



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

MISSION

“To provide comprehensive services and supports that enable people to live and work independently.”

VISION

“Northeast Michigan Community Mental Health will be the innovative leader in effective, sensitive mental and behavioral health services.

In doing so, services will be offered within a culture of gentleness and designed to enhance each person’s potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.”

CORE VALUES

- A Person-Centered focus shall be at the heart of all activities.
- Honesty, respect and trust are values that shall be practiced by all.
- We will be supportive and encouraging to bring out the best in one another.
- Recognition of progress and movement toward a continuously improving environment is a responsibility for all.
- We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.

INTRODUCTION

Northeast Michigan Community Mental Health Authority is an organization, founded in the late sixties, designed to serve the needs of the citizens of Alcona, Alpena, Montmorency, and Presque Isle Counties. While originally developed to provide outpatient services, the agency has grown to meet the wide-range needs of its citizens with multiple programs, supports services, treatment and evidence-based practices.

The priority population of those eligible for services include individuals who may have a severe and persistent mental illness, children with a severe emotional disturbance, those who may have an intellectual/developmental disability and those who may have a substance use disorder that is co-occurring with a mental illness. With over 50 years of experience, the Northeast Michigan Community Mental Health Board has adopted a Mission and Vision Statement and defined Core Values.

NORTHEAST MICHIGAN SERVICE AREA AND POPULATION SERVED

Northeast Michigan is a four-county, sparsely populated, largely rural and frontier area. For much of this area, agriculture and forestry are the primary industries. On the other hand, the city of Alpena includes a base of heavy industry: cement plant, hardboard mill, etc. With the loss of several large industries, which included a paper mill, foundry and manufacturing plant, the Northeast area continues to be one of the highest unemployment areas of the State forcing many of its citizens to relocate elsewhere for employment.

The table below shows the age groups of the area's population. The following chart shows the age group trends based on 2020 census data. This data indicates that the population has had a significant decrease, and the average age of a Northeast Michigan resident is increasing. Northeast Michigan has become a destination for retirement for people from other areas of the State. Due to this increase in aging population, we have increased staffing for persons in this population.

Area General Population & Population Served

	Census Data for Service Area 2020 Census Data	Persons Served with Mental Illness (as of 2024)	Persons Served with Intellectual/ Developmental Disabilities (as of 2024)
Age	#	#	#
0—4	2,452	15	14
5—9	2,753	147	34
10—14	3,023	226	25
15—19	3,050	274	30
20—24	2,520	210	37
25—29	2,699	205	21
30-34	2,722	233	30
35—39	2,956	209	29
40-44	2,928	190	31
45—49	3,156	156	19
50-54	3,662	150	34
55—59	5,173	121	24
60—64	6,026	122	30
65—69	5,744	105	22
70-74	4,566	46	23
75—79	3,437	32	15
80-84	2,318	11	6
85+	2024	1	4
Total	61,209	2453	428

Northeast Michigan CMHA has been a harbinger in Community Inclusion: noteworthy is its "adoption" of many individuals with serious intellectual/ developmental disabilities in the early 1980s from other areas of Michigan who were placed in residential facilities operated by the board. Northeast developed a wide array of supporting and ancillary services which

included the opening of 22 specialized residential homes. The need for specialized residential homes had decreased over the years, due to attrition and the increase of independent living situations but again is now becoming more needed in Northeast Michigan. The NeMCMHA closed 14 of the 22 residential homes that existed for 30 years ago. In the past 5 years we also closed one additional home; in the last year we replaced one home with a newer remodeled home for our resident's safety and security.

April 1, 2014, marked the expansion of autism services as it became part of the State Plan. Following these changes, Northeast has experienced a growth in Autism Services, Infant and Early Childhood Services and Children's Case Management Staff to address this special population. A few years ago, the agency contracted with two Federally Qualified Health Centers to provide school-based mental health services to children in need of support. At present, contracts are being developed with organizations specializing in the treatment of autism to provide additional support to Northeast Michigan CMHA in the Autism services program.

ADMISSION FOR SERVICES

Individuals residing in one of NeMCMHA's four-county catchment area will be eligible for services identified below provided they qualify under the following definitions:

Intellectual/Developmental Disability means either of the following:

- A.** If applied to a person older than 5 years, a severe, chronic condition that meets all of the following requirements:
 - (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
 - (ii) Is manifested before the individual is 22 years old.
 - (iii) Is likely to continue indefinitely.
 - (iv) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - (A) Self-care.
 - (B) Receptive and expressive language.
 - (C) Learning.
 - (D) Mobility.
 - (E) Self-direction.
 - (F) Capacity for independent living.
 - (G) Economic self-sufficiency.
- B.** Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- C.** If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

Children with a Serious Emotional Disturbance means the following:

A diagnosable mental, behavioral or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Department and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance.

- i) A substance abuse disorder
- ii) A developmental disorder
- iii) "V" codes in the diagnostic and statistical manual of mental disorders

Adults with a serious mental illness means:

A diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Department and that has resulted in functional impairment that substantially interferes with or limits one (1) or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness.

- i) A substance abuse disorder
- ii) A developmental disorder
- iii) "V" codes in the diagnostic and statistical manual of mental disorders

ACCESS/TRIAGE WITH THE CRS STAFF AS A FOCAL POINT

Northeast Michigan CMHA provides telephone gatekeeping and enrolling in Northeast Michigan CMHA services. Service begins with an individual's first telephone contact with the ACCESS Center located in the main office of the Northeast Michigan CMHA located at 400 Johnson Street in Alpena. To whatever extent involvement extends beyond that initial contact, the individual's satisfaction with service outcomes and service process is paramount. Without service satisfaction, other outcomes become diminished, and the effectiveness of the system is diluted. Access to service process must be consumer friendly, clear and effective.

