

**Copper Country Mental Health Services (CCMHS) Board
CONSUMER ORIENTATION BOOKLET**

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**Copper Country Mental Health Services Board
CONTACT INFORMATION**

My Clinician / Case Manager: _____

Phone Number: _____

Other Staff: _____

Phone Number(s): _____

FOR EMERGENCY SERVICES:

During business hours call: -----(906) 482-9404 or 1-800-526-5059

After hours call: ----- 1-800-526-5059

Poison Control Center (Statewide): ----- 1-800-222-1222

FOR ALL OTHER SERVICES:

Houghton County ----- (906) 482-9404

Or Toll Free:----- 1-800-526-5059

Rice Memorial Center

901 West Memorial Drive

Houghton, MI 49931

(906) 482-9400

TDD/TTY: (906) 482-8037

Hours: 8:00 am to 5:00 pm, Monday - Friday

Ontonagon County Center

515 Quartz Street

Ontonagon, MI 49953

(906) 884-4804

Hours: 8:00 am to 4:30 pm, Monday - Friday

Rice Memorial Center - CLK Branch

56938 Calumet Avenue

Calumet, MI 49913

(906) 337-5810

Hours: 8:00 am to 4:30 pm, Monday - Friday

The Institute

900 West Sharon Avenue

Houghton, MI 49931

(906) 482-4880

e-mail: Institute@theInst.org

Baraga County Center

15644 Skanee Rd.

L'Anse, MI 49946

(906) 524-5885

Hours: 8:00 am to 4:30 pm, Monday – Friday

Evening appointments may be available

Recipient Rights Officer/Customer Services

Sarah Rousseau

(906) 482-9400

Copper Country Mental Health Services Board

CONSUMER RIGHTS AND RESPONSIBILITIES

Rights and responsibilities go together. This information outlines some of the rights and responsibilities of people receiving services at Copper Country Mental Health.

The United States Constitution guarantees certain rights to all citizens. As a person receiving mental health services, you have all of these rights, unless limited by law or by a court order.

Constitutional Rights include:

- Freedom of speech
- Freedom from search and seizure
- Due process
- Legal protection
- Freedom from discrimination
- Freedom of religious expression
- Right to vote
- Right to free public education

Persons receiving mental health services have additional rights granted by the Michigan Mental Health Code.

Mental Health Code rights include the right:

- To be free from abuse and neglect.
- To be treated with dignity and respect.
- To have information about the person receiving services kept confidential.
- To have the plan for treatment, services, and supports developed through a Person-Centered Process.
- To have access to the information in your clinical record.
- To give informed consent for psychotropic medication.
- To complain to the person in the Rights Office, in writing or verbally, that your rights are being violated.
- To be protected from harassment or retaliation for complaining your rights have been violated.
- To ask staff for the Rights Officer's address and telephone number without being questioned.
- Not to be required to receive treatment unless the law allows it and a court requires it.

If you are receiving residential services you have the right:

- To receive a copy of the House Rules.
- To get and send mail without anyone else opening it unless there is reason to believe the mail contains something that could result in breaking the law or is harmful to you or others.

CCMHS - CONSUMER RIGHTS AND RESPONSIBILITIES Cont'd

- To talk on the phone in private. This right may be limited based on your Person-Centered Plan or Agency policy.
- To see visitors you want to see during regular visiting hours and to see your own doctor or spiritual counselor at reasonable times.
- To contact your lawyer at any time regarding your legal matters.
- To practice your religion or faith. You will not be forced to be involved in a religious event.
- To go to the polls to vote if you are registered. If you are not registered, you may arrange to become registered.
- To stay in a place which is clean, has good light, enough heat, fresh air, hot and cold water, a bathroom with privacy, and personal storage space.
- To wear your own clothes and keep your own personal belongings, unless restricted by law, policy or your written Person-Centered Plan.
- To be free from unreasonable searches, to watch if a search does occur, to have the reason for the search explained to you and written in your record.
- To be paid for work you agree to do if you are offered work. You will not be paid for personal housekeeping chores such as making your own bed.
- To go anywhere you want unless limited by law, policy or your Person-Centered Plan.

The responsibilities of consumers of mental health services include:

- To be an active participant in treatment, and if dissatisfied, to complain to the appropriate person.
- To do as much as possible to identify and meet their own needs.
- To respect the rights, privacy, and beliefs of others by showing courtesy and consideration.
- To be responsible for the cost of services based on ability to pay.
- To keep appointment times as scheduled, or telephone in advance to cancel.
- To respect the environment and property of others, as well as their own.
- To share with staff their experience of the Agency's services; of what is done well, and of what could be done better.

For more information on rights contact the:

**Office of Recipient Rights
Copper Country Mental Health Services
901 West Memorial Drive, Houghton, MI 49931
Phone #: (906) 482-9400
TDD/TTY #: (906) 482-8037**

Copper Country Mental Health Services Board
YOUR RIGHTS WHEN YOU HAVE A COMPLAINT ABOUT
MENTAL HEALTH SERVICES/SUPPORTS

Copper Country Mental Health Services wants its consumers to be satisfied with the services/supports received.

Recipient Rights Advisors are available to help you understand and exercise your rights when you are not satisfied. Your questions and concerns are welcomed.

If you are denied services or if your services are reduced or stopped, you may have specific rights. Some of these rights are time limited. It is important to make your concerns known right away.

There are several ways to have your concerns heard. You can use more than one way at the same time.

Some of these ways are:

- Talk with your Client Services Manager/Supports Coordinator or Primary Therapist.
- File a grievance through the Office of Recipient Rights.
- Make a Recipient Rights Complaint.
- Request a hearing before the State Administrative Tribunal that hears appeals from participants in the Medicaid program.
- Request a second opinion if you are denied hospitalization or denied access to services when first applying.

Contact the Office of Recipient Rights
by telephone at: (906) 482-9400

or by mail at:

Copper Country Mental Health Services
901 W. Memorial Drive
Houghton, MI 49931

Copper Country Mental Health Services Board

YOUR FINANCIAL RESPONSIBILITY FOR MENTAL HEALTH SERVICES

Financial Responsibility for Mental Health Services: Copper Country Mental Health Services (CCMHS) is required by Michigan law to assess charges for services it provides.

No individual will be denied services because of the inability of the responsible party to pay for the services.

Determination of Ability to Pay: It is assumed you have the ability to pay the full charge for services unless you provide the information needed to make a determination of your ability to pay. This includes financial and insurance information.

Based on the financial information you provide, a determination will be made of your ability to pay for services. You will be given a written statement of what has been determined as your ability to pay amount.

Your ability to pay will be redetermined annually. If you have insurance benefits, the insurance company will be billed the total charge of the services provided to you. The total of your ability to pay amount plus insurance benefits will not exceed the cost of services.

There are two methods for determination of ability to pay. One method requires a copy of your current Michigan Income Tax Return. The other method is based on a review of your total financial circumstances. The type of service received determines the method to be used. Persons who are Medicaid eligible are deemed to have \$0.00 ability to pay for outpatient services.

Your Obligations: You are legally obligated to pay the charge for services received based on the amount determined to be your ability to pay.

You are obligated to render payment to CCMHS for any payments you receive for our services from your insurance company along with the insurance company explanation of payment amounts.

If your financial information or insurance changes during the course of treatment you are obligated to notify CCMHS so your ability to pay can be re-determined.

Services are billed monthly. Payment is expected monthly or on a payment schedule set up between you and the Accounting Office. For your convenience, payments for outpatient services may be made at the Outpatient Services Office or by mail.

Your Rights: You have the right to request a new determination of your ability to pay whenever you have experienced a significant change in your financial situation.

You may request a redetermination of your ability to pay based on your total financial circumstances if you believe the income figure used to determine your ability to pay is not appropriate to your current income status or does not appropriately reflect your ability to pay. This request must be made within 30

CCMHS - YOUR FINANCIAL RESPONSIBILITY FOR MENTAL HEALTH SERVICES Cont'd

days from the notification of your ability to pay determination. The request is made in writing to the Accounting Office of CCMHS.

If you wish to contest an ability to pay redetermination you may request an administrative hearing. The Accounting Office at CCMHS is available to advise you on how to request a hearing.

An appeal of the ability to pay redetermination resulting from an administrative hearing may be made to the Probate Court in your county of residence.

Questions and Answers

Do I have to provide financial information in order to receive services?

- Providing financial information is voluntary. *If you do not provide the information requested, an ability to pay determination cannot be made and you will be responsible for paying all charges for the services received.*

Is the information I provide confidential?

- Yes, all information is held in confidence. This is required by law.
- You will be asked to authorize release of medical information to your insurance company so the insurance company can be billed.

What if I feel I can't pay the amount that has been determined as my ability to pay amount?

- You can appeal the amount within 30 days of being notified of the ability to pay amount.
- If your financial circumstances change significantly you can request a redetermination of ability to pay.

What if I still have questions about how my ability to pay was determined, or about making payments?

- You can contact the Accounting Office at CCMHS.

The Copper Country Mental Health Services Accounting Office is located at:

**Rice Memorial Center
901 West Memorial Drive
Houghton, MI 49931**

(906) 482-9400

Copper Country Mental Health Services Board

CUSTOMER SERVICES

Copper Country Mental Health Services wants their customers to be satisfied with the services/supports they receive.

What is Customer Services?

Customer Services is where you can bring inquiries, comments, concerns, questions, suggestions, grievances, requests or praise about services received from Copper Country Mental Health Services.

