

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

PROGRAM DESCRIPTION

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PROGRAM DESCRIPTION

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 so doing, 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 (NeMCMHA) 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 of citizens’ needs with multiple programs, supports services, treatment, and evidence-based practices.

The priority populations 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 NeMCMHA 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 primary industries. The City of Alpena has a base of heavy industry including a cement plant, hardboard mill, concrete production, and conveyor production. With the loss of several large industries, which included a paper mill, foundry, and manufacturing plant, the Northeast 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 and age group trends based on 2019 State of Michigan Census data. This data indicates the population has had a significant decrease and the average age of a Northeast Michigan resident is increasing. Northeast Michigan has become a retirement destination. Therefore, Northeast Michigan Community Mental Health Authority (NeMCMHA) has increased staffing to accommodate the aging population.

Area General Population & Population Served

	Census Data for Service Area	Individuals Served with Mental Illness (as of 2020)	Individuals Served with Intellectual/ Developmental Disabilities (as of 2020)
Age	#	#	#
0—9	5,012	82	41
10—19	6,219	300	39
20—29	5,305	860	55
30—39	5,494	299	54
40—49	6,192	261	50
50—59	9,855	250	63
60—69	10,985	203	59
70—79	7,351	59	31
80 +	4,439	12	8
Total	60,852	2,326	400

**2020 Census Data was not available in age specific groups as of this publication.*

NeMCMHA has been a harbinger of community inclusion – noteworthy is its "adoption" of many individuals with intellectual/developmental disabilities in the early 1980s from other areas of Michigan who were placed in residential facilities operated by the Agency. NeMCMHA developed a wide array of supporting and ancillary services, which included the opening of 22 specialized residential homes. The need for specialized residential homes has decreased over the years, due to attrition and the increase of independent living situations developed by NeMCMHA paving the way to close 14 of the 22 residential homes that existed 30 years ago.

April 1, 2014 marked the expansion of autism services, as it became part of the State Plan. Following these changes, NeMCMHA has experienced a growth in Autism Services, Infant and Early Childhood Services, and Home Based Staff to address this special population. In the past, the Agency contracted with Federally Qualified Health Centers to provide school-based mental health services to children in need of support. Several contracts have been developed with organizations specializing in the treatment of autism to provide additional support to NeMCMHA in the Autism services program.

ADMISSION FOR SERVICES

The State has 10 regions of Prepaid Inpatient Health Plans (PIHPs) with NeMCMHA falling under the PIHP of the Northern Michigan Regional Entity (NMRE). Under the NMRE's contractual arrangements, the Agency must assure timely access to services, individual choice and utilization management to ensure medical necessity, network management and grievance and appeal mechanisms.

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

Intellectual/Developmental Disability (I/DD) means:

- A. If applied to an individual 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 individual'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 five (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.

Serious Emotional Disturbance (SED) means:

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 SED.

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

Serious Mental Illness (SMI) 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. SMI 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 SMI. The following disorders also are included only if they occur in conjunction with another diagnosable SMI.

- 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 CRISIS RESPONSE AND STABILIZATION (CRS) STAFF AS A FOCAL POINT

NeMCMHA provides both telephone and in-person gatekeeping and enrolling in services. Services may begin with an individual's first telephone contact with the Access Center located in the main office of NeMCMHA at 400 Johnson Street in Alpena. To whatever extent involvement is needed 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 the service process must be welcoming, clear and effective.

The Access Center/Intake Services will include a number of component parts or processes:

1. The Access Center will provide gatekeeping to include clinical and resource triage and assessment. Emergent services are provided directly by NeMCMHA staff.
2. A timely evaluation by Access staff and assignment of person-centered services are based upon unique individual strengths, needs, abilities, preferences and desires. Services are matched with the least intrusive and restrictive treatment modality, yet are focused and appropriate to condition and need.
3. Individualized services 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 is provided with an array of services for which there is easy access and seamless movement across the continuum as needs and objectives change.
5. The entire service system utilizes internal and PIHP-based proactive utilization management.
6. Service management abilities include immediate feedback for key program performance indicators.
7. Clinical, economic and customer service outcome measures are evaluated and used in ongoing quality improvement processes.