The ACCESS Center/CRS Intake Services will include a number of component parts or process:

1. The ACCESS Center will provide gatekeeping that includes clinical and resource triage and assessment. Immediate emergent services are provided directly by NeMCMHA staff.
2. Timely evaluation by CRS staff and assignment of services that are person centered and based upon unique individual strengths, needs and service desires. Services will be matched with the least intrusive and restrictive treatment modality, yet focused and appropriate to condition and need.
3. Individualized services that involve the individual, family (if requested), and other existing support persons and resources when appropriate in accordance with Person-Centered Planning.
4. A service continuum with an array of services for which there is easy access and seamless movement across the continuum as needs and objectives change.
5. Internal and PIHP based proactive utilization management across the entire service system.
6. Service management abilities that include immediate feedback for key program performance indicators.
7. Clinical, economic and customer services outcome measures that are evaluated and used in ongoing quality improvement processes.

ACCESS/CRS SYSTEM FUNCTIONS

The ACCESS system will include the following functions:

1. Information and Referral
Telephone (emergent and non-emergent), walk-ins and written inquiries and referrals will receive response as they are presented at the main office of NeMCMHA. Response options include providing information, assisting in referral to other community agencies or linkage to screening for further mental health services.
2. Immediate Screening
Screening services must be immediately available to coordinate service need and financial/resource options. On site and outreach capacity are necessary. Screening may result in immediate engagement in crisis services, referral and linkage to other community services or linkage to mental health assessment.
3. Psychosocial Assessments
Assessments will be structured around multiple service levels. This includes both clinical and resource/financial information. Assessment knowledge should be increasingly comprehensive as more intense need is progressively identified. Access to clinical history is critical and must be integrated into the present assessment. Strengths as well as needs will be identified. Natural Supports will be identified and included in the Plan of Service. This is essential in order to build upon

existing skills as well as to avoid unnecessary utilization or dependence upon system resources. Upon completion of a basic psychosocial assessment, it may be appropriate to define goals and objectives. In these instances, services would be determined in accordance to medical necessity as defined in the Medicaid Manual and NeMCMHA Level of Care Guidelines established by the Agency, and linkages made at this point. In other instances, further assessment may be warranted.

4. Specialized or Multi-Disciplinary Assessments

When further assessment is needed, access to a range of multi-disciplinary evaluation (including psychiatric evaluation and psychological testing) is critical. Immediacy of access to these assessments would depend upon the level of urgency. When multiple assessments are necessary, a team approach, which includes the individual and/or family as well as natural supports, would be used to develop the service goals and objectives that are the result of the assessment. Services determination would be made as a part of this team process.

5. Criteria-based Service Determination

Assessment information must be clinically focused, behaviorally specific and criteria based in accordance with the NeMCMHA Level of Care Guidelines (this incorporates the Medicaid Manual, PHQ9, LOCUS, CAFAS, ACE, PECFAS and other assessment tools). Admission criteria for all system services must also be clinically defined and commonly practiced. Once the service goals and objectives are determined for a particular individual, a match with appropriate service options for achieving these objectives can be made. Timeframes for completion of these goals will also be developed. If an identified service is not available, alternative measures will be agreed upon with the involved individuals.

6. Service Linkage

Once a service authorization is made through the interim plan of service, the CRS/Triage staff is responsible for linkage and the possible provision of the designated service(s). The Assessment, Preliminary Planning Process (PPP) and the Plan of Service (POS), including timeframes, will be developed by the individual receiving services, utilizing person-centered planning and their identified facilitator. CRS/Triage staff remains involved until the individual is successfully engaged.

7. Short-term Services

In some situations, short-term interventions will help stabilize the individual or family so that less intensive services can be effectively used for a longer period of time. In other circumstances, short-term services will enable the individual to return to independence or be able to be assisted by other community services. These types of short-term services will be offered as part of the CRS.

8. Crisis Services

Critical to an Access system is the immediate availability of a variety of emergency or crisis services response for all target populations, regardless of the hour or day of

the week. Emergency and crisis response will be part of the CRS, with immediate access to system crisis services as needed.

9. Utilization Management Services

The ability of the system to be continuously available to new people and to meet the changing needs of existing individuals served by the Agency depends upon an effective service and resource utilization management process. This will include close clinical status monitoring with 24-hour emergency services capacity.

ACCESS SYSTEM COMPONENTS

In order to achieve comprehensive services, the following components are utilized.