Some things you should know when receiving services from Copper Country Mental Health (CCMHS):

You can receive services close to home. We have offices in Calumet, Houghton, Ontonagon, and L'Anse.

Everyone at CCMHS should treat you fairly and with respect! If you are unhappy with any part of your care, Customer Services is the place to go. We will work with you and your concerns. If you are still not happy after talking with Customer Services, you may take your concerns to the Executive Director.

Services in your language are here for you, including if you are hearing impaired or do not speak English. This service is FREE. Some written materials are available in alternative formats (large print, Braille, audio) for those who are visually limited or have limited reading proficiency.

You can be a part of what is going on at CCMHS. There are several groups where your help is needed. You can find out more by contacting the Customer Services Coordinator.

Here are some of the things you can be a part of:

- **Consumer Advisory Committee**
- **Recipient Rights Advisory Committee**
- **Quality Improvement Committee**

You cannot be left without service because of your race, color, gender, religion, age, national origin, or disability. The following laws protect your Civil Rights:

- **American with Disabilities Act**
- **Federal Fair Housing Act**
- **Michigan Handicappers Civil Rights Act**
- **Section 504 of the Rehabilitation Act**

CCMHS - CUSTOMER SERVICES Cont'd

Except where the law says, your record is private. We can give information from your record only when you or the person who legally does things for you gives the okay.

You will receive a booklet explaining your rights when you begin services. Because you are getting public mental health services in the State of Michigan, you have certain rights that belong to you because of the law (Mental Health Code).

If you think you have not been treated fairly, or if you would like help with your rights, contact the Office of Recipient Rights at (906) 482-9400.

How you feel about the services we provide you is important to us. You can share your thoughts or problems with us by calling Customer Services at (906) 482-9400 or Toll Free at 1-800- 526-5059. You may also call the NorthCare Network Customer Services Department at: 1-888-333-8030 or 906-225-7254. If you prefer, you may write us at Customer Services, CCMHS, 901 West Memorial Drive, Houghton, MI 49931.

In addition, we have Suggestion Boxes located in each of our Outpatient waiting rooms in our Houghton, L'Anse, Calumet and Ontonagon Offices. There is also a Suggestion Box at the ACT Team Office, Northern Lights Clubhouse, and outside of the Customer Services Coordinator's Office at the Rice Memorial Center.

What you can do if you are dissatisfied with services:

- Contact your mental health professional or his/her supervisor to discuss your concerns; or
- If you are uncomfortable doing so, or you feel that your concerns were not handled to your satisfaction:
 - Contact the Customer Services Coordinator or the Office of Recipient Rights.

**Many opportunities exist for customers to share their suggestions for improving services.
If you would be willing to serve in this way, please contact:**

Customer Services

**Copper Country Mental Health Services
901 West Memorial Drive, Houghton, MI 49931
(906) 482-9400
Toll Free: (800) 526-5059
TDD/TTY: (906) 482-8037**

Hours of Operation

Monday – Friday, 8:00 a.m. - 5:00 p.m.

Language Translation Services Are Free - No Cost to You!

Copper Country Mental Health Services Board

CODE OF ETHICS

PREAMBLE

This code is intended to provide both general and specific principles to cover most situations encountered by Copper Country Mental Health Services Board Staff. At the core of this code is our belief in accountability and is based on core values of:

- **Accountability to the public**
- **Choice**
- **Efficiency**
- **Empowerment**
- **Prudent use of resources**
- **Respect for the life, value and dignity of individuals**
- **Avoiding conflict of interest**
- **Effectiveness**
- **Empathy**
- **Inclusion**
- **Security**
- **Being fair and impartial**

GENERAL PRINCIPLES

Competence

- **We strive to maintain high standards of conduct in our work.**
- **We recognize the boundaries of our expertise.**
- **We recognize the need for ongoing education.**

Concern For Others Welfare

- **We promote a safe and comfortable environment.**
- **We promote informed choice.**
- **We do not exploit professional relationships.**

Respect

- **We respect the dignity and worth of all people.**
- **We promote the right to privacy and autonomy.**
- **We respect cultural differences and diversity.**

Social Responsibility

- **We work to reduce social stigma.**
- **We encourage policy that promotes the interests of the people we serve and the public.**
- **We comply with the law.**

CCMHS - CODE OF ETHICS Cont'd

Integrity

- We strive to be honest, fair and respectful of others.
- We attempt to clarify our roles and responsibilities.
- We avoid conflict of interest.

Professional Conduct

- We uphold the values, ethics and mission of the Agency.
- We adapt to meet the needs of people from different backgrounds.
- We collaborate with others to promote consumer interests.

SPECIFIC PRINCIPLES

Business

- We bill appropriately for services delivered.
- We conduct business in accordance with Agency values and general ethics principles.
- We protect against the misuse of funds.
- We award contracts via approved selection processes.
- We ensure employees, and clinical and non-clinical contractors are not excluded from Federal or State Health Care Programs.

Human Resources

- We follow all laws prohibiting discrimination.
- We are committed to providing an environment free of harassment.
- We show appreciation to employees.
- We apply fair and equitable treatment to all employees.
- We respect the employee's right to privacy.

Marketing

- We compete for business on merit alone and do not engage in attempts to discredit competitors.
- We share testimonials that are truthful.
- We provide information able to be read and understood by current and potential consumers

Service Delivery

- We provide services that are consumer directed.
- We strive to provide quality services.

Professional Responsibilities

- We follow a Code of Ethics for our respective professional disciplines.
- We follow the Michigan Mental Health Code
- We comply with all statutes, regulations and guidelines applicable to Federal Health Care Programs.

Adopted by
Copper Country Mental Health Services Board
August 29, 2001 - Revised: June 1, 2007, July 27, 2016

Copper Country Mental Health Services Board

PROGRAMS

It is the mission of the CCMHS Board to ensure that appropriate, cost-efficient, and quality behavioral health services are accessible to eligible persons in Baraga, Houghton, Keweenaw, and Ontonagon counties. Copper Country Mental Health Services provides an array of services intended to increase independence, improve quality of life, and support community integration and inclusion of the persons served.

Assertive Community Treatment: The ACT Team provides services to individuals with severe and persistent mental illness. It offers a wide array of clinical, medical, or rehabilitative services during face-to-face interventions that are designed to assist individuals to live in the community or help while transitioning to a more independent living arrangement.

Autism Benefit: This is a benefit to provide intensive Applied Behavior Analysis (ABA) interventions for children 0-21 years with the diagnosis of Autism Spectrum Disorder. ABA is a scientific approach to changing behavior and teaching skills and is internationally recommended for children with autism.

BRAVO: Provides support to people with intellectual/developmental disabilities so that they can live, work and play where they choose. These supports may include helping with personal business, grocery shopping, cooking, managing money, assisting at doctor's appointments, housekeeping, taking part in community events, and respite.

Case Management/Supports Coordination: Provides assessment, service planning, linking/coordinating, follow-up, and monitoring services to adults and children with mental illness and/or intellectual/developmental disabilities.

Community Support: A program for individuals with persistent mental illness, Community Support provides practical assistance at home and in the community with such things as medication management, money management, grocery shopping, and housekeeping.

Co-Occurring Disorders Treatment: Provides treatment to people with a combination of mental illness and/or intellectual/developmental disabilities and substance use disorder. This approach helps people recover by offering mental health and substance abuse treatment together.

Emergency Services: Services are available 24-hours a day, 365 days a year to persons having a mental health emergency requiring immediate assistance. These services include crisis intervention, assessment, and pre-screening for hospitalization.

Home-Based Services: Designed to support and empower families who have one or more mentally ill children who are at risk for out-of-home placement. This array of services focuses on strengthening the family and utilizes prevention methods to help keep the child and family together.

Intensive Crisis Stabilization (ICS): ICS services are a short-term alternative to inpatient hospitalization or can also be used to provide additional support to allow earlier discharge from a hospital. These services are structured treatment and support activities provided by a team of mental health staff in a person's home or other community setting. Receiving treatment within the community, using a person's natural supports when available, helps to strengthen and promote independence and recovery.

CCMHS - PROGRAMS Cont'd

Nursing Home Services (OBRA/PASARR): The OBRA Team works with area hospitals and nursing homes to identify and address the mental health needs of persons residing in long-term facilities.

Outpatient Therapy: Provides assessment and treatment services for adults with a severe mental illness or children with serious emotional disturbance. The type of help offered varies and may address family relationship problems, parent/child conflicts, interpersonal-social conflicts and symptoms related to depression, anxiety and other acute psychiatric problems. Services are provided at offices in Houghton, Calumet, L'Anse and Ontonagon.

Parent Support Partner (PSP): This service provides peer-to-peer support, education, and training to caretakers of children with a serious emotional disturbance. The primary goal is to empower families to move toward independence through skill-building interventions. The PSP helps empower families to access and obtain resources in the community, partner with service providers, and increase their confidence in parenting. The PSP draws from personal experience and knowledge to help engage families in the treatment process.

Psychosocial Rehabilitation: Northern Lights Clubhouse provides services to members using the Clubhouse Model. Members who are adults with a mental illness are involved in a work-ordered day to operate the Clubhouse. Focusing on members' strengths, talents, and abilities provides opportunities to increase independence in the community.

Residential Services: Group homes serve adults with intellectual/developmental disabilities and/or mental illness who require help with daily activities and a structured living environment. People receive assistance 24-hours a day from trained staff.

