable) for discussion.
2. Notifies required parties of the threat.
3. Completes all formal documentation on an Incident Report form following SCCCMHA policy #05-001-0040, Incident Reports. Includes the details of the threat, to include who made the threat, who heard the threat, who called a law enforcement agency, and what results were known at the time the report was completed due to the action taken by the mental health professional.

<b>CHAPTER</b> Human Resources		<b>CHAPTER</b> 06	<b>SECTION</b> 001	<b>SUBJECT</b> 0120
<b>SECTION</b> Personnel		<b>SUBJECT</b> Duty to Warn		

4. Completes documentation (Contact Note, Progress Note, etc.) in OASIS, and references the Incident Report by date in all documentation pertaining to the threat/report.

### **Supervisor**

5. Discusses the incident and duty to warn provisions with the staff person hearing the threat. If they determine the threat meets the duty to warn provisions of this policy, the supervisor shall report the incident to the SCCCMHA Program Director/Assistant Division Director/Chief Executive Officer.

### VI. REFERENCES:

- A. Public Acts 101 and 123 of 1989
- B. Michigan Mental Health Code, Sections 330.1748, 330.1750, and 330.1946

### VII. EXHIBITS:

None Available

### VIII. REVISION HISTORY:

Dates issued 02/90, 08/90, 10/92, 11/95, 11/97, 11/99, 10/01, 10/03, 10/05, 10/07, 10/09, 12/11, 07/13, 07/14, 07/15, 07/16, 07/17, 07/18, 07/19, 07/20, 09/21, 09/22.