1. A central Access site
2. 24-hour service
3. Single Access telephone number
4. Single entry for all target populations
5. Mobile Crisis Services
6. Outreach assessments, as appropriate
7. Interdisciplinary assessments and clinical supervision
8. Integration with the Management Information System

SCOPE OF SERVICES

Northeast Michigan Community Mental Health Authority will provide or make available a comprehensive array of services and supports to children and adults who have a serious and persistent mental illness or serious emotional disturbance, an intellectual/developmental disability or those who may have a substance use disorder that is co-occurring with a mental illness and reside within the four-county catchment area. Services will be provided in accordance with a Person-Centered Plan and as mandated or required by the Michigan Mental Health Code, the contracts with the Michigan Department of Health and Human Services (MDHHS) and the Prepaid Inpatient Health Plan (PIHP) and shall include the following, noting unduplicated counts of individual served when available:

1. **Access Services** - This program provides telephone gatekeeping and is most often an individual's first contact with the community mental health agency. A standardized process helps connect individuals to the right services. Services and supports are matched to the individual's need based upon individual clinical conditions and circumstances, and to the extent possible, personal choice. The clinical condition, medical necessity, therapeutic appropriateness and the person-centered planning process will influence the decisions regarding treatment.
2. **Assertive Community Treatment** - Include intensive in-home/community support services for those adults with serious mental illness (specific illness may include

schizophrenia, bipolar illness, major depression with psychosis). ACT also works with individuals with co-occurring disorders.

3. **Behavioral Health Home Services** - BHH services refers to a model of care focused on integration of primary care, mental health services, and social services and supports for adults diagnosed with mental illness or children diagnosed with emotional disturbance. The behavioral health home (BHH) services model of care utilizes a multidisciplinary team to deliver person-centered services designed to support a person in coordinating care and services while reaching his or her health and wellness goals.
4. **Behavioral Health Treatment Services (BHT)** – BHT services prevent the progression of Autism Spectrum Disorder (ASD). Medical necessity and recommendations for BHT services is determined by a physician or other licensed practitioner working within their scope of practice under state law. Direct patient care services that prevent the regression or address ASD under the state plan are available for children under 21 years of age.
5. **Consumer Supports Coordination (CSS)** – Supports Coordinators assist individuals in developing a plan of service using a person-centered planning process, linking to, coordinating with and monitoring services and supports. Supports Coordinators may assist individuals with access to benefits or entitlements and legal services. Services are provided to both adults and children with mental illness/serious emotional disturbances including those co-occurring with a substance use disorder and those with an intellectual/developmental disability.
6. **Community Living Supports Services (CLS)** - Supportive in-home and community-based services that provides assistance to those individuals meeting criteria to receive CLS. Services may include supported independent living, social, recreational and volunteer activities. Workers help individuals connect with their community by facilitating participation in familiar activities of the individual’s choosing as well as introducing them to new activities and encouraging them to try new things. Workers may help individuals learn new skills by teaching them things such as how to shop for groceries, do laundry or pay bills. Workers may teach individuals how to bowl, play bingo, ride a bike, play mini golf or how to appropriately attend a movie, concert or play. Individuals learn appropriate behaviors in social and community settings by role modeling/mentoring proper hygiene and dress, social etiquette, punctuality and good work ethics at volunteer sites. Workers provide positive feedback when individuals emulate these things; thereby promoting more fully the individual’s assimilation into his/her community. Adaptive equipment, supplies and environment modifications are utilized to assist individuals to be as independent as possible, both in their home and in the community.
7. **CRS/Triage Services** - provide emergent and non-emergent mental health screening and assessments for outpatient and inpatient mental health services. In addition, CRS (Crisis Response and Stabilization) staff will provide outpatient counseling, group therapy and psychological testing as appropriate.

8. **Dialectical Behavior Therapy (DBT)** - This program is a broad-based empirically supported treatment criterion for Border Line Personality Disorder (BPD). Additional comorbidity includes struggles with depression, bipolar disorder, anxiety disorder, post-traumatic stress disorder (PTSD), eating disorders, and substance use disorders (SUD). Service delivery is comprised of individual counseling, group skills training, and telephone consultation which may last up to one year.
9. **Enhanced Health Care Services** – Through a team of contracted and employed professional providers, enhanced health care services are available. This includes nurses, dietitian, occupational therapists, speech therapists and physical therapists. These professional staff provide habilitative services according to the needs of each individual and in accordance with a plan of service.
10. **Eye Movement Desensitization and Reprocessing (EMDR)** – This therapy is an interactive psychotherapy technique used to relieve psychological stress. It is an effective treatment for trauma and post-traumatic stress disorder (PTSD).
11. **Family Psychoeducation (FPE)** - This program is an Evidence-Based Practice which provides services for individuals with Schizophrenic type illness and Bipolar illness. Family Psychoeducation Group is a treatment modality for multiple families designed to help individuals attain as rich and full participation in the usual life of the community as possible. The intervention focuses on educating families and support people about mental illness, developing coping skills, solving problems, and creating social supports. Group treatment is structured to help people develop the skills needed to understand and overcome the symptoms of mental illness while maintaining hope.
12. **Family Support Services** – Consist of services designed to maintain a person with an intellectual/developmental disability in their family home. Typical services include Respite Care, Family Subsidy, Family Skill Development, Children’s Behavior Specialist and other professional consultation services.
13. **Home-Based Services/Intensive Family-Based Services** - The mental health home-based service program is designed to provide intensive services to children (birth through age 17) and their families with multiple service needs who require access to an array of mental health services. The families served usually have problems with normal family functioning, timely child development, a lack of support systems, and all symptomatic of the focus child’s behaviors. Criteria for admission to this service are decided through CGAS (Children’s Global Assessment Scale) scores, MichiCANS Assessment Scale, and DSM-V descriptions. Children must meet diagnostic criteria for a serious emotional disturbance to qualify for services. Criteria for discharge are based on the same assessment scores and descriptions where scores are improved, and emotional disturbances are successfully managed. The primary goals of this service are to promote healthy family functioning in community, school and home settings; consistent and positive support of staff towards the families they serve and to maintain children in their homes and community settings.
14. **Infant and Early Childhood Services** - See previous description. This service provides intensive in-home services for families with an adult caregiver who has a

serious mental illness and who is parenting an infant/toddler. The infant/toddler, with a DSM-V diagnosis may also be the primary person served. Focus of this program is developing positive relationships between the parent and infant. Also, in this program is “Early Childhood Services” for children 3-6 who are experiencing regulatory disorders or other disruptions in their development. Other facets of this program include consultation and assessment of early-childhood programs to include Day One, Early On, Early Head Start and Head Start.