Skill Building: Programs provide services in a structured setting to people with severe *mental* illness and/or intellectual/developmental disabilities. Services assist the person to engage in meaningful activities and achieve goals of independence, community inclusion, and employment. These programs are available at the centers in L'Anse and Ontonagon.

Peer Support Specialist (PSS) Services: PSS Services are provided by individuals who are on their own recovery journey, who have a serious mental illness, and are now receiving or have received services from the public mental health system. PSS are hired to share their life experience and provide expertise to consumers that professional disciplines cannot replicate. They provide a wide range of services including health integration, assistance with benefits and housing, community inclusion, health education, and promoting recovery.

Wraparound: Wraparound is an individually designed set of services and supports provided to children with serious emotional disturbance and their families that includes treatment services, personal support services or any other supports necessary to maintain the child in the family home. The Wraparound plan is developed using a team approach including the youth, parents/guardians, involved service providers, and others whom the family identifies as supportive for attaining their goals. Wrap-around services are a particularly effective approach in serving children served by multiple systems.

The Institute: Provides a variety of education, prevention, and training programs including: adolescent development, asset building, child development, community education, depression education, infant mental health, mental health training, parent education, stress management, substance abuse prevention, violence prevention, and youth social skill development.

Copper Country Mental Health Services Board

EVIDENCE-BASED PRACTICES

Evidence-based practices are clinical interventions, which have been consistently shown in several research studies to assist consumers in achieving their desired goals of health and wellness. Evidence-based practices exist in almost all areas of psychiatry and medicine.

Copper Country Mental Health Services currently offers the following evidence-based practices:

Autism Benefit

This is a benefit to provide intensive Applied Behavior Analysis (ABA) interventions for children 0-21 years with the diagnosis of Autism Spectrum Disorder. ABA is a scientific approach to changing behavior and teaching skills and is internationally recommended for children with autism.

Assertive Community Treatment (ACT)

The ACT Team provides services to individuals with severe and persistent mental illness. It offers a wide array of clinical, medical, or rehabilitative services during face-to-face interactions that are designed to assist individuals to live in the community or help while transitioning to a more independent living arrangement.

Co-Occurring Disorders: Integrated Dual Disorders Treatment

This treatment is for individuals who have co-occurring disorders – a combination of mental illness, and/or intellectual/developmental disabilities, and substance use disorder. This approach helps people recover by offering mental health and substance abuse treatment together. The same clinicians (or team of clinicians) provide integrated and personalized treatment for both mental health and substance abuse problems. Particular treatment approaches will depend on the person's individual needs and what stage of recovery he or she is in.

Family Psychoeducation (FPE)

This approach helps individuals with severe and persistent mental illness, along with their family members and/or friends, by working towards recovery through learning about mental illness, developing problem-solving skills, developing social supports, and improving communication.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a structured treatment for children who have been traumatized and for their families. It aims to improve the relationship between the child and caregiver(s) by teaching coping skills and by helping the child to correct false beliefs about the trauma. Caregiver involvement is essential in order to learn effective parenting practices and to encourage and support the child in the telling of his or her trauma narrative.

Copper Country Mental Health Services Board

FAMILY PSYCHOEDUCATION

UNDERSTANDING FAMILY PSYCHOEDUCATION (FPE)

How does FPE help the individual with symptoms?

Studies show that when people have symptoms of mental disturbance, they are helped by working with their families to reduce the effects of the symptoms. The individuals and families learn about what is probably happening in the brain, and they learn ways to work together to make some positive changes such as:

- Developing a way to communicate about what is happening.
- Feeling more in control of one's life.
- Finding ways to deal with stress and conflicts.
- Exploring ways to minimize symptoms.
- Talking about how to become more productive without adding too much stress.

How can this help my family?

You learn about confusing symptoms and behaviors that are a result of mental changes.

You learn that other people have similar needs and experiences.

You learn new ways to deal with common problems that often create conflicts, such as:

- Isolation
- Confusion and poor concentration
- Missing or not getting up for school
- Difficulty finding and keeping a job
- Lack of motivation or initiative
- Taking medication

CCMHS – FAMILY PSYCHOEDUCATION Cont'd

How Does FPE Work

You and your family meet as a single family with a clinician or in a group with other families every other week for several months. You will learn about methods to deal with stress and symptoms that can affect a person's cognitive, social and emotional functioning. Studies show that the best results occur when your family participates for at least six months.

What is the format?

Introductory Sessions: Family members meet with a clinician, together or separately. The focus is to talk about what is going on, such as troubling symptoms, dealing with stress, daily routines, etc. A partnership is developed.

Education Workshop: Families come together in a classroom format to learn the biology of what is happening and ways to work towards recovery.

Problem-Solving Sessions: Families meet every two weeks for the first year, then once a month. Each session lasts 90 minutes. People learn to deal with obstacles in a practical, step-by-step approach.

Copper Country Mental Health Services Board CO-OCURRING DISORDERS TREATMENT

Co-occurring disorders treatment is for people who have two or more disorders: mental illness and/or intellectual/development disabilities, and substance abuse or dependence. Research has shown that getting treatment for both problems at the same time and in one setting is more likely to be successful.

According to reports published in the Journal of the American Medical Association, roughly 50% of persons with severe mental health disorders are affected by a substance abuse problem. And approximately 45% of the people who abuse alcohol and drugs have at least one serious mental illness.

Problems associated with co-occurring disorders are significant. Persons with dual disorders are often less likely to take their medication, be helped less by treatment, and/or drop out of treatment. In addition, these problems can extend out to family members and friends, negatively affecting relationships.

Health, social relationships, employment issues, legal problems, intensity of mood and psychotic disorder symptoms are all affected to a greater degree than for those who have one disorder (either mental health or substance abuse).

Integrated treatment is designed to best address the consumer's needs by offering services in one place, instead of going to multiple providers for services. Integrated treatment consists of outreach and motivational interventions through:

- education,
- support,
- individual therapy,
- group therapy,
- case management,
- social support,
- employment support and
- providing links to additional community support systems (e.g. Alcoholics Anonymous, Smart Recovery, Department of Health and Human Services, Western Upper Peninsula Health Department, and Community Action.)

Appropriateness for services is evaluated at time of intake and throughout treatment.

For more information ask your case manager or clinician about the following services: ACT, Case Management, Outpatient Therapy, Psychiatric Services, Vocational Rehabilitation, Community Support, and Northern Lights Clubhouse

Co-Occurring Groups:

Houghton, Tuesdays 1 – 2 pm

L'Anse, Tuesdays 9:30 – 10:30 am

Alcoholics Anonymous:

Houghton, Thursdays 2 – 3 pm (open to persons served by CCMHS only)

Smart Recovery Group: Calumet, Mondays 7 – 8 pm **(open to all persons)**

Copper Country Mental Health Services Board

POLICY AND PROCEDURE

DATE: June 28, 2017

CONFIDEN P6.DOC

RESINDS: May 27, 2015

CATEGORY: Recipient Rights

SUBJECT: **Confidentiality**

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that all personnel must preserve the integrity and the confidentiality of the protected health information (PHI) of all recipients of services.

PURPOSE: The purpose of this policy is to ensure that the right to confidentiality of Protected Health Information (PHI) is provided to all persons served in a manner consistent with the Michigan Mental Health Code, Michigan Department of Health and Human Services (MDHHS), and the Health Insurance Portability and Accountability Act (HIPAA).

DEFINITIONS:

- I. INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION: is information that is a subset of health information, including demographic information collected from an individual, and:
 1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
 2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - A. That identifies the individual; or
 - B. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- II. PROTECTED HEALTH INFORMATION (PHI): means individually identifiable health information:
 1. Except as provided in paragraph (2) of this definition, that is:
 - A. Transmitted by electronic media;
 - B. Maintained in electronic media; or

CCMHS – CONFIDENTIALITY POLICY & PROCEDURE Cont'd

- C. Transmitted or maintained in any other form or medium.
2. Protected health information excludes individually identifiable health information in:
 - A. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;
 - B. Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and
 - C. Employment records held by a covered entity in its role as employer.

PROCEDURE:

- I. As required by MDHHS Administrative Rule 7051 a summary of Section 748 of the Michigan Mental Health Code is made a part of each recipient file.
- II. CCMHS personnel will not use or supply PHI for non-health care uses, such as direct marketing, employment, or credit evaluation purposes.
- III. CCMHS personnel will collect and use PHI only for the purposes of providing services and for supporting the delivery, payment, integrity, and quality of those services as follows:
 1. To provide proper diagnosis and treatment.
 2. With the individual's knowledge and consent.
 3. To receive reimbursement for services provided.
 4. For research and similar purposes designed to improve the quality and to reduce the cost of health care.
 5. As a basis for required reporting of health information.
- IV. CCMHS personnel will recognize that PHI collected about recipients must be accurate, timely, complete, and available when needed and shall:
 1. Use their best efforts to ensure the accuracy, timeliness, and completeness of data to ensure that authorized personnel can access it when needed.
 2. Complete and authenticate records in accordance with the law, medical ethics, and accreditation standards.
 3. Maintain records for the retention periods required by law and professional standards.

