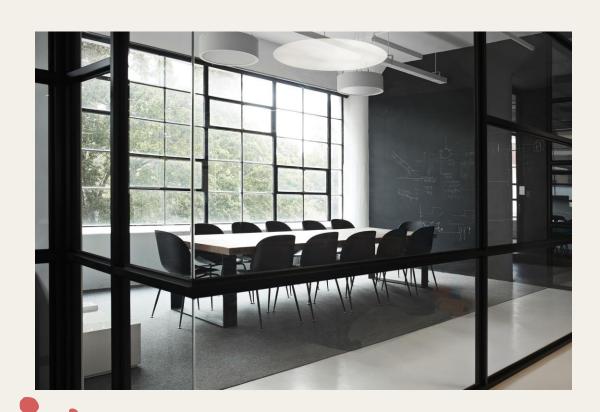
Deferral Conferences

PRESENTED BY:

KRISTINA M. MORGAN, 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

PCS Code: RTD TCS Code: RDHC

STATE OF MICHIGAN PROBATE COURT

REQUEST TO DEFER HEARING

CASE NO. and JUDGE

COUNT	ON COMMITMENT	
Court address		Court telephone no.
In the matter of First, middle, and last name		
First, middle, and last name	PLEASE TYPE OR PRINT CLEARLY	
	al counsel, a representative from the communi signed by the hospital. I agree to one of the fol	
a. Inpatient hospital treatment r	not to exceed 60 days.	
☐ b. Outpatient treatment not to e	xceed 180 days.	
☐ c. Combined hospitalization an	d outpatient treatment up to 180 days with hos	pitalization not to exceed 60 days.
2. The treatment program will be as	follows:	
Hospitalization:		
Outpatient treatment under the su	pervision of: (insert CMH provider information)	
☐ individual therapy ☐ group ☐ day programs ☐ partial dat ☐ educational training ☐ voc ☐ supervised living ☐ assertive community treatmen ☐ substance use disorder treatmen ☐ other services	ermine compliance with or effectiveness of pre o therapy	
	ay if I have chosen outpatient treatment or a co	
4. I understand that I may refuse this	treatment at any time during this deferral period	od 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	
Approved, SCAO Form PCM 235, Rev. 9/23 MCL 330.1455(6) Page 1 of 1		

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)

Kristina M. Morgan

Behavioral Health Unit Liaison Manager

Email: BHUMgr@wcpc.us

Website: www.wcpc.us/bhu.html or

www.wcpc.us



THANK YOU!