15. **Illness Management and Recovery (IMR)** - This program is an Evidence-Based Practice which provides concentrated services for adults 18 years old and older with serious mental illness and/or substance use disorders. Services are delivered through a group format in weekly sessions. The goal is to help individuals learn about mental illness and strategies for treatment, decrease symptoms, reduce relapses and hospitalizations as they progress forward toward goal achievement and recovery.
16. **Inpatient Treatment** - Consists of contractual services with Mid-Michigan Regional Medical Center - Alpena, Behavioral Health Services and other private hospitals for the provision of inpatient hospitalization care for residents of our catchment area.
17. **Integrated Dual Disorder Treatment (IDDT)** - This program is an Evidence-Based Practice which provides intensive services for adults with serious mental illness (MI) and substance use disorder (SUD). Both MI and SUD are treated simultaneously by the same interdisciplinary team. Due to the length of time to make behavior changes to achieve successful recovery, this service is time unlimited.
18. **Integrated Health Care** – This is a care coordination system of general and behavioral healthcare, integrating mental health, substance use disorder and primary care services. Individuals receiving services with at least one of five chronic comorbid conditions (COPD/Asthma, Cardiac, Obesity, Diabetes and High Blood Pressure) are identified. Staff coordinate services with the individual’s primary care provider to produce the best outcomes and provide the most effective approach to caring for individuals with multiple healthcare needs. Regular meetings are held to address care coordination with the local Federally Qualified Health Care Organizations to help manage the physical healthcare needs of those individuals that we together serve.
19. **Jail Services:** Include assessment, crisis intervention, and psychiatric services for those individuals who are experiencing mental health issues that require intervention. In addition, jail diversion (pre-/post-booking) services provide alternatives to incarceration for those individuals who have a serious mental illness and have not committed any violent crime/felony.
20. **Long-Term Inpatient Treatment/State Hospital** - Consists of long-term psychiatric hospitalization for persons who require more intensive treatment.
21. **Monday Evening Programs** - This program is aimed at providing group social activities and community involvement for persons with a serious mental illness and/or intellectual/developmental disability residing in the Alpena and surrounding area.

22. **Older Adult Services** - Include assessment, treatment and consultative services for those persons with serious mental illnesses who are 55 years of age or older, including those co-occurring with a substance use disorder. Service modality includes (but is not limited to): targeted case management, crisis intervention, advocacy services, supportive counseling, linking, coordinating, and monitoring as defined by the Medicaid Manual and NeMCMHA Level of Care Guidelines. Services occur in the community, the individual's home, foster care home, agency or nursing home.
23. **Outpatient and Psychiatric Services** - The treatment for children/adolescents and adults dealing with serious emotional disturbances or serious mental illness, including those co-occurring with a substance use disorder, in an outpatient counseling environment. Psychiatric Services will address the psychiatric needs of the population serviced by NeMCMHA.
24. **Peer Support Services** - Services aimed at providing transportation assistance, in-home assistance, mentoring and advocacy for individuals by peers. Recovery and anti-stigma programs are provided by our peer specialists.
25. **Prevention and Consultation** - Provides in-home and community-based training, supervision and consultation to prevent behavioral and emotional dysfunction of later childhood and adulthood that result from relationship disturbances in infancy and toddlerhood. (Most of this program is supervised by the Children's Services Supervisor)
26. **Psycho-Social Rehabilitation (Clubhouse)** - Provides vocational training and assistance utilizing a work ordered day for persons with serious mental illness. The program is based on the following essential elements: Membership is voluntary without time limits. The Work-Ordered Day consists of tasks and activities necessary for the operation of the Clubhouse and typically occurs during normal business hours. Engagement in this program assists members in gaining or regaining self-worth, purpose and confidence. Other services within the Clubhouse environment include assistance with employment, education, identification of community supports, social supports and wellness supports in a community setting.
27. **Residential Services** - Provided for adults aged 18 and older with serious mental illness or an intellectual/developmental disability. It is the goal of this program to provide opportunities to improve the individual's overall level of functioning in hopes of returning to or transitioning into a less restrictive living situation.
28. **Residential Treatment/ Children** - It remains the goal of NeMCMHA to return children home to a positive living environment that will wrap around the child and family in order to keep them in their home community. Northeast has contracts with Listening Ear and Child and Family Services for residential services, as needed.
29. **Respite Care** -The Agency provides respite care reimbursement to families caring for a child/adolescent with a severe emotional disturbance or an individual with an intellectual/developmental disability. Respite care is furnished on a short-term, intermittent basis because of the absence of natural supports or need for relief of those persons normally providing the care.