CCMHS – CONFIDENTIALITY POLICY & PROCEDURE Cont'd

4. Not alter or destroy an entry in a record, but rather designate it as an error while leaving the original entry intact and create and maintain a new entry showing the correct data.
 5. Implement reasonable measures to protect the integrity of all data maintained about recipients.
- V. CCMHS personnel will recognize that recipients have a right of privacy and will respect recipients' individual dignity at all times.
- VI. CCMHS personnel will act as responsible information stewards and treat **all** PHI as sensitive and confidential and shall:
1. Treat all PHI as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
 2. Not divulge PHI unless the recipient, or his/her authorized representative, has properly consented to the release or the release is otherwise authorized by law.
 3. When releasing PHI, take appropriate steps to prevent unauthorized re-disclosures.
 4. Implement reasonable measures to protect the confidentiality of PHI maintained about recipients.
 5. Not disclose PHI except as necessary for billing or other authorized purposes as authorized by law and professional standards.
- VII. CCMHS personnel will recognize that some medical information is particularly sensitive, such as HIV/AIDS information and alcohol and drug abuse information and will treat such information with additional confidentiality protections as required by law, professional ethics, and accreditation requirements.
- VIII. CCMHS personnel will recognize that, although CCMHS "owns" the record, the recipient has a right of access to information contained in the record.
- IX. All CCMHS personnel **must** adhere to this policy. CCMHS will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with CCMHS's PHI sanction procedure and personnel rules and regulations.

CROSS REFERENCE:

1. CCMHS Policy – Service Records System
2. CCMHS Policy - Use and Release of Protected Health Information
3. CCMHS Policy – The Minimum Necessary PHI To Be Used, Released, or Requested
4. Michigan Mental Health Code - Section 748
5. MDHHS Administrative Rules - Section R 330.7051 Rule 7051.
6. CFR 45 Parts 160 and 164

Copper Country Mental Health Services NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is being provided by Copper Country Mental Health Services (CCMHS). If you have questions about this notice or if you would like to make a request per this notice, you may contact: CCMHS' Privacy Officer, at 901 West Memorial Drive, Houghton, MI 49931 (906) 482-9400, 1-800-526-5059, or srousseau@cccmh.org.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you for care coordination purposes.

Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary, unless specifically requested by you or your guardian in writing not to contact you by mail.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with MDHHS (state Medicaid agency) to coordinate payment for your services.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: We provide MDHHS (Michigan Department of Health and Human Services) with certain statistics to explain the services provided and cost for those services. MDHHS contracts with NorthCare Network as the Prepaid Inpatient Health Plan (PIHP).

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions, such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The notice will be available at any time upon request or from our website, and we will post a copy of the current notice at all CCMHS facilities. The notice will contain in the top right-hand corner, the effective date. In addition, when you are admitted to CCMHS for treatment and annually, we will offer you a copy of the current notice, and at your first visit after an update.

Effective date of Privacy Notice: 5/1/2017

- **For further information contact Sarah Rousseau, CCMHS Privacy Officer:**

By phone at: 1-800-526-5059 or (906) 482-9400

OR

By email at: srousseau@cccmh.org.

OTHER INSTRUCTIONS FOR NOTICE

- Public Act 559 of 2014 amended the Mental Health Code to allow for the broader sharing of mental health records; effective 4/10/17. Information may be disclosed under one or more of the following circumstances:
 - As necessary for the recipient to apply for or receive benefits.
 - As necessary for treatment, coordination of care, or payment for the delivery of mental health services, in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.
 - As necessary for the purpose of outside research, evaluation, accreditation, or statistical compilation. The individual who is the subject of the information shall not be identified in the disclosed information unless the identification is essential to achieve the purpose for which the information is sought or if preventing the identification would clearly be impractical, but not if the subject of the information is likely to be harmed by the identification.
 - To a provider of mental or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other individuals.
- 42 C.F.R. Part 2 prohibits the sharing of substance use disorder treatment records. Information related to a consumer's commission of a crime on the premises or against personnel is not protected. Reports of suspected child abuse and neglect made under state law to appropriate authorities are not protected.

Copper Country Mental Health Services Board

COORDINATION OF CARE

The Importance of Coordinating Health Care

Coordinating care means communication between all health care providers treating a person. We encourage people receiving services for mental health, intellectual/developmental disabilities or substance abuse to talk with providers about coordinating their care. Health care providers include the person's family doctor, the Health Plan, mental health agencies, and other service agencies in the community such as: Department of Health & Human Services, hospitals, schools, nursing homes, etc.

Health care that is coordinated among all health providers does help people who have medical problems in addition to a mental illness or intellectual/developmental disability. Studies show consumers are more satisfied with services and the quality of care improves.

Exchange of important information related to a person's mental health, intellectual/developmental disabilities and/or substance abuse, and physical health needs to occur on many levels. It may include communication:

- Between the inpatient facility and the outpatient provider;
- Between or among mental health providers;
- Between the person's primary clinician and family doctor;
- Between the substance abuse provider, primary clinician, and any other health care providers;
- Among other medical providers as indicated by the individual.

Communication is particularly important if:

- An individual is taking medications prescribed by more than one doctor;
- There is a change in medications prescribed.

Confidentiality and Privacy

Most information can only be shared with permission from the person receiving services. In order to coordinate care, the person will be asked to sign a Release of Information form. Typically, the provider will ask for a release to be signed to share information with the family doctor and other relevant people or agencies.

If a person refused to sign the Release of Information, this will be honored, and noted in the person's records. A refusal to release information will not affect the services you are receiving.

Remember:

- Coordinating health care helps get the best care possible.
- A Release of Information or consent must be signed by the consumer or guardian for information to be shared with doctors of other agencies.
- Consumers are in charge of their health care—they are encouraged to help those who are helping them.

Communication is the KEY. Consumers and health care providers need to communicate with one another.

Copper Country Mental Health Services Board
POLICY AND PROCEDURE

DATE: April 26, 2017

Mmgt Behav ER.P12

RESCINDS: May 25, 2016

CATEGORY: Client Services

SUBJECT: **Management of Behavioral Emergency**

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that assaultive and/or aggressive behavior be managed in a safe, non-harmful manner using a method that provides for the best possible care and welfare of both the person and the employee(s) involved. The freedom of movement of a person shall not be restricted more than is necessary to provide mental health services to the person, to prevent injury to the person or others. Approved personal safety and physical crisis intervention/team intervention, i.e., physical management, may be used only by employees who have current certification in - "Nonviolent Crisis Intervention" Training Program by Crisis Prevention International, Inc., and only as a time-limited emergency intervention procedure. Seclusion is **PROHIBITED** in any Agency program or under any circumstances. The use of physical or mechanical restraint, i.e., any physical device used to restrict a person's movement, is **PROHIBITED**.

PURPOSE: Physical management and the request for law enforcement intervention are the only two emergency interventions approved by Michigan Department of Health and Human Services (MDHHS) for use in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm. These intervention procedures are designed to provide employees with appropriate, authorized steps and action they may take to manage the behavior of a person who is momentarily dangerous to others or him/herself. With emphasis on care, welfare, safety and security of all involved, these hierarchical, sequential steps are designed to be used with spontaneous behavioral episodes, not those for which there is currently a treatment plan for correction. These intervention steps are not to be used as punishment, but only to control or manage a dangerous behavior in an emergency situation.

DEFINITIONS:

BEHAVIORAL EMERGENCY: Behaviors exhibited by a person that put the person or others at imminent risk of harm.

EMERGENCY INTERVENTIONS: There are only two emergency interventions approved by MDHHS for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and the request for law enforcement intervention.

IMMINENT RISK: An event/action that is about to occur that will likely result in the potential harm to self or others.

CCMHS – MANAGEMENT OF BEHAVIORAL EMERGENCY POLICY & PROCEDURE Cont'd

PHYSICAL CRISIS INTERVENTION/HOLDING SKILLS: Techniques to limit mobility of physically aggressive persons in a non-harmful way as a last resort to prevent harm to self or others.

PHYSICAL MANAGEMENT: An agency-approved technique used by trained employees as an emergency intervention to restrict the movement of a person by continued direct physical contact in spite of the person's resistance in order to prevent the person from physically harming himself, herself, or others. CCMHS only uses physical management techniques from the "Nonviolent Crisis Intervention" training program by Crisis Prevention International, Inc. Physical management shall only be used on an emergency basis when a person or the situation is presenting an imminent risk of serious physical harm to himself, herself or others. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection or holding his/her hand. Physical management shall not be included as a component in a behavior treatment plan.

PRONE IMMOBILIZATION: Extended physical management of a person in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position. **PRONE IMMOBILIZATION OF A PERSON OR ANY PHYSICAL MANAGEMENT THAT RESTRICTS A PERSON'S RESPIRATORY PROCESS, FOR THE PURPOSE OF BEHAVIOR CONTROL IS PROHIBITED UNDER ANY CIRCUMSTANCES.**

REQUEST FOR LAW ENFORCEMENT INTERVENTION: Calling 911 and requesting law enforcement assistance as a result of a person exhibiting seriously aggressive, self-injurious or other behavior that places the person or others at risk of physical harm. Law enforcement should be called for assistance **ONLY WHEN: CAREGIVERS ARE UNABLE TO REMOVE OTHER PEOPLE FROM THE HAZARDOUS SITUATION TO ASSURE THEIR SAFETY AND PROTECTION, SAFE IMPLEMENTATION OF PHYSICAL MANAGEMENT IS IMPRACTICAL, AND/OR APPROVED PHYSICAL MANAGEMENT TECHNIQUES HAVE BEEN ATTEMPTED BUT HAVE BEEN UNSUCCESSFUL IN REDUCING OR ELIMINATING THE IMMINENT RISK OF HARM TO THE PERSON OR OTHERS.**

RESTRAINT: The use of a physical or mechanical device to restrict a person's movement; specifically, anything that immobilizes or reduces the ability of the person to move his/her arms, legs, body or head freely, for the purposes of the management, control, or extinction of seriously aggressive, self-injurious or other behaviors that place the person or others at risk of physical harm. Restraint does not include the use of a device primarily intended to provide anatomical or physical support that is ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving a person's physical functioning; or safety devices required by law, such as car seat belts or child car seats used in vehicles.

