

Deferral Conferences

PRESENTED BY:

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BEHAVIORAL HEALTH UNIT (BHU)
LIAISON MANAGER





Purpose of Deferral Conferences

- To connect respondent w/their outpatient provider
- To advise respondent of the proposed treatment plan & their right to defer
- Responsibilities under a deferral

Statutory Requirements

Required parties: respondent, respondent's attorney, member of hospital treatment team, member of outpatient treatment team, any other person the respondent chooses

Deferral conference to be scheduled by hospital within 72 hours of the filing of the petition and certs w/the Court

Court Expectations

Deferral Responsibilities & Rights

- Must comply with terms of deferral
- Right to demand hearing
- Right to discuss medication & treatment w/provider
- Right to complain about services

PCM 235 - Request to Defer Hearing on Commitment

- Deferral form must be signed by all parties
- Must list outpatient provider
- Must have AOT services specified
- If form is not completed, it will be rejected & matter will be scheduled for hearing



PCM 235 – Request to Defer Hearing on Commitment

STATE OF MICHIGAN
PROBATE COURT
COUNTY

REQUEST TO DEFER HEARING
ON COMMITMENT

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of _____
First, middle, and last name

PLEASE TYPE OR PRINT CLEARLY

1. I state that I have met with my legal counsel, a representative from the community mental health program, and a member of the treatment team assigned by the hospital. I agree to one of the following:

- a. Inpatient hospital treatment not to exceed 60 days.
- b. Outpatient treatment not to exceed 180 days.
- c. Combined hospitalization and outpatient treatment up to 180 days with hospitalization not to exceed 60 days.

2. The treatment program will be as follows:

Hospitalization: _____

Outpatient treatment under the supervision of: (insert CMH provider information) _____

- 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
- other services _____

3. I request that the court hearing be deferred for not longer than 60 days from today if I have chosen to remain hospitalized, or 180 days from today if I have chosen outpatient treatment or a combination of hospitalization and outpatient treatment.

4. I understand that I may refuse this treatment at any time during this deferral period and demand a court hearing.

Patient's signature and date

Witness/Legal counsel

Bar no.

Deferral meeting attendees:

CMH representative

Hospital team member

Patient requested attendee

Other

Court Expectations cont...

- SCAO form changes begin October 19, 2023
- Court will no longer accept older versions of PCM 235 after that date
- Training and an outline has been provided to all parties on their roles/responsibilities in deferral conferences
- Continue to send completed deferral forms directly to FGBStaff@wcpc.us



Contact the Behavioral Health Unit (BHU)

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[Email: BHUMgr@wcpc.us](mailto:BHUMgr@wcpc.us)

[Website: www.wcpc.us/bhu.html](http://www.wcpc.us/bhu.html) or
www.wcpc.us





THANK YOU!