30. **Self Determination Services** – “Self-Determination” may be available for children with a serious emotional disturbance, adults with a serious mental illness, adults whose mental illness co-occurs with a substance use disorder and individuals with an intellectual/ developmental disability. NeMCMHA may make available a set of methods providing opportunities for the individual to control and direct their services/supports arrangement. Participation in self-determination shall be a voluntary option on the part of the individual served. Individuals served by the Agency may have the authority to select, control and direct their own services and supports arrangements through authority over the resources allotted in an individual budget based on medical necessity and level of care.
31. **Skill Building Assistance** – Through the efforts of Community Living Support staff, Job Coaches and Residential Training Workers, the Board provides its individuals served with skill building assistance according to their individual plan of service.
32. **Supported Employment Services** - Provides person driven, individualized, job development, job coaching, and follow along job support for individuals who want to enter or re-enter an integrated, competitive work force. The person-centered plan, employment assessment and Individual Plan for Employment guide the assigned staff (Employment Specialist) in assisting the individual in job search and job development matching their interests, skills and experience with specific employer needs. For adults with a serious mental illness seeking employment, an Evidence-Based Program Individual Placement and Support is provided. This program is individualized. This service provides for integration with the individual mental health treatment team. For individuals with intellectual/ developmental disabilities, the Agency follows the competitive Integrated Model through the Michigan Disability Council/MI Employment First. Competitive employment is the goal. Personalized benefits counseling is provided. Individualized job search begins soon after the individual expresses an interest in working. The Employment Specialist systematically develops relationships with employers based on the individual’s work preferences. Assistance is provided to develop and maintain a micro-enterprise as another viable option to obtaining meaningful work. The Agency works in collaboration with Michigan Rehabilitation Services as well as contractual agencies to provide employment opportunities tailored to meet each individual’s needs.
33. **Supported Independent Living Services** – Case Managers provide assistance with finding safe, affordable housing, assistance in finding potential roommates, assistance in learning skills to maintain independence and staffing based on individual needs. Provision of an emergency response system, which provides staff to respond to the individual’s needs 24-hours a day including weekends and holidays. This system also provides additional security and supports through an open line monitoring system and emergency pendant based on individual needs.
34. **Trauma Focused Cognitive Behavioral Therapy (TF – CBT)** - This is an Evidence-Based Practice trauma treatment proven to decrease symptoms of PTSD, anxiety, depression and other child behavior problems. TF–CBT also has been proven to decrease shame, improve parenting skills, and strengthen the child-caregiver

relationship through a sequential treatment modality. Services are provided for children ages 3-18 along with caregivers.

35. **Wrap Around Services** – is a team of individuals who are relevant to the well-being of the child or youth (e.g., family members and other natural supports service providers and agency representatives) who collaboratively develop an individualized plan of care, implement this plan and evaluate success over time.

SPECIFIC PROGRAM GOALS / OBJECTIVES AND EXPECTED OUTCOMES

It shall be the goal of all services and supports, to help individuals to live and work independently in their community. When individuals are in need of greater levels of support or services, such services will be provided in the least restrictive environment and shall be provided in inclusive settings within the person’s community. Although an intellectual/developmental disability is a life-long condition, individuals may be provided with greater or lesser levels of support depending on their identified needs and desires at the specific point of their life. Services to children will be designed to keep them at home with their families while services to adults will promote a transition to independent living.

ADMISSION, TRANSFER AND DISCHARGE FOR SERVICES (ALL POPULATION GROUPS)

Northeast Michigan CMHA uses the admission criteria determined by medical necessity as described in the Medicaid Manual for persons with serious mental illness, children with serious emotional disturbance and persons with developmental disabilities. Level of Care guidelines have been developed for services providing guidance for program admission, transfer and discharge.

PHYSICIANS SERVICES

SCOPE OF PROGRAM/SERVICES

Individuals who are admitted to Physicians Services are experiencing severe psychiatric symptoms that seriously interfere with their ability to function safely and productively in society and whose symptoms appear likely to respond to currently available psychiatric interventions. As much as possible, psychiatric evaluation and treatment follow published APA Practice Guidelines.

Physicians Services staff is responsible for the following:

- A. Outpatient psychiatric assessments are performed face-to-face or via telemedicine by the psychiatrist and/or a certified nurse practitioner and includes:
 - (1) Complete psychiatric history with presenting problem, current symptoms and signs, past psychiatric history, past medical history, psychosocial and

family history, developmental history (in the case of a child or adolescent) and complete mental status exam.

- (2) Psychiatric diagnosis, based on the most recent update of the DSM.
- (3) Initial treatment recommendations including further medical, neurological or psychological work-up, as indicated; referral to additional services where appropriate; prescription of psychotropic medications; and education of the individual regarding psychiatric diagnosis and medications being prescribed.

Initial psychiatric assessments will be provided for children, adolescents, adults and geriatric persons who have been referred to Psychiatric Services following intake assessment by designated NeMCMHA staff. Psychiatric assessments will be updated on an as-needed basis.

