(INSERT LETTER HEAD)

**Emergency Protective Placement [EPP] Directive Flowchart**

 **COUNTY ADULT IN CRISIS**

**Call Activated HCPOA/Guardian if exists**

**YES**

**Are there medical concerns?** medicalconcerns?MEDICAL CONCERNS?

**NO**

**Will Adult voluntarily go to ER?**

**Are 51.15 Criteria met (i.e. harm to self or others)?**

**51.15 ED or least restrictive option**

**YES**

**YES**

**NO**

**Voluntary options include:**

**Activation of HCPOA Hospital Admission Safety Planning Natural Supports Crisis Bed Inpatient Hosp.**

**YES**

**Is adult oriented to person, place, and time?**

**YES**

**NO**

**NO**

**Is adult at substantial risk of harm if remains at home or leaves current location?**

**YES**

**NO**

**Can adult communicate consequences of not treating medical conditions?**

**Encourage Activation of HCPOA**

**Request a Clinical Consult**

**Law Enforcement [LE] starts 55.135 Emergency Protective Placement [EPP] Process**

1. **Identify Skilled Nursing Home or Hospital Placement for the adult**
2. **Complete Statement of EPP Form detailing LE’s reasonable belief of adult’s risk of substantial harm & incompetence**
3. **Complete Notice of Rights for EPP Form and provide oral and written communication of these rights to the adult**
4. **Fax Statement of EPP & Notice Form of Rights for EPP Form to Corp Counsel at**

**Contact APS/ADRC**