ACCESS SYSTEM FUNCTIONS

The Access system will include the following functions:

1. **Information and Referral** - Telephone (emergent, urgent and routine), walk-ins and written inquiries and referrals will receive response as they are presented at NeMCMHA. Response options include providing information, referring to other community agencies or linkage to screening for further mental health services.
2. **Immediate Screening** – Screening services are 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/or linkage to other community services or mental health assessments.
3. **Psychosocial Assessments** – Assessments will be structured around multiple service levels to include 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, needs, abilities and preferences (SNAP) will be identified. Natural supports are identified and included in the Individualized Plan of Service (IPOS). 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 psychosocial assessment, it is appropriate to begin identifying goals and objectives. Services are determined, in accordance to medical necessity, as defined in the Medicaid Manual and NeMCMHA Level of Care Guidelines. In some instances, further assessment may be warranted prior to authorizing services.

4. **Specialized or Multi-Disciplinary Assessments** – When further assessment is needed, access to a range of multi-disciplinary evaluations (including psychiatric evaluation and psychological testing) are 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, is used to develop the service goals and objectives that are the result of the assessment. Determination of services 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, PECFAS, CAFAS, ACE, SIS, 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 and timeframes for completion of these goals will 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 IPOS, the Access/Triage staff are responsible for linkage and the possible provision of the designated service(s). The assessment, Preliminary Planning Process (PPP) and IPOS, including timeframes, will be developed by the individual receiving services utilizing person-centered planning and their identified facilitator. Access/Triage staff remain 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 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 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

NeMCMHA will provide, or make available, a comprehensive array of services and supports to children and adults who may have SMI or SED, I/DD, or those who may have a Substance Use Disorder (SUD) that is co-occurring with a mental illness and who reside within the four-county catchment area. Services will be provided in accordance with a person-centered plan as mandated or required by the Michigan Mental Health Code, the contracts with the Michigan Department of Health and Human Services (MDHHS), and the PIHP and shall include the following, noting unduplicated counts of individuals served when available:

1. **Access Services** – This program provides telephone gatekeeping and is most often an individual’s first contact with the Agency. A standardized process helps connect individuals to the right services. Services and supports are matched to the individual’s needs 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. The Access department also initiates and monitors continued stay reviews (CSR) for inpatient psychiatric and crisis residential admissions.
2. **Assertive Community Treatment (ACT)** – Includes intensive in-home/community support services for those adults with SMI and individuals with co-occurring disorders (specific illness may include Schizophrenia, Bipolar Disorder, or Major Depressive Disorder with Psychosis). This mobile, multi-disciplinary team provides a therapeutic set of clinical, medical and psychosocial services to include case management, psychiatric services, counseling/psychotherapy, housing support, SUD treatment and employment or rehabilitative services. ACT includes availability of multiple daily contacts and 24/7 crisis response.
3. **Behavioral Health Home (BHH)** – Provides comprehensive care management and care coordination to individuals with select SMI/SED. Program goals include ensuring seamless transition of care while connecting individuals with needed clinical, behavioral and social services. Potential enrollees are identified using a multifaceted approach.