- B. Medication reviews may be performed on a regular basis by the psychiatrist, the clinical nurse practitioner, the physician's assistant with other staff present at times.
- C. Psychotropic medications are prescribed according to the Agency's medication policies. Medication reviews include:
 - (1) Ongoing evaluation and monitoring of the effectiveness and potential side effects of prescribed psychotropic medications, with documentation of clinical response, need for adjustment or prescribed dose or treatment regimen, etc.
 - (2) Administration of appropriate screening tools including regular labs, EKGs, Genetic Testing, etc. (determined on the basis of the specific drug prescribed and known side effects), as well as quarterly AIMS screening to detect and monitor the presence of tardive dyskinesia or other extra-pyramidal side effects for all individuals being prescribed antipsychotic medications. A detailed medication log and flow sheet are kept in the individual's electronic record.
- D. Consultation –liaison services for individuals served by the Agency who require medical or surgical admission to Mid-Michigan Regional Medical Center - Alpena.
- E. Psychiatric consultations for nursing home residents who show evidence of severe behavioral disturbance that might otherwise lead to psychiatric hospitalization. Follow-up medication reviews are determined according to the needs of the individual.
- F. Walk-in crisis evaluations for individuals presenting with severe psychiatric signs and symptoms, who have been triaged by CRS and are considered to be in need of immediate psychiatric intervention and/or psychiatric hospitalization.
- G. Clinical supervision by means of regular meetings of psychiatrists with clinicians involved with ACT and Children's Home-Based Services. Psychiatrists, physician assistants and psychiatric nurses attend weekly supervision with CRS/Triage staff, outpatient clinicians and customer services staff. Psychiatrists attend monthly supervisory meetings with OBRA staff. In addition, psychiatrists, physician's assistants and RNs are consistently available for consultation on an individual basis with clinicians as requested.

Psychiatric nurses assist physicians and physicians' assistants in all phases of the evaluation and management of referred individuals, including the provision of regular health assessments; ensuring completion of Person-Centered Plan; offering education and support to encourage individual compliance with medications and follow-up; assuring a smooth transition for the individual to different level of care or transfer back to the primary care provider.

SERVICES FOR MINORS, OLDER ADULTS AND OTHER SPECIALTY NEEDS GROUPS

Services to children and their families will be provided in a manner that will promote a healthy family designed to support the child with a serious emotional disturbance or an intellectual/ developmental disability.

Services to older adults with a serious mental illness or an intellectual/developmental disability will be age appropriate and inclusive in the communities in which they reside. Like all other services, support will be provided in accordance with an Individualized Plan of Service.

SPECIFIC PROGRAM GOALS/OBJECTIVES AND EXPECTED OUTCOMES

It shall be the goal of all services and supports to help individuals who are experiencing serious emotional disturbances or serious and persistent mental illness, including those whose disabilities co-occur with substance use to live and work independently in their community.

When individuals are in need of greater levels of support or services, such services will be planned via a Person-Centered Planning process, provided in the least restrictive environment, and shall be provided in inclusive settings within the individual's community. There are times when services are not available locally, and the Agency will enter into a contractual relationship with multiple specialized residential treatment settings.

The objective of services will be to enhance/improve functioning on the part of individuals, and their families when appropriate, as measured by assessment tools (e.g., PHQ9, ACE, Folstein, MichiCANS, CAFAS, Ages and States Questionnaire (ASQ/SE)). The appropriate assessment will be conducted at Intake and as appropriate thereafter. The data will be assembled in an Agency database for analysis and monitoring of service provision.

SERVICES TO INDIVIDUALS WITH AN INTELLECTUAL/DEVELOPMENTAL DISABILITY

The target population is all individuals with an intellectual/developmental disability, but priority will be given to those in emergent need of services and supports.

INTELLECTUAL/DEVELOPMENTAL DISABILITY GROUP HOMES

The Agency owns and operates residential group homes in each of the four counties providing dependent care for the most vulnerable intellectual/developmentally disabled persons we serve.

AREAS ADDRESSED IN THE PROGRAM OR THROUGH REFERRAL

Inclusion – Independent Living – Working in the Community – Personal Development

INTELLECTUAL/DEVELOPMENTAL DISABILITY LEVEL OF CARE CRITERIA

Staff use the Supports Intensity Scale (SIS) needs assessment tool designed to evaluate the practical support requirements of a person with an intellectual/developmental disability over the age of 18. In addition to the SIS tool, Agency staff has developed a Community Living Support (CLS) questionnaire and guideline which will assist in gathering the necessary information to assist individuals to achieve the goals they have identified through the person-centered planning process. The CLS assessment tool, along with the Supports Intensity Scale, will be administered to individuals with an intellectual/developmental disability prior to the provision of CLS services.

TREATMENT MODALITIES UTILIZED

Multiple approaches are utilized to teach new skills and abilities to enhance each individual's ability to live and work independently. Applied Behavior Analysis is used to modify problem behaviors. Recent staff development activities have concentrated on the development of a culture of gentleness, along with our behavior treatment recommendations and plans. All CMH staff having direct contact with individuals served by the Agency are provided a curriculum in Gentle Teaching: Working with People. Medications are reviewed quarterly and reduced to the lowest therapeutic level or eliminated whenever possible.

TRANSFER TO A DIFFERENT LEVEL OF CARE

Because services and supports are to be provided in the least restrictive setting, placement in any particular service, program or home is continually monitored by a support coordinator or the targeted case manager. When opportunities arise for an individual to receive service in a less restrictive setting or an inclusive setting, individuals are given notice via periodic review.

INFORMATION / AREAS COVERED IN THE CONSUMER ASSESSMENT

Depending on the type of service, an individual may be evaluated in one or many areas. To document eligibility, a new recipient will participate in an intake assessment and may be referred for psychological testing, speech and language evaluations, occupational therapy

evaluation, dietary evaluation, nursing assessment, community living skills assessment and/or a vocational assessment.

TREATMENT PLANNING

Treatment planning is completed using a Person-Centered Planning process.