THE USE OF PHYSICAL OR MECHANICAL DEVICES USED AS RESTRAINT IS PROHIBITED IN ALL AGENCY PROGRAMS UNDER ANY CIRCUMSTANCES. This definition excludes the following:

ANATOMICAL OR PHYSICAL SUPPORT: Body positioning or a physical support ordered by a physician, physical or occupational therapist for maintaining or improving a person's physical functioning.

PROTECTIVE DEVICE: A device or physical barrier to prevent the person from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined here shall not be considered a "restraint" as defined above. However, it must be

CCMHS – MANAGEMENT OF BEHAVIORAL EMERGENCY POLICY & PROCEDURE Cont'd

incorporated in the Individual Plan of Service (IPOS) through a behavior treatment plan which has been reviewed and approved by the Behavior Treatment Committee (BTC) and received special consent from the person or his/her legal representative.

MEDICAL RESTRAINT: The use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the person quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the IPOS for medical or dental procedures.

SAFETY DEVICES REQUIRED BY LAW, such as car seat belts or child car seats used while riding in vehicles.

SECLUSION: The placement of a person in a room, alone, when freedom to leave the segregated room or area is prevented by any means. Seclusion is PROHIBITED in any agency program under any circumstances.

THERAPEUTIC DE-ESCALATION: An intervention, the implementation of which is incorporated in the person's written plan of service, wherein the person is placed in an area or room, accompanied by an employee who shall therapeutically engage the person in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

TIME OUT: Voluntary response to the therapeutic suggestion to a person to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

PROCEDURE:

- I. In the event of a BEHAVIORAL EMERGENCY, employees will:
 - A. Use VERBAL INTERVENTION: To de-escalate a situation before it becomes physical. Utilize de-escalation techniques taught in "Nonviolent Crisis Intervention" training, including but not limited to redirection, setting limits, removing the audience or the person from the situation, and allowing venting.
 - B. Use DISENGAGEMENT SKILLS/PHYSICAL INTERVENTION – HOLDING SKILLS: To protect the employee(s) and person(s) from injury if behavior escalates to a physical level. If at all possible, this should be accomplished using CCMHS approved disengagement skills and used only by employee(s) who have been properly trained in the use of these techniques. If this is not possible, measures must be taken to safeguard the person and others. Observe carefully until chances of re-occurrence of the behavior have subsided.
 - C. Use PHYSICAL CRISIS INTERVENTION/TEAM INTERVENTION: If risk behavior places the person or others at imminent risk of serious physical harm to physically stop the person from continuing risk behavior utilizing the least amount of physical management necessary to manage the risk.
 1. These interventions are restricted to time limited, age-appropriate holding skills performed by designated, trained and competent employees. Physical holds are to be used only as a last resort and only until the person is able to regain control on his or her own.

CCMHS – MANAGEMENT OF BEHAVIORAL EMERGENCY POLICY & PROCEDURE Cont'd

2. All physical crisis interventions/team interventions must be observed on an ongoing basis by at least one additional person if possible, to monitor for signs of distress and/or whether or not the intervention can be stopped.
3. The continued need for the physical crisis intervention/holding skills shall be continually reviewed, and a lower level hold shall be used, or the hold will end at the earliest possible moment when safety to self and others can be reasonably expected.
4. If circumstances allow, the Program Supervisor is to be notified no later than the time at which a technique or intervention has been used for fifteen (15) minutes. The Program Supervisor will determine whether to request law enforcement intervention.

NOTE: MDHHS APPROVES CALLING LAW ENFORCEMENT ONLY WHEN: other people cannot be removed from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the person or others.

5. An intervention or technique may be used up to the time it takes for law enforcement or emergency service providers to arrive – however not to exceed 45 minutes.
 6. Medication may be authorized by a physician in an emergency to modify or lessen the severity of the potentially dangerous behavior.
 7. If any Agency-approved disengagement or holding skills, or emergency medication is used, the employee will file an Incident Report.
- D. Use POSTVENTION TECHNIQUES: Once the person has reached the tension reduction phase and therapeutic rapport has been reestablished, the “COPING” model (Control, Orient, Patterns, Investigate, Negotiate, Give) of postvention is utilized with everyone involved in the situation to create a plan to avoid the need for physical management in the future.
- II. An Incident Report must be completed whenever a behavioral emergency occurs that requires the use of physical management or request for law enforcement intervention whether or not there is a resulting injury. Refer to Agency policy entitled “Report, Investigation & Review of Unusual Incidents”.
 - III. The Rights Officer shall review the policies of contract agencies, contracted inpatient units and child caring institutions to assure compliance with the Mental Health Code and with applicable Federal regulations on seclusion and restraint.

APPLICATION: All programs.

CROSS REFERENCE:

Mental Health Code Sections 700, 740, 742.

Administrative Rules 7243.

Public Law 106-310, Children’s Health Act of 2000 (Section 3207 & 3208)

Title V of the Public Health Service Act (42 USC 290aa et seq.) Section 591 & 595.

Copper Country Mental Health Services Board
POLICY AND PROCEDURE

DATE: December 14, 2016 Prevention Work...- consumer. P1

RESCINDS: June 27, 2007

CATEGORY: Client Services

SUBJECT: **Prevention of Workplace Violence – Consumers and Non-Employees**

POLICY: Copper Country Mental Health Services Board (CCMHS) will not tolerate violence in the workplace by or against anyone on agency property or at agency-sponsored functions. The agency reserves the right to deny access to agency property to persons who pose a threat to the safety of employees, consumers and non-employees.

PURPOSE: The purpose of this policy is to provide safety and security for all persons on agency property by establishing guidelines to follow when confronted with the possibility and/or actuality of violence on agency property or at an agency-sponsored function. In doing so, CCMHS is complying with Section 5 (a), the Federal Occupational Safety and Health Act of 1970 (OSHA).

DEFINITIONS: Workplace Violence includes but is not limited to creating a hostile work environment, harassment, sexual harassment, intimidation, abusive language, verbal or physical threats, physical attacks or property damage.

Agency Property is defined as all agency owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under agency ownership or control. All agency vehicles are included by this policy at all times regardless of whether they are on agency property at the time.

PROCEDURE:

- I. It is a violation of this policy for any person to engage in any act of violence while on agency property or at an agency-sponsored function.
- II. Consumer or Non-Employee Responsibilities:
 - A. Any person witnessing violence or threatening behavior against another person or himself/herself shall immediately notify an agency employee.
 - B. Any consumer who applies for or obtains a protective or restraining order which lists CCMHS' property as being a protected area should provide this information to his/her primary clinician or case manager/supports coordinator. The clinician or case manager/supports coordinator must report this information to local law enforcement.

**CCMHS – PREVENTION OF WORKPLACE VIOLENCE – CONSUMERS & NON-EMPLOYEES
– POLICY Cont'd**

- C. Suggestions for improved safety on agency property are welcomed and encouraged. Suggestions may be made by calling Customer Services Coordinator at 906-482-9400, or to any employee of the agency, or through use of Suggestions Boxes located in the waiting rooms, at the ACT Team Office, Northern Lights Clubhouse and outside of the Customer Services Coordinator's Office at the Rice Memorial Center.
- D. Any consumer or non-employee who becomes aware of anyone violating this policy should report it to the Customer Services Coordinator at 906-482-9400.

III. Employee Responsibilities:

- A. Employees should openly communicate with each other to be aware of any unusual activity that may identify the possibility of violence, including notifying appropriate personnel when consumers have applied for or obtained a protective or restraining order which lists CCMHS' property as being a protected area for the consumer.
- B. Any employee witnessing violence against another person or himself/herself on agency property shall implement the program rules, the policy for managing a behavioral emergency and/or notify any supervisor, or law enforcement if the situation warrants.
- C. Employees are expected to assist consumers and non-employees in a courteous, non-confrontational manner, but not subject themselves to abusive conduct or danger.
- D. If an employee feels that he/she or another person is threatened, and in danger of imminent bodily harm:
 - 1. The employee should take action to safeguard everyone in the area.
 - 2. The employee along with any others present should attempt to leave the scene if it can be done safely.
- E. Any employee having knowledge of violence on agency property must:
 - 1. Report such an act to any supervisor as soon as it can be done safely.
 - 2. If the violent act is against a consumer by an employee, the Recipient Rights Officer must be notified as soon as possible. An Incident Report must be completed within 24 hours of the incident.
 - 3. Disciplinary action may result if the employee having knowledge of a suspected violent act by an employee fails to report the episode.

- IV. CCMHS and its employees shall cooperate fully with law enforcement officials in the investigation and prosecution of violent acts.

**CCMHS – PREVENTION OF WORKPLACE VIOLENCE – CONSUMERS & NON-EMPLOYEES
– POLICY Cont’d**

- V. CCMHS, with regard to the sensitivity and confidentiality of the information requested by law enforcement, will recognize and respect the privacy of the persons involved to the extent authorized by law.