4. **Behavioral Health Treatment Services (BHT)** – BHT services, including Applied Behavior Analysis (ABA), prevent the progression of Autism Spectrum Disorder (ASD) and prolong life, while promoting a child’s physical and mental health. A physician or other licensed practitioner working within their scope of practice under state law determines medical necessity and recommendations for BHT services. ABA treatment relies on direct support and training of family members and other involved professionals. This treatment can take place in the community or in the child’s home. Direct patient care services under the State Plan are available for children under 21 years of age.
5. **Case Management** – Case managers assist individuals in developing an IPOS using a person-centered planning process, as well as linking to, coordinating with and monitoring services and supports. Case managers may assist individuals with access to benefits or entitlements and legal services. Services are provided to both adults and children with SMI, SED or I/DD, including those co-occurring with SUD.
6. **Community Living Supports Services (CLS)** – CLS assists, prompts, reminds, cues, observes, guides and/or trains individuals to increase or maintain personal self-sufficiency. Supports may be provided in an individual’s residence or in community settings. Services may include supported independent living and social, recreational and volunteer activities. CLS helps individuals connect with their community by facilitating participation in activities of their choosing. New activities are introduced and encouraged. Supported independent living skills could include shopping for groceries, doing laundry and paying bills. Social and recreational activities may include teaching individuals how to bowl, play bingo, ride a bike and 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. CLS provides positive feedback when individuals emulate these things, thereby promoting more fully the individual’s assimilation into their community. Adaptive equipment, supplies and environmental modifications are utilized to assist individuals to be as independent as possible, both in their home and in the community.
7. **Crisis Response and Stabilization (CRS)/Triage Services** – CRS provides emergent and non-emergent mental health screening and assessments for outpatient and inpatient mental health services. In addition, CRS staff will provide outpatient therapy to individuals, families and groups.
8. **Dialectical Behavior Therapy (DBT)** – This treatment model is a broad-based empirically supported criterion for Borderline Personality Disorder (BPD). Additional comorbidity includes struggles with depressive disorders, bipolar disorders, anxiety disorders, Post-Traumatic Stress Disorder (PTSD), eating disorders and SUD. Service delivery is comprised of individual counseling, group skills training and telephone consultation.
9. **Emergency Services Unit (ESU)** – These services are available to all individuals requiring immediate assistance with a mental health crisis, and include 24/7 emergent and non-emergent mental health screening and assessments for outpatient and inpatient mental health services.
10. **Enhanced Health Care Services** – These services are available through a team of professional providers, including nurses, dietitians, occupational therapists (OTs),

speech therapists and physical therapists (PTs). These professional staff provide rehabilitative services according to the needs of each individual and in accordance with their IPOS.

11. **Eye Movement Desensitization and Reprocessing (EMDR)** – This treatment model is an interactive psychotherapy technique used to relieve psychological stress. It is an effective treatment for trauma and PTSD.
12. **Family Psychoeducation (FPE)** – This program is an evidence-based practice, which provides services for individuals with schizophrenia disorders and bipolar disorders. FPE group is a treatment modality for families designated to help individuals attain participation in the community. The intervention focuses on educating families and natural supports about mental illness, developing coping skills, solving problems and creating social supports. Group treatment is structured to help individuals develop the skills needed to understand and overcome the symptoms of mental illness.
13. **Family Support Services** – These services are designed to maintain an individual with I/DD in their family home. Typical services include respite care, family subsidy, family skill development, children’s behavior specialists and other professional consultation services.
14. **Home-Based Services** – The mental health home-based service program is designed to provide intensive services to children and their families with multiple service needs who require access to an array of mental health services. These services could include education on timely child development, utilizing natural supports and managing behaviors of concern. Criteria for admission to this service is decided through Children’s Global Assessment Scale (CGAS) scores, Preschool and Early Childhood Functional Assessment Scale (PECFAS), Child Adolescent Functional Assessment Scale (CAFAS) and DSM-V descriptions. Children must meet diagnostic criteria for SED to qualify for services. Criteria for discharge is 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.
15. **Infant and Early Childhood Services** – Intensive in-home services are provided for families with an adult caregiver who has SMI and is parenting an infant/toddler. An infant/toddler with a DSM-V diagnosis may also be the primary individual served. The focus of this program is developing positive relationships between the parent and infant/toddler. Also in this program are “Early Childhood Services” for children ages 3-6 who are experiencing regulatory disorders or other disruptions in their development. Another facet of this program includes consultation and referral to early-childhood programs including Day One, Early On, Early Head Start, and Head Start.
16. **Illness Management and Recovery (IMR)** – This program is an evidence-based practice which provides concentrated services for adults 18 years and older with SMI and/or co-occurring SUD. Services are delivered through a group format in weekly sessions. The goal is to help individuals learn about mental illness, strategies for treatment, decrease symptoms and reduce relapses and hospitalizations as they progress forward toward goal achievement and recovery.