TREATMENT TERMINATION, DISCHARGE PLANNING AND DISCHARGE

Treatment termination seldom occurs in the field of intellectual/developmental disabilities. Treatment may be terminated when requested by the individual or their legally empowered representative (guardian) or when an individual refuses to participate in their individual support plan. When an individual refuses to “advance” to the least restrictive setting or demands more support than their condition warrants, services may be limited, reduced or eliminated. When an individual moves to the “next level,” the support plan is updated to identify what services are necessary for the individual in the new environment. When individuals live and work independently and require no further assistance from the organization, they are discharged.

DISCHARGE PLAN / DISCHARGE SUMMARY

When services are terminated for any reason, a discharge/transfer form is completed and filed in the individual’s case record. The effectiveness of treatment is documented along with the recipient’s satisfaction with services.

TREATMENT PROGRAM READMISSION CRITERIA

Readmission to any services requires that the individual have an intellectual/developmental disability.

STAFFING [ALL POPULATION GROUPS]

- Professional staff – including nurses, psychologists, social workers, mental health counselors, psychiatrists, physician assistants, clinical nurse practitioner, speech and occupational therapists, dietitians and others participate with the individual/family consistent with Person-Centered Planning tenets, which is based upon the dreams and desires of the individual and their identified mental health needs.
- Nursing services are provided by a staff of Registered Nurses who work with physicians and other Board staff in the provision and monitoring of health care. Nurses aggressively pursue resolution of health care problems by referrals and consultations with various health care practitioners.
- In addition to conducting psychological testing, Limited Licensed Psychologists provide behavioral consultation to families and other providers.
- Social workers function as outpatient therapists, Clinical Supports Services Coordinators, CRS staff, ACT staff, HBS staff and assist individuals in a variety of

areas, from accessing benefits and services and developing individualized support plans to monitoring, follow along and referral services.

- Licensed professional counselors function as outpatient therapists and HBS staff.
- Certified Behavior Analysts; Certified Behavior Technicians
- Speech Therapists provide speech and language therapy, or other electronic communications equipment.
- Occupational Therapists design 23-hour functional plans to minimize physical dysfunction and evaluate individuals for orthopedic equipment and services in accordance with each individual's physical and rehabilitative needs. In addition, the Occupational Therapists monitor habilitative plans at the residential settings.
- Nursing services are provided by (NeMCMHA staff and contractual) Registered Nurses and LPNs who work with physicians and other NeMCMHA staff in the provision and monitoring of health care. Nurses aggressively pursue resolution of health care problems by referrals and consultations with various health care practitioners.
- In addition to conducting psychological testing, Psychologists provide behavioral consultation to families and other providers as well as to direct care staff.
- Qualified Intellectual Disabilities Professionals (QIDPs) function as Support Coordinators and assist individuals in a variety of areas, from accessing benefits and developing individualized support plans to monitoring, follow along and referral services.
- Qualified Mental Health Professionals (QMHP) function as Supports Coordinators and Targeted Case Managers assist individuals in a variety of areas, from accessing benefits and developing individualized support plans to monitoring, follow along and referral services.

COMMUNITY COORDINATION, COLLABORATION & EDUCATION

HUMAN SERVICE COORDINATING COUNCILS (HSCC)

The Executive Director and staff maintain an active involvement in HSCCs in all four counties. HSCC membership includes broad representation from the human service, school, governmental and private provider communities. Their function is to promote cooperation, coordination and collaboration in the community so as to better serve individuals and families in need. Further, they conduct community needs assessments and develop plans to meet identified community needs.

COMMUNITY EDUCATION

Agency staff and our community partners are available to speak on mental health issues including trauma, autism, suicide awareness and prevention, Mental Health First Aid and mental health training for corrections officers. Active participation is also maintained on community committees such as Homeless Prevention, Child Abuse and Neglect Team and Great Start Collaborative Team The Children's team collaborates with community organizations and committees such as the Great Start Initiatives in

Alcona/Alpena/Montmorency, as well as Cheboygan/Otsego/Presque Isle area. They also participate in Greg's Promise which focuses on continuing to educate the community at large about the effects of trauma in children. In addition, staff work in conjunction with the AMA-ESD's developmental clinics assisting in identifying young children in need of services and provide families with resources.

MANAGEMENT AND SUPPORT SERVICES

QUALITY IMPROVEMENT (QI)

The Agency has a Quality Improvement Council composed of 13 members who represent virtually all facets of the agency's services including a provider agency. The council's six standing committees include many other employees (and, in some cases, individuals receiving services from the Agency). In addition, ad hoc project teams include the improvement efforts of many other staff on more short-term basis.

The six committees include: CARF Committee, Customer Satisfaction Committee, Resource Standards and Development Committee, Risk Management Committee, Safety Committee and Utilization Management Committee. Management Team and Clinical Leadership Team also have representation on the Council. Improvement opportunities flow through the QI Council and information discussed is shared with the rest of the Agency as well as the Board of Directors through the QI minutes.

MANAGEMENT

The management function for the organization is provided by a number of staff including the following:

- Director
- Medical Director
- Chief Operations Officer
- Clinical Leadership Team Representative
- Compliance Officer
- Finance Director
- Information Systems Director
- Human Resource Manager
- Residential Services/Employment Manager

This group forms the Agency's Management Team. The Management Team is responsible for the implementation of the Board's plans and programs. The Management Team meets at least monthly and assumes the following responsibilities.