- VI. Crisis Review Team:
 - A. As necessitated by the seriousness of the incident, the Executive Director or designee may assemble a Crisis Review Team to establish the protocol to be followed in the aftermath of a violent incident.

 - B. The Crisis Review Team may consist of the Administrative staff, Program Directors, Law Enforcement, and/or others as deemed necessary.

CROSS REFERENCE:

CCMHS Policy - No Weapons – Consumers and Non-Employees
CCMHS Policy - Report, Investigation and Review of Unusual Incidents
CCMHS Program Rules and Expectations for CCMHS Programs

Copper Country Mental Health Services Board
POLICY AND PROCEDURE

DATE: December 14, 2016

WEAPONS PERSONS SERVED...P3

RESCINDS: July 25, 2012

CATEGORY: Client Services

SUBJECT: **No Weapons - Consumers and Non-Employees**

POLICY: Copper Country Mental Health Services prohibits all persons, except law enforcement officers, who enter agency property from carrying a handgun, firearm, or prohibited weapon of any kind onto the property regardless of whether the person is licensed to carry a weapon. This policy also prohibits weapons at any agency function, such as parties or picnics. The agency reserves the right to deny access to agency services or property to persons who pose a threat to the safety of employees, persons served and non-employees.

PURPOSE: The purpose of this policy is to maintain a safe and secure environment for all persons by establishing guidelines to follow when confronted with the possibility and/or actuality of prohibited weapons on agency property. In doing so, Copper Country Mental Health Services is complying with Section 5(a), the Federal Occupational Safety and Health Act of 1970 (OSHA).

DEFINITIONS: Prohibited Weapon is defined as any form of weapon or explosive restricted under local, state, and federal regulation. This includes all firearms, illegal knives, or other weapons covered by the law.

Agency Property is defined as all agency owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under the agency ownership or control. All agency vehicles are covered by this policy at all times regardless of whether they are on agency property at the time.

PROCEDURE:

- I. It is a violation of this policy for any person, except law enforcement officers, to carry a handgun, firearm, or prohibited weapon of any kind onto agency property regardless of whether or not the person is licensed to carry a weapon.
- II. Persons Served/Non-Employee Responsibilities:
 - A. Persons served are informed of all program rules related to weapons as part of orientation.
 - B. Any person shall immediately notify an agency employee if there is reasonable cause to believe that another person is carrying a weapon, or that there is a weapon present on any agency property.

CCMHS – NO WEAPONS - CONSUMERS AND NON-EMPLOYEES – POLICY Cont'd

- C. If any person becomes aware of anyone (person served, employees or non-employees) violating this policy, it should be reported to an Agency employee.
 - D. The employee will immediately contact their supervisor or any other agency supervisory staff.
 - E. Suggestions for improved safety on agency property are welcomed and encouraged. Suggestions may be made by calling Customer Services at 906-482-9400, to employees or through use of Suggestion Boxes located in the waiting rooms, at the ACT Team Office, Northern Lights Clubhouse and outside of the Customer Services Coordinator's Office at the Rice Memorial Center.
- III. Employee Responsibilities:
- A. Employees should openly communicate with each other to be aware of any unusual activity that may identify the possibility of danger.
 - B. If an employee thinks that he/she or another person is threatened, and in danger of imminent bodily harm:
 - 1. The employee should take action to safeguard everyone in the area.
 - 2. The employee along with any others present should attempt to leave the scene, if it can be done safely.
 - C. Local law enforcement will be called immediately to conduct a search and remove the person from agency property, if necessary, whenever there is reasonable cause to believe that a prohibited weapon has been brought onto agency property. Under no circumstances should an employee or any other person except a law enforcement officer search or try to remove the weapon from the person.
 - D. When law enforcement has been notified, the employee must report the incident to the program supervisor or any supervisor who is immediately available as soon as it can be done safely.
 - E. An unusual Incident Report must be completed as soon as possible but at least before end of shift.
 - F. CCMHS and its employees shall cooperate fully with law enforcement officials in the investigation and prosecution of the unlawful possession or use of a weapon.
 - G. CCMHS, with regard to the sensitivity and confidentiality of the information requested, will recognize and respect the privacy of the person served and the reporting person(s) to the extent authorized by law.

CCMHS – NO WEAPONS - CONSUMERS AND NON-EMPLOYEES – POLICY Cont'd

IV. Crisis Review Team:

- A. The Executive Director or designee may assemble a Crisis Review Team to establish the protocol to be followed in the aftermath of a violent incident.
- B. The Crisis Review Team may consist of administrative staff, program directors, employees, law enforcement and/or others as deemed necessary.

CROSS REFERENCE:

CCMHS Policy - Prevention of Workplace Violence/Persons Served and Non-Employees

CCMHS Policy – Residents Property and Funds

CCMHS Policy – Report, Investigation and Review of Unusual Incidents

Program Rules & Expectations for CCMHS programs

Copper Country Mental Health Services Board
POLICY AND PROCEDURE

DATE: June 27, 2007 Drugs on Agency/Consumer...P2

RESCINDS: October 29, 2003

CATEGORY: Client Services

SUBJECT: **Drugs and Alcohol on Agency Premises– Consumers and Non-Employees**

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) to prohibit the presence of all alcohol and illicit (illegal) drugs on agency property. Licit drugs as defined below are permitted. CCMHS will comply with Public Law 100-690, a federal law addressing drugs in the workplace.

PURPOSE: The purpose of this policy is to establish alcohol and drug free program areas as well as zero tolerance for all alcohol and illicit drugs on agency premises by consumers and non-employees. Further, this policy permits consumers and non-employees to have licit drugs, as defined below, on agency property.

DEFINITIONS: Controlled Substance: Drug that has the potential to be abused and is classified by the Drug Enforcement Administration (DEA) into one of five levels of control. Such drugs include but are not limited to narcotics, stimulants, and benzodiazepines.

Illicit Drug: Illegal drug, controlled substance without a prescription, alcohol (*for the purposes of this policy*).

Licit Drugs: Legal drug – over the counter medication or medication prescribed by a physician with the exception of alcohol (*for the purposes of this policy*).

PROCEDURE:

I. Consumers/Non-Employees:

- A. May have over-the-counter or physician ordered medication (licit drugs) on agency property as long as these items are kept secure from access by others.
- B. Consumers are informed of all program rules related to licit and illicit drugs as part of orientation.

II. Employee Responsibilities:

- A. In the event there is reasonable cause to believe a prohibited substance is present on Agency property, the Program Supervisor will be notified immediately to determine an appropriate course of action.

CCMHS – DRUGS AND ALCOHOL ON AGENCY PREMISES– CONSUMERS AND NON-EMPLOYEES – POLICY Cont’d

- B. If the consumer in question or others are at physical risk, appropriate emergency personnel (law enforcement and/or ambulance) will be notified.
- C. If the consumer is clearly intoxicated or the possession of an illegal substance or alcohol is evident, a decision will be made by the clinician and/or Program Supervisor whether or not to ask the person to leave the premises, in program areas other than group homes.
- D. If the decision is made to ask the person to leave the premises:
 - 1. The person will be asked to leave on foot if he/she arrived on foot;
 - 2. The person will be asked to wait while a taxi is called if he/she is planning to drive; if the person does not have taxi fare, the Agency will pay the fare.
 - 3. If the person decides to drive, law enforcement will be notified of the possibility of an intoxicated driver in the vicinity, without giving the person’s name or affiliation with CCMHS.
 - 4. If the person refuses to leave, law enforcement may be notified.

CROSS REFERENCE:

CCMHS Policy - Residents’ Property and Funds

Copper Country Mental Health Services Board
POLICY AND PROCEDURE

DATE: January 25, 2017 Use of Tobacco.P8

RESCINDS: January 27, 2016

CATEGORY: Administration

SUBJECT: **Use of Tobacco Products and Electronic Cigarettes**

POLICY: It is the policy of Copper Country Mental Health Services Board to maintain a smoke-free, tobacco-free environment in Agency facilities and vehicles except in designated smoking areas. The use of all tobacco products and electronic cigarettes (e-cigarettes) may be further restricted for reasons of health and safety.

PURPOSE: To comply with the Michigan Clean Indoor Air Act, P.A. 198 of 1986 as Amended and the Western Upper Peninsula Health District Clean Indoor Air Regulation.

PROCEDURE:

- I. Smoking, the use of other tobacco products and the use of electronic cigarettes (e-cigarettes) by employees, persons receiving services, visitors, contractors, volunteers or any other person is prohibited in all Agency vehicles whether or not persons receiving services are in the vehicle.

- II. Smoking, the use of other tobacco products and the use of electronic cigarettes (e-cigarettes) by employees, persons receiving services, visitors, contractors, volunteers, or any other person is prohibited in all Agency facilities. This includes all enclosed areas of worksites, whether the facility is owned, rented or leased by the Agency, including but not necessarily limited to:
 - Restrooms
 - Lobbies
 - Reception areas
 - Hallways
 - Common work areas
 - Meeting rooms
 - Private offices
 - Break rooms
 - Stairwells

- III. In addition, smoking, the use of other tobacco products and the use of e-cigarettes is prohibited near entrances, windows and ventilation systems of all Agency facilities.