17. **Inpatient Treatment** – Inpatient care may be used to treat an individual with mental illness who requires care in a 24-hour medically structured and supervised facility. Severity of illness and intensity of service criteria must be met. Inpatient treatment consists of contractual services with MyMichigan Medical Center Alpena and other private hospitals for the provision of inpatient hospitalization care for residents of our catchment area. During inpatient admissions, the Agency’s hospital discharge planner collaborates with hospital staff, individuals served and other supports to ensure successful discharge planning.
18. **Integrated Dual Disorder Treatment (IDDT)** – This program is an evidence-based practice providing intensive services for adults with co-occurring SMI and SUD, which are treated simultaneously by the same interdisciplinary team. Due to the length of time it takes to make behavior changes and achieve successful recovery, this service is time-unlimited.
19. **Integrated Health Care** – This is a care coordination system of general and behavioral healthcare, integrating mental health, SUD 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 local Federally Qualified Health Centers (FQHCs) to help manage the physical healthcare needs of those mutual individuals served.
20. **Jail Services** – These 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 SMI and have not committed a violent crime or felony.
21. **Long-Term Inpatient Treatment/State Hospital** – This consists of long-term psychiatric hospitalization for individuals who require more intensive treatment than offered at inpatient private hospitals.
22. **Mobile Intensive Crisis Stabilization Services (ICSS)** – These services are offered to children and youth up to age 21 with SED, I/DD, autism or co-occurring SED and SUD, and their parents/caregivers who are in need of ICSS in the home or community. A Crisis Response Team consisting of two qualified staff members will provide crisis intervention in two hours or less within the Agency’s catchment area.
23. **Monday Night Activities** – This program provides group social activities and community involvement for individuals with SMI and/or I/DD who reside in the Alpena area.
24. **Older Adult Services (OAS)** – These services include assessment, treatment and consultative services for individuals with SMI, including those co-occurring with SUD, who are 55 years of age or older. 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 Agency, the individual’s home, foster care home or nursing home.

25. **Outpatient Therapy** – Individual, family and group therapy are designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, remotivation and emotional adjustment. These services enable improved functioning and more appropriate interpersonal and social relationships. Mental health professionals utilizing evidence-based practices provide outpatient therapy.
26. **Peer Support Services** – These services are aimed at supporting individuals with achieving community inclusion, independence, mentoring and advocacy by peers. Peer specialists provide recovery and anti-stigma programs.
27. **Physician Services** – A team of medical providers conduct medication reviews for those individuals requiring evaluation and monitoring of medications, their effects and the need for continuing or changing a medication regimen. Walk-in crisis evaluations are available as deemed appropriate. Psychiatric evaluations may be ordered to provide a comprehensive evaluation to investigate an individual’s clinical status and diagnoses. Psychiatric consultations are provided to nursing home residents who receive specialized services. Nurses assist medical providers 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 medication compliance and follow-up and assuring a smooth transition to a different level of care or transfer to primary care provider.
28. **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.
29. **Psychological Services** – Services may include autism testing, psychological evaluation and development and review of behavior treatment plans. Psychologists may also provide consultation to staff, family members and other natural supports to assist with managing behaviors of concern.
30. **Psycho-Social Rehabilitation (Clubhouse)** – Provides vocational training and assistance utilizing a work-ordered day for individuals with SMI. 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.
31. **Residential Services** – These services are provided for adults age 18 and older with SMI or I/DD. The goal of this program is to provide opportunities to improve the individual’s overall level of functioning in hopes of returning to, or transitioning into, the least restrictive living situation. The Agency operates nine (9) group homes licensed for individuals with I/DD.
32. **Respite Care** – The Agency provides respite care reimbursement to families caring for a child/adolescent with SED or an individual with I/DD. Respite care is furnished on a short-term, intermittent basis to relieve an individual’s family or other primary

caregivers from daily stress and care demands during times when they are providing unpaid care.