- Leadership and Planning
- Communications
- Credentialing & Privileging
- Management Issues
- Information System Coordination
- Program Evaluation
- Finance and Budget Issues
- Staffing and Training

In addition to the Management Team, the Agency employs a number of other managers and supervisors whose responsibilities are generally more program specific.

FINANCE & BUDGET

This function includes the following elements :

- Budget development and reporting
- Financial and compliance reporting
- Accounts payable & purchasing
- Reimbursement, claims processing & accounts receivable
- Representative Payee services
- Statistical services
- Cash investment and management
- Capital asset and inventory management

RECIPIENT RIGHTS

Recipient Rights is a legally mandated service in Michigan. The Mental Health Code provides that a mental health board must employ a rights officer who reports only to the organization's chief executive officer. Northeast has a fully developed and active recipient rights protection system of policies and activities. Because of the Board's large residential program, Northeast is especially vigilant in ensuring quality care and freedom from any form of abuse or neglect through mandatory reporting requirements and site monitoring. Contracted agencies providing mental health services must similarly provide protection and agree to adhere to Northeast's policies and procedures and accepts the Board's Rights Office jurisdiction in regard to investigation, resolution and monitoring activities.

COMPLIANCE

The Agency has a Compliance program which will ensure, to the fullest extent possible, compliance with laws and regulations; business practices followed are ethical; and contractual and legal requirements are met. Compliance is accurately following the government's rules on Medicaid billing system requirements and other regulations. A compliance program is a self-monitoring system of checks and balances to ensure an organization consistently complies with applicable laws relating to its business activities. Further, the compliance program assures the Agency meets the objective of high-quality service in accordance with applicable regulations through service provision, documentation of the service provided and reimbursement for the service.

INFORMATION SYSTEMS

The Information Systems Department is responsible for managing NeMCHMA's technology infrastructure and ensuring that hardware, software, and network systems operate smoothly and securely at all of our facilities. The IS department is also responsible for troubleshooting issues that arise with these systems and providing technical support to users. Other responsibilities include supporting daily operations, troubleshooting technical issues, and overseeing technology-driven projects.

The current network infrastructure includes Dell desktops and laptops with Microsoft Windows 10 or 11 operating systems (OS), and Microsoft Surfaces with Windows 11 OS. Fortinet networking equipment connects all offices and homes to the LAN/WAN intranet and the internet, using an encrypted Virtual Private Network (VPN) from each location to the main office at 400 Johnson Street. End-to-end encryption ensures that external parties cannot intercept data transmitted across the network.

Microsoft Office 365 Cloud Exchange Server hosts the agency's email system. Users access the email server through Microsoft Outlook on agency desktops and laptops or via the Office 365 secure web portal. To bolster network security, the IS department has implemented Microsoft System Center Configuration Manager (SCCM) and Intune for OS updates and Malware/Antivirus definition distribution. The network is also safeguarded by Fortinet Client/Endpoint management, which monitors for malware, virus threats, and other vulnerabilities, as well as maintaining VPN connections.

HUMAN RESOURCES

The primary responsibilities of this office include the following:

- Staff recruitment
- Privileging and credentialing of staff
- Employee interviews and reference checks
- Monitoring of Employee Evaluation System
- Personnel data system
- Salary, wage and benefit administration
- Administration of labor contracts
- Administration workers compensation program
- Payroll reports
- Training coordination – employees and community
- Unemployment responses
- Oversight of Office Manager and Clerical

CLERICAL

The Agency's Clerical Support Services staff provides support for four sites within the four-county service area. Job responsibilities include transcription, filing the electronic clinical records, release of information, front desk receptionist duties, scheduling of appointments, switchboard operation which include Access calls and numerous other clinical support services. Clerical Support Services and functions are developed and implemented in such a way as to assure that confidentiality, privacy, and electronic data security are respected and adhered to at all stages of the Agency's healthcare information gathering and processing, centralized release of information, and appropriate authorization for computer records access.

FACILITIES MANAGEMENT

In addition to 13 sites for which the Board expects to provide residential and office facility maintenance services, the Board also maintains a fleet of about sixty-five (65) vehicles, including passenger wheelchair-lift-equipped vans. Generally, maintenance services are provided by Board employees whenever possible; when necessary, however, contractors and specialists are engaged.

LONG-RANGE PLANS

The Board’s planning efforts are focused to further integrate and enhance services for the people we serve within the four-county region. The Board’s planning efforts have revolved around a managed care model for delivery of behavioral healthcare services. In order to continue to manage Medicaid funded mental health services, Michigan community mental health boards have had to meet a number of rigorous requirements. The State reorganized the PIHP regions to 10. To address this, the Northern Michigan Regional Entity was formed with member boards including: Wellvance (formerly AuSable Valley Community Mental Health Authority), Centra Wellness Network (formerly Manistee-Benzie Community Mental Health), North Country Community Mental Health, Northeast Michigan Community Mental Health Authority and Northern Lakes Community Mental Health Authority. Under the Northern Michigan Regional Entity’s contractual arrangements, Northeast must assure timely access to service, individual choice, provide utilization management systems to assure medical necessity, network management and grievance and appeal mechanisms.

BOARD GOVERNANCE

The Northeast Board follows the Carver method of Board. The Board adopts Ends statements intended to further guide focus of staff efforts and resources toward outcomes. These Ends concentrate on the areas of independent living and employment of individuals served, both of which are focal points of the Board’s Mission.

Approval & Review	Details
QI to Approval Authority	Management Committee
Next Review Date	09/23/2024