**County Emergency Protective Placement Packet**

**for**

**County Human Services, Contracted Crisis Agency, Law Enforcement, and Community Partners**

**AUGUST 2019**

**Compiled by: County Human Services & ADRC**

**County Corporation Counsel**

Dunn County Emergency Protective Placement Packet

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**County Adult Protection Services [APS] Directive**

**If the client is either an Adult at Risk or an Elder at Risk of Abuse, see below:**

**Adult protection is defined as:**

**Elder Abuse at risk:** A person aged 60 or older who has experienced, is experiencing, or is at risk of experiencing any form of abuse, neglect, self-neglect or financial exploitation. Dementia is considered self-neglect.

**Adult at risk:** Any adult aged 18-59 who also has one or more of the following: physical disability, cognitive disability, and/or severe and persistent mental illness who may be experiencing any form of abuse, neglect, self- neglect or financial exploitation.

**Not Immediate Need:**

* 1. Complete a mental health crisis assessment. If after completion of crisis assessment there is not an immediate need; engage in safety planning with natural supports, medical treatment, crisis bed, or voluntary inpatient hospitalization.
  2. If there are concerns that the individual is an Elder Abuse at Risk or Adult at Risk, include in crisis report that the report needs to be referred to County APS/ADRC and submit report to County via portal.
  3. If the crisis is during business hours and consultation is needed, please call County ADRC at and ask for the ADRC ACCESS worker.

**Immediate Need:**

Consider Emergency Protective Placement Directive below.

**Emergency Protective Placement (55.135) Directive**

**County current 55.135 Emergency Protective Placement process:**

Regardless of a possible dementia diagnosis, complete a mental health assessment.

* A possible diagnosis of Dementia does not automatically exclude Emergency Detention as additional criteria could be present.

1. If 51.15 Criteria **ARE** present:
   1. Assess whether less restrictive options are available (safety planning with natural supports, medical treatment, crisis bed, voluntary inpatient hospitalization)
      1. If needed, in all cases whether mental illness or possible dementia is presenting itself, proceed voluntarily to Emergency Room for medical evaluation and treatment.
         1. Law enforcement may persuade client to go to the medical hospital.
         2. Mobile worker may be of benefit for a face to face response.
      2. Any Guardian or Power of Attorney (POA) should be involved at the start of any evaluation as an activated POA and guardian may make medical decisions. Also, in some cases, may make admissions to facilities for purposes other than mental health care.
      3. If there is an inactivated POA, consider suggesting the POA be activated to allow for decision making – including potentially admitting to facilities. (Not inpatient mental health) POA’s can be activated by two doctors completing a Certificate of Incapacity. (Hospital would have form).
   2. If no less restrictive option is available, and 51.15 criteria are met, an ED may be necessary.
      1. These are vulnerable adults and caution should be implemented. As in all cases, a 51.15 should only be used if no less restrictive options *and* criteria are met.
      2. Attempt Medical Center first as there is a geriatric inpatient mental health unit.
         1. After ED has been implemented, Hospital treatment team and County will determine next course of action (Ex. Transfer to a Chapter 55 Protective Placement)
2. If 51.15 Criteria are **NOT** present, you’ll need to assess whether there is a reasonable likelihood that the person is incompetent & poses substantial risk of harm.
   1. Reference EPP Packet for available competency assessment questions
   2. An Emergency Protective Placement is available if there is a reasonable belief individuals are incompetent and it is probable that they are so incapable of providing for their own care that there is a substantial risk of harm.
      1. Need Reasonable belief of Incompetency
         1. If at a medical facility – medical staff should determine competency.
         2. If in client’s residence - Law Enforcement determines if there is a reasonable belief individual is incompetent.
            1. Consider: Is client oriented to time, person and place? Can client communicate consequences of not treating medical conditions? If yes, person is likely competent and EPP is not an option.
      2. Next, determine if the individual is so totally incapable of providing for his or her own care and custody as to create a substantial risk of serious physical harm to themselves or others as a result of a developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities.
   3. If reasonable belief of incompetency and substantial risk of harm is probable, then Law Enforcement may Emergency Protectively Place client at a hospital or a skilled nursing facility willing to accept admission.
      * + 1. Can be used to bring client to hospital or skilled nursing facility involuntarily
          2. Or can be used to involuntarily remain at a hospital or a skilled nursing facility
          3. County does not have an identified skilled nursing EPP provider at this time
   4. If considering an EPP 55.135 from a personal residence, please:
      1. If business hours contact the ADRC ask for Access worker.
      2. If non-business hours contact:
         1. Send mobile (if available) to assist in determining the individuals needs.
            1. mobile does not have authority to authorize a 55.135, although they may assist in evaluating competency and navigating the process.
      3. **If choosing to implement the EPP, first contact clinical consultant and then engage ADRC supervisor (listed below) to discuss EPP and/or other options.**
3. Forms necessary for EPP:
   * 1. Prepare the “Statement of Emergency Protective Placement” FORM GN-4000 (this is similar to an Emergency Detention statement)
        1. Law enforcement completes at time of custody. (Client needs to receive a paper copy).
        2. This is a statement detailing the specific things law enforcement observed, or which have been reported to law enforcement, as the basis for emergency placement.
        3. Law Enforcement should fax Statement of Emergency Protective Placement and Notice of EPP Rights to County Corporation Counsel at ASAP.
     2. “Notice of Rights for Emergency Protective Placement” FORM GN-4010.
        1. Law enforcement completes at time of taking the individual into custody.
           1. Law enforcement checks the “director’s designee” box at the top of the form.
        2. Law enforcement provides the rights notification to the client. This includes both orally and in writing (client needs to receive a paper copy).
        3. Law Enforcement should fax Statement of Emergency Protective Placement and Notice of EPP Rights to County Corporation Counsel at ASAP .
4. **Resources:**

|  |  |
| --- | --- |
| Business Hours Number | ask for ACCESS worker |
| After Hours | 911 or County dispatch |
| Emergency Room direct |  |
| On call clinical consultant |  |
| ADRC Access  After business hours ADRC Resources  (call NWC on call consultant before engaging): |  |

(Letterhead)

**Emergency Protective Placement [EPP] Assessment Questions**

* Is adult oriented to person, place, and time?
  + Person: *What is your name?*
  + Place: *Where are you right now?*
  + Time: *What year is it?*
* Can adult communicate consequences of not treating medical condition?
  + *What are your choices right now?*
  + *What makes you make this choice right now?*
  + *What do you think will happen if you do nothing to change the situation?*
* Is adult at substantial risk of harm if remains at home or leaves current location?
  + Nutrition: *What did you have to eat?*
  + Hydration: *What did you have to drink?*
  + Mobility: *What would you do if you fell?*
  + Medical need: *Tell me how much pain are you in right now?*
  + Living arrangement: *Who do you live with?*
  + Social connection: *Can I call family, neighbors, or the person that visits you?*
  + Medication: *What are those pills for?*
  + Home environment observation:
    - Unkempt or dirty clothing
    - Objects in unusual places
    - Spoiled food
    - Urine/Feces

(Letter head)

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

**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**