33. **Self-Determination** – Self-determination may be available for children with SED, adults with SMI, individuals with I/DD and co-occurring disorders. Participation in self-determination is a voluntary option on the part of the individual served and is a mutually agreed upon arrangement between the individual and the Agency. Individuals have decision-making authority to recruit, select, employ and direct their own services and supports as allotted in an individual budget.
34. **Skill Building Assistance** – Through the efforts of CLS staff, job coaches and residential training workers (RTWs), the Agency provides its individuals served with skill building assistance according to their IPOS. This service assists individuals with increasing economic self-sufficiency and/or engaging in meaningful activities such as school, work and volunteering. It also provides knowledge and specialized skill development and/or support.
35. **Supported Employment Services** – These services provide person-driven and individualized job development, job coaching and follow along job support for individuals who want to enter or re-enter an integrated, competitive workforce. The IPOS, employment assessment and Individual Plan for Employment guide the employment specialist in assisting in job search and development. For adults with SMI seeking employment, the evidence-based practice of Supported Employment/Individual Placement and Support (SE/IPS) is utilized. This service provides for integration with the individual mental health treatment team. Adults with I/DD follow the competitive Integrated Model through the Michigan Disability Council/MI Employment First. Competitive employment is the goal and personalized benefits counseling is provided. Assistance is provided to develop and maintain a micro-enterprise as a viable option to obtain meaningful work. The Agency works in collaboration with Michigan Rehabilitation Services (MRS), as well as contractual agencies, to provide employment opportunities tailored to meet each individual’s needs.
36. **Supported Independence Program (SIP)** – SIP provides assistance with finding safe and affordable housing, finding potential roommates, learning skills to maintain independence and provides staffing based on individual needs. An emergency response system provides staff to respond to an individual’s needs 24-hours a day, including weekends and holidays. This system provides additional security and supports through an open line monitoring system and/or emergency pendant based on individual needs.
37. **Wraparound Services** – These services are for children and adolescents with safety and other risk factors in need of collaborative team planning with team members representing multiple agencies and informal supports. The child and family team creates a highly individualized wraparound plan consisting of mental health treatment and community services and supports. The team focuses on the unique strengths, needs, abilities, values and preferences of the child/youth and family, and services are developed in partnership with other community agencies. This planning process tends to work most effectively with children/youth and their families who require services from multiple systems and informal supports.

WAIVER PROGRAMS

CHILDREN'S WAIVER PROGRAM (CWP)

The CWP provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18. It also enables Medicaid to fund necessary home- and community-based services for children with I/DD who reside with their birth or legally adoptive parent(s) or with a relative who has been named legal guardian, regardless of income.

CWP Eligibility Requirements:

1. The child must have a developmental disability, be under age 18, and in need of habilitation services.
2. The child must have a Global Assessment of Functioning (GAF) Scale score of 50 or below.
3. The child must reside with their birth or legally adoptive parent(s) or with a relative who is the legal guardian, provided the relative is not paid to provide foster care for that child.
4. The child is at risk of being placed into an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) due to the intensity of the child's care and the lack of needed support, or the child currently resides in an ICF/IID facility, but with appropriate community support could return home.
5. The child must meet or be below Medicaid income and asset limits when viewed as a family of one (parental income is waived).
6. The child's intellectual or functional limitations indicate eligibility for health, habilitative and active treatment services provided at an ICF/IID level of care.

CWP Available Covered Services: CLS, enhanced transportation, environmental accessibility adaptations (EAAs), family training, non-family training, fencing, financial management services/fiscal intermediary services, overnight health and safety supports, respite care, specialized medical equipment and supplies, and specialty services (music, recreation, art, and massage therapies).

HABILITATION SUPPORTS WAIVER (HSW)

Beneficiaries with developmental disabilities may be enrolled in HSW through the MDHHS enrollment process. Termination may occur when the beneficiary no longer meets one or more of the below eligibility criteria, does not receive at least one HSW service per month, voluntarily withdraws from the program or dies.

HSW Eligibility Requirements:

1. Has an intellectual/developmental disability.
2. Medicaid eligible.
3. Is residing in a community setting.
4. If not for HSW services, would require ICF/IID level of care services.
5. Chooses to participate in the HSW in lieu of the ICF/IID services.

HSW Available Covered Services: CLS, enhanced medical equipment and supplies, enhanced pharmacy, environmental modifications, family training, fiscal intermediary, goods and services,

non-family training, out-of-home non-vocational habilitation, overnight health and safety supports, personal emergency response system (PERS), prevocational services, private duty nursing (PDN), respite care, supports coordination and supported employment.

CHILDREN'S SERIOUS EMOTIONAL DISTURBANCE HOME AND COMMUNITY BASED WAIVER (SEDW)

The SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children up to age 21 with SED, who meet criteria for admission to a state inpatient psychiatric hospital and/or who are at risk of hospitalization.