CCMHS – USE OF TOBACCO PRODUCTS – POLICY Cont’d

- A. “No Smoking” signs or the international “No Smoking” symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it) shall be clearly, sufficiently and conspicuously posted at every entrance in every building or other area where smoking and the use of other tobacco products is prohibited by this policy.
 - B. All ashtrays and other smoking paraphernalia shall not be placed where smoking is prohibited by this policy.
- IV. Smoking, the use of other tobacco products and the use of e-cigarettes is only allowed in designated areas at a reasonable distance from any entrance, window and/or ventilation system to any enclosed areas where smoking is prohibited to ensure that:
- A. persons entering or leaving the building or facility shall not be subjected to breathing tobacco smoke or e-cigarettes vapors;
 - B. tobacco smoke or e-cigarettes vapors does not enter the building through entrances, windows, ventilation systems or any other means.
- V. Areas where smoking is allowed must be designated and identified by signage. Only those areas shall have smoking receptacles available.
- VI. Users of all tobacco products and e-cigarettes in designated areas are expected to dispose of tobacco and e-cigarette related materials in a safe and sanitary manner in receptacles provided. Littering of smoking materials is not acceptable. Smoking, the use of other tobacco products and the use of e-cigarettes outdoors on the grounds is limited to designated areas.
- VII. Tobacco products and e-cigarettes are not sold on Agency property.
- VIII. Tobacco products and e-cigarettes are not used for behavioral reinforcement and cannot be purchased with Agency funds.
- IX. Any employee found to be in violation of this policy is subject to disciplinary action.

CROSS REFERENCE: CCMHS Policy - Use of Agency Vehicles Policy
CCMHS Policy - Use of Cigarettes as Behavioral Reinforcement Policy

COPPER COUNTRY MENTAL HEALTH SERVICES BOARD

POLICY AND PROCEDURE

DATE: August 23, 2017 PERSON-CENTERED PLAN.P14

RESCINDS: July 29, 2015

CATEGORY: Recipient Rights

SUBJECT: **Person-Centered Planning**

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) that all persons receiving mental health services have an Individual Plan of Service (IPOS) developed through a person-centered planning process regardless of age, disability, or residential setting. Each person receiving services will receive integrated treatment to maximize their opportunities for recovering (or establishing) the life they believe is worth living.

PURPOSE: To assure the process used to develop the Individual Plan of Service for each person receiving services is consistent with the requirements of the Mental Health Code and the Home and Community Based Services (HCBS) Final Rule, and to create the foundation for care that is self-directed by the person receiving services, who defines his or her own life goals and designs a unique path towards those goals.

DEFINITION: Individual Plan of Services (IPOS): a written individualized plan of services developed with a person receiving services.

Person-centered planning (PCP): a process for planning and supporting the person receiving services that builds upon the person's capacity to engage in activities that promote community life and that respect the person's preferences, choices, and abilities. The person-centered planning process involves allies (families, friends, and professionals) as the person desires or requires and it may be directed by an Independent Facilitator chosen by the person. Any adult receiving mental health services and supports may choose to have their plan implemented through the process of Self-Determination (see CCMHS's Policy entitled "Self Determination").

PROCEDURE:

I. Values and Principles Underlying Person-Centered Planning

Person-centered planning is a highly individualized process designed to respond to the expressed needs/desires of the person.

CCMHS - PERSON-CENTERED PLANNING POLICY Con't

- For children, the concepts of person-centered planning are incorporated into a family-driven, youth-guided approach. This approach recognizes the importance of family in the lives of children and that supports, and services impact the entire family.

In the case of minor children, the child/family is the focus of planning and family members are integral to success of the planning process.

There are a few circumstances where the involvement of a minor's family may not be appropriate:

- The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Mental Health Code;
 - The minor is emancipated; or
 - The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the minor or substantial disruption of the planning process as stated in the Code. Justification of the exclusion of parents shall be documented in the clinical record.
- Every person is presumed competent to direct the planning process, achieve his or her goals and outcomes, and build a meaningful life in the community. PCP should not be constrained by any preconceived limits on the person's ability to make choices. Persons who have court-appointed legal guardians shall participate in person-centered planning and make decisions that are not delegated to the guardian in the Guardianship Letters of Authority.
 - Every person has strengths, can express preferences and can make choices. The PCP approach identifies the person's strengths, goals, choices, medical and support needs and desired outcomes. In order to be strength-based, the positive attributes of the person are documented and used as the foundation for building the person's goals and plans for community life as well as strategies or interventions used to support the person's success.

The person's choices and preferences are honored. Choices may include: the family and friends involved in his or her life and PCP process, housing, employment, culture, social activities, recreation, vocational training, relationships and friendships, and transportation. Individual choice must be used to develop goals and to meet the person's needs and preferences for supports and services and how they are provided.

- The person's choices are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the PCP process should include strategies to support the person to implement their choices or preferences over time.
- Every person contributes to his or her community and has the right to choose how supports and services enable him or her to meaningfully participate and contribute to his or her community.
- Through the person-centered planning process, a person maximizes independence, creates community connections and works towards achieving his or her chosen outcomes.

CCMHS - PERSON-CENTERED PLANNING POLICY Con't

- A person's cultural background is recognized and valued in the person-centered planning process. Cultural background may include language, religion, values, beliefs, customs, dietary choices and other things chosen by the person. Linguistic needs, including ASL interpretation, are also recognized, valued and accommodated.

II. Essential Elements of Person-Centered Planning

The following characteristics are essential to the successful use of the PCP process with a person and his/her allies.

- A. **Person-Directed.** The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.
- B. **Person-Centered.** The planning process focuses on the person, not the system or the person's family, guardian or friends. The person's goals, interests, desires and preferences are identified with an optimistic view of the future and plans for a satisfying life. The planning process is used whenever the person wants or needs it, rather than viewed as an annual event.
- C. **Outcome-Based.** Outcomes in pursuit of the person's preferences and goals are identified as well as services and supports that enable the individual to achieve his or her goals, plans, and desires and any training needed for the providers of those services and supports. The way for measuring progress toward achievement of outcomes is identified.
- D. **Information, Support and Accommodations.** The person receives comprehensive and unbiased information on the array of mental health services, community resources, and available providers. Support and accommodations to assist the person to participate in the process are provided. The person is offered information on the full range of services available in an easy-to-understand format.
- E. **Independent Facilitation.** Persons have the information and support to choose an independent facilitator to assist them in the planning process.
- F. **Pre-Planning.** The purpose of pre-planning is for the person to gather all of the information and resources (e.g., people, agencies) necessary for effective person-centered planning and set the agenda for the process. Each person (except for those who receive short-term outpatient therapy only, medication only, or those who are incarcerated) is entitled to use pre-planning to ensure successful PCP. Pre-planning is individualized for the person's needs and is used anytime the PCP process is used.

The following topics are addressed through pre-planning with sufficient time to take all necessary/preferred actions (i.e. invite desired participants):

1. When and where the meeting will be held;

CCMHS - PERSON-CENTERED PLANNING POLICY Con't

2. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support);
3. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and decide how to deal with them. (What will be discussed and not discussed);
4. The specific PCP format or tool chosen by the person to be used for PCP;
5. What accommodations the individual may need to meaningfully participate in the meeting (including assistance for people who use behavior as communication);
6. Who will facilitate the meeting; and
7. Who will record what is discussed at the meeting.

- G. **Wellness and Well-Being.** Issues of wellness, well-being, health and primary care coordination or integration, and supports needed for the person to live the way he or she want to live are discussed and plans to address them are developed. People are allowed the dignity of risk to make health choices just like anyone else in the community (such as, but not limited to, smoking, drinking soda pop, eating candy or other sweets). If so desired by the person, these issues can be addressed outside of the planning meeting.

PCP highlights personal responsibility including taking appropriate risks. The plan must identify risks and risk factors and measures in place to minimize them, while considering the person's right to assume some degree of personal risk. The plan must assure the health and safety of the person. When necessary, an emergency and/or back-up plan must be documented and encompass a range of circumstances (e.g. weather, housing, support staff).

- H. **Participation of Allies.** Through the pre-planning process, the person selects allies (friends, family members and others) to support him or her through the person-centered planning process. Planning helps the person identify who is currently in his or her life and what needs to be done to cultivate and strengthen desired relationships.

III. Individual Plan of Service (IPOS)

- A. **Preliminary Plan.** A preliminary plan will be developed within seven (7) days of the commencement of services.
- B. **Integrated IPOS.** A full IPOS, developed within ninety (90) days of commencement of services, identifies the desired outcomes of the person and utilizes the comprehensive assessment of mental health disorders, substance use disorders, and intellectual/developmental disabilities to identify services and supports to achieve those outcomes. The IPOS is based on medical necessity and the person's readiness to address specific concerns identified in the assessment.

CCMHS - PERSON-CENTERED PLANNING POLICY Con't

- C. **Review of the IPOS.** Once the IPOS has been developed through the PCP process, it shall be kept current and modified when needed (reflecting changes in the intensity of the person's needs, changes in the person's condition or changes in the person's preferences for support). The person or his/her guardian or authorized representative may request a review of the IPOS at any time.

A formal review of the IPOS with the person and his/her guardian or authorized representative using the PCP process shall occur not less than annually.

Persons are provided with ongoing opportunities to provide feedback on how they feel about service, support and/or treatment they are receiving and their progress toward attaining valued outcomes. Information is collected, and changes are made in response to the person's feedback.