SEDW Eligibility Requirements:

- Live in a participating county; OR
- Live in foster care in a non-participating county pursuant to placement by MDHHS or the court of a participating county, with SEDW oversight by participating county's CMHSP; AND
- Reside with birth or adoptive family or have a plan to return to the birth or adoptive home; OR
- Reside with a legal guardian; OR
- Reside in a foster home with a permanency plan; OR
- Be age 18 or 19 and live independently with supports; AND
- Meet current MDHHS criteria for the state psychiatric hospital for children; AND
- Medicaid eligibility criteria and become a Medicaid beneficiary; AND
- Demonstrate serious functional limitations that impair the ability to function in the community as appropriate for age functional limitation will be identified using the CAFAS or PECFAS.
- Be under the age of 18 when approved for the waiver.

SEDW Available Covered Services: CLS, family home care training, family support and training, therapeutic activities, respite care, child therapeutic foster care, therapeutic overnight camp, transitional services, wraparound services, home care training (non-family), and overnight health and safety support (OHSS) services.

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

NeMCMHA uses the admission criteria determined by medical necessity as described in the Medicaid Manual for individuals with SMI, SED and I/DD. Level of Care Guidelines have been developed for services providing guidance for program admission, transfer and discharge.

STAFFING [ALL POPULATION GROUPS]

- Professional staff includes RNs, psychologists, bachelor's and master's social workers (BSWs/MSWs), licensed professional counselors (LPCs), psychiatrists, PAs, NPs, OTs and dietitians who participate with the individual/family consistent with the IPOS.
 - Nursing services are provided by RNs who work with physicians and other staff in the provision and monitoring of health care. Nurses pursue resolution of health care problems by completing nursing assessments, referrals and consultations with various health care practitioners. RNs are also employed to provide case management to all populations served.
 - Psychologists provide psychological evaluations, autism testing, develop and monitor behavior treatment plans, provide consultation to families and other supports and determine I/DD eligibility.
 - BSWs and MSWs function as case managers. In addition, MSWs may be outpatient therapists, CRS clinicians, home-based clinicians, infant mental health (IMH) specialists and clinical supervisors.
 - LPCs function as outpatient therapists, home-based clinicians and case managers.
 - OTs design functional plans to minimize physical dysfunction and evaluate individuals for orthopedic equipment and services in accordance with each individual's physical and rehabilitative needs. OTs also monitor habilitative plans in residential settings.
 - In coordination with the health care team, the dietitian provides nutritional services and dietary planning to promote health and well-being.
 - Psychologists provide behavioral consultation to families and treatment team members.

Qualified Intellectual Disabilities Professionals (QIDP) and Qualified Mental Health Professionals (QMHP) assist individuals in a variety of areas, from accessing benefits, developing and monitoring their IPOS, referral and linkage to services and crisis intervention.

COMMUNITY COORDINATION, COLLABORATION, AND EDUCATION

HUMAN SERVICE COORDINATING COUNCILS (HSCC)

The Executive Director and appointed 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 to better serve individuals and families in need. Further, HSCCs conduct community needs assessments and develop plans to meet identified community needs.

COMMUNITY EDUCATION

Agency staff and 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. Active participation is 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. They also participate in Greg's Promise, which focuses on educating the community about the effects of trauma in children. In addition, staff work in conjunction with the AMA-ESD and COP-ESD's developmental clinics to assist in identifying children in need of services and providing families with resources.

MANAGEMENT AND SUPPORT SERVICES

QUALITY IMPROVEMENT (QI)

The Agency has a QI Council composed of members who represent virtually all facets of the Agency's services, including a contracted provider agency. The council's 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 a more short-term basis.

The committees include CARF, Customer Satisfaction, Resource Standards and Development, Risk Management, Safety and Utilization Management. The Management Team and Clinical Leadership Team also have representation on the Council. Improvement opportunities filter through the QI Council and information discussed is shared agency-wide, as well as with the Board through the QI minutes.