- D. **Documentation Required within the IPOS.** An IPOS must be prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language. The person must agree to the IPOS in writing. Documentation maintained within the IPOS must include:

1. A description of the person's strengths, abilities, goals, plans, hopes, interests, preferences and natural supports;
2. The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured;
3. The services and supports needed by the person including those available through CCMHS, other publicly or privately funded programs (such as Home Help, Michigan Rehabilitation Services), community resources and natural supports;
4. The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving services and supports from the mental health system. All settings meet the requirements of the HCBS Final Rule;
5. The amount, scope and duration of medically necessary services and supports authorized by and obtained through the community mental health system;
6. Documentation that the IPOS prevents the provision of unnecessary supports or inappropriate services and supports;
7. Documentation of any restriction or modification of additional conditions must meet the standards set forth in section F below;
8. The services which the person chooses to obtain through arrangements that support self-determination;
9. The estimated/prospective cost of services and supports authorized by the community mental health system;

CCMHS - PERSON-CENTERED PLANNING POLICY Con't

10. The roles and responsibilities of the person, the clinician/supports coordinator/case manager, the allies, and providers in implementing the plan;
 11. The person or entity responsible for monitoring the plan;
 12. The signatures of the person and/or representative, his or her case manager or support coordinator, and the support broker/agent (if one is involved);
 13. The plan for sharing the IPOS with family/friends/ caregivers with the permission of the person;
 14. A timeline for review; and
 15. Any other documentation required by Section R330.7199 Written Plan of Services of the Michigan Administrative Code.
- E. Each person (or his/her court-appointed legal guardian, or authorized representative if one has been designated, or parent in the case of a minor) must be provided a written copy of the IPOS within fifteen (15) business days of the planning meeting date.
- F. Any effort to restrict certain rights and freedoms listed in the HCBS Final Rule must be justified by a specific and individualized assessed health or safety need and must be addressed through the PCP process and documented in the IPOS.

The following requirements must be documented in the IPOS when a specific health or safety need warrants such a restriction:

1. The specific and individualized assessed health or safety need.
2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.
3. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.
4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.
5. A regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Informed consent of the person to the proposed modification.
8. An assurance that the modification itself will not cause harm to the person.

CCMHS - PERSON-CENTERED PLANNING POLICY Con't

IV. Organizational Standards

The following characteristics are essential for organizations to provide supports and services using a person-centered planning process:

- A. **Individual Awareness and Knowledge.** CCMHS provides accessible and easily understood information, support and, when necessary, training to people using services and supports and those who assist them so that they are aware of:
 - 1. Their right to person-centered planning;
 - 2. The essential elements of person-centered planning;
 - 3. The benefits of this approach and the support available to help them succeed (including pre-planning and independent facilitation).
 - 4. This information is provided at first contact and as appropriate during the course of services.

- B. **Person-Centered Culture.** CCMHS provides leadership, policy direction and activities for implementing person-centered planning at all levels of the organization. Organizational language, values, allocation of resources and behavior reflect a person-centered orientation.

- C. **Conflict of Interest.** CCMHS ensures that the conflict of interest requirements of the HCBS Final Rule are met and that the person responsible for the PCP process is separate from the eligibility determination, assessment, and service provision responsibilities.

- D. **Training.** All Staff receive competency-based training in PCP so that they have consistent understanding of the process. Staff who are directly involved in IPOS services or supports implementation are provided with specific training when a new IPOS is developed or when there is a change to the IPOS.

- E. **Roles and Responsibilities.** As an individualized process, PCP allows each person to identify and work with chosen allies and other supports. Roles and responsibilities for facilitation, pre-planning and developing the IPOS are identified; the IPOS describes who is responsible for implementing and monitoring each component of the IPOS.

- F. **Quality Management.** Best practices for supporting persons served through PCP are identified and implemented (what is working and what is not working in supporting persons receiving services). Organizational expectations and standards are in place to assure the person receiving services directs the PCP process and ensures that PCP is consistently done well.

CCMHS - PERSON-CENTERED PLANNING POLICY Con't

V. Dispute Resolution

If a person is not satisfied with his or her Individual Plan of Service, the person, a person authorized to make decisions regarding the IPOS, the guardian of the person receiving services, or the parent of a minor may request a review of the plan. The review of the plan shall be completed within 30 days. Services shall continue until a notice of a denial, reduction, suspension, or termination is given in which case the rights and procedures for grievance and appeals take over.

People who have a dispute about the PCP process or the IPOS that results from the process, have grievance, appeals and recipient rights as set forth in detail in the Michigan Mental Health Code, the MDHHS Grievance and Appeal Technical Requirement/ PIHP Grievance System for Medicaid Beneficiaries, and CCMHS policies regarding Grievance and Appeals procedures.

Some of the dispute resolution options are limited to people who have Medicaid and limited in the scope of the grievance (such as denial, reduction, suspension or termination of services). Other options are available to all persons who receive Michigan mental health services and supports. Clinicians/Supports Coordinators/ Case Managers and Customer Services staff at CCMHS must be prepared to help people understand and negotiate dispute resolution processes.

CROSS REFERENCES:

MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline

MDHHS Behavioral Health & Developmental Disabilities Administration Person-Centered Planning Policy

Medicaid Managed Specialty Supports and Services 1915 (b)/(c) Waiver Program, Contract Attachment - Person-Centered Planning Policy and Practice Guideline

Medicaid Managed Specialty Supports and Services 1915 (b)/(c) Waiver Program, Contract Attachment – Self-Determination Policy and Practice Guideline

CCMHS Policy – Self-Determination

CCMHS Policy - Advance Directive/Durable Power of Attorney/Plan for Difficult Times/Crisis Plan

CCMHS Policy – Grievance and Appeals Processes – Medicaid & Healthy Michigan (HM)

CCMHS Policy – Grievance and Appeals Processes – Non-Medicaid

CCMHS Clinical Guideline – Independent Facilitation of a Person-Centered Plan

Copper Country Mental Health Services Board

INDEPENDENT FACILITATION

Assisting consumers with understanding and moving through the person-centered thinking process.

What is Independent Facilitation?

The Michigan Mental Health Code established a right for all individuals to have their Individual Plan of Service developed through person centered planning. This is a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices and abilities. The Independent Facilitator will help the consumer through the person-centered planning process.

How to work with an Independent Facilitator.

An Independent Facilitator is NEUTRAL. He or she will walk the consumer through the process, but they do not promote any particular viewpoint.

Independent Facilitators have received special training so that they can help consumers understand their choices. The Independent Facilitator will work with the consumer, the case manager or supports coordinator, and any other individuals that the consumer would like to be involved.

Who is Eligible?

Consumers of intellectual/developmental disabilities and mental health services have the right to the person-centered planning process. They also have the right to choose a trained helper called an Independent Facilitator. This service is not available to consumers receiving short-term outpatient, medication only, or substance abuse services.

Characteristics of an Independent Facilitator

- A neutral 3rd party
- A guide for the group
- A guide of the process
- A bridge between issues and options
- A mirror to participants interests
- Explains and guides the process
- Identifies the issues
- Creates a respectful environment
- Promotes a collaborative process
- Focuses discussion and generates movement
- Listens/reflects/reframes/redirects
- Ensures everyone is heard

Who Can Participate in my PCP?

Consumers can invite anyone they wish to be part of the person-centered planning process. It is up to consumers to decide whether they want to use an Independent Facilitator and whom they wish to attend the PCP meetings. All of these issues should be discussed with their Case Manager or Supports Coordinator.

Remember: the Independent Facilitator does not take sides and will work toward the best plan possible for the consumer.

Questions??? Call NorthCare Network at 1-888-333-8030 or 906-225-7254.

Copper Country Mental Health Services Board

SELF-DIRECTED SERVICES

(Also known as Self Determination Arrangements)

What is Self-Determination?

Self-Determination is NOT a program! Self-directed services are Medicaid services that are provided through an arrangement between the customer and his guardian or parent and CCMHS. These are the same Medicaid services available through the Agency except that the customer chooses the provider and controls when that service is provided.

Self-Determination Builds on Person-Centered Planning!

Person-centered planning is based on the principles of control and choice. Self-directed arrangements provide the mechanism for customers to take control of their services so they get the most out of them.

Core Principles of Self-Determination:

Freedom – Plan your life with the support that you need.

Authority – You hire your staff and control the money to pay for your services.

Support – You arrange resources and supports so you can maximize your life in the community.

Responsibility – With control of resources comes the expectation that you will use resources wisely, honestly and for the purposes agreed.

Confirmation – Your role in choosing your supports and services is recognized and appreciated.

Organizational Support:

Copper Country Mental Health has been supporting people in arranging self-directed services over the past decade. The arrangements have been called “life changing” by family members. The Agency is committed to assisting people enjoy the greatest amount of flexibility and control within the Medicaid regulations possible.

Your Individual Budget:

A first step in arranging your services is to determine the amount of support that is medically necessary. CCMH staff use a sophisticated tool with you to determine your support needs and create a budget you will control. Self-directed services must be authorized through the person-centered planning process.

Hire Your Workers:

You can choose who will work for you and within limits, how much you will pay them. Your worker must be at least 18 years old, pass a criminal background check and be eligible to become a Medicaid provider. We will help you make these arrangements.

The Fiscal Intermediary:

The funds you will need to pay for your services are deposited with a fiscal agent that will work as your employment agent.

To Find Out More - Contact your Case Manager or Therapist for more information. Or you can call Mick Sheridan at (906) 524-5885