MANAGEMENT TEAM

The management function for the organization is provided by the following staff:

- Executive Director
- Medical Director
- Chief Operations Officer
- Director of Clinical and Supportive Services
- Compliance Officer
- Finance Officer
- Accounting Officer
- Information Systems Director
- Human Resource Manager
- Residential Manager

The Management Team is responsible for the implementation of the Board's plans and programs. The Management Team meets monthly to assume the following responsibilities.

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

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 and Purchasing
- Reimbursement, Claims Processing, and 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 requires a mental health board to employ a Rights Officer who reports only to the organization's Executive Director. NeMCMHA has established policies and a fully developed and active Recipient Rights Office. NeMCMHA ensures 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 adhere to NeMCMHA's policies and procedures. Additionally, they accept NeMCMHA's Recipient 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, ethical business practices and that 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 services provided and reimbursement for services.

INFORMATION SYSTEMS

The Agency's current network uses Microsoft 2018 servers for Active Directory and file sharing and Windows 10 OS computers. The network hardware is mainly Dell computers and Cisco network switches and routers. Microsoft's strong password policies enforce network logons. A 15-minute screensaver locks inactive workstations. Duo logon is accomplished by Power Logon system for network security. Win Pak PE card systems control access to the offices and secure areas within them. Microsoft Forefront Antivirus protection is used throughout the network. Additional network software includes:

- Veam – server backup/replication system
- Systems Configuration Management – Systems updates
- Sendio – SPAM and antivirus email filter
- Cisco Umbrella – network firewall and web filter
- Microsoft Email
- SentricHR – Human resources and payroll
- COVID Tracking – cloud-based server

Cisco VLAN provides network access (Agency system applications and internal servers) to all Agency locations (Alpena Main Office, Fletcher Street, Rogers City, Hillman and group homes). Majestic (Peter Chang Enterprise (PCE) Cloud System) is the Agency's electronic medical records and billing system and Great Plains Dynamics 2018 is the accounting system.

HUMAN RESOURCES

The primary responsibilities of this department 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 of Workers' Compensation
- Payroll reports
- Coordination of employee training
- Unemployment response

CLERICAL

The Agency's clerical support services staff provide support for three sites within the four-county catchment area. Job responsibilities include transcription, filing electronic clinical records, release of information, front desk receptionist duties, scheduling of appointments, switchboard operation and numerous other clinical support services. Clerical support services and functions are developed and implemented to assure confidentiality, privacy and electronic data security are respected and adhered to at all stages including information gathering and processing, release of information and authorization for records access.

FACILITIES MANAGEMENT

Residential and office facility maintenance services are provided for 15 sites and a fleet of 61 vehicles, including wheelchair accessible vans, is maintained. Agency employees and contractors or specialists, when necessary provide maintenance services.

LONG-RANGE PLANS

NeMCMHA's planning efforts are focused on integrating and enhancing services for the people served within the four-county catchment area. A managed care model is incorporated within the delivery of behavioral health services. To manage Medicaid funded mental health services, the Agency has to meet a number of rigorous requirements.

The Agency has a strong focus on being the employer of choice while offering competitive compensation and ongoing staff development and training in a culturally diverse work environment. Faced with a shrinking workforce, NeMCMHA will provide opportunities for

workforce development by supporting internships, job shadow programs and working with community educators. The Agency will foster relationships and collaborate with local high schools, career technical education (CTE) programs, community colleges and universities.

Providing services across 6,622 square miles of rural communities presents many challenges requiring community collaboration. NeMCMHA continues to work closely with FQHCs, primary care physicians, specialists and hospitals to manage healthcare needs while avoiding duplication of services. Integration of physical and behavioral healthcare is imperative to effectively serve individuals.

To adequately provide services, and support employees in doing so, the Agency strives to ensure the latest technologies are readily accessible, including virtual capabilities, remote access and mobile workstations. NeMCMHA is developing a mobile computer lab and permanent telecommuting plans for applicable departments. In addition, the Agency will continue to enhance community outreach efforts with the use of social media platforms.

By using the above measures, NeMCMHA aims to be a recognized and available resource for its communities served.

BOARD GOVERNANCE

The NeMCMHA Board follows the Carver Model of Policy Governance. The Board adopts Ends statements through strategic planning, which guide the focus of staff efforts and resources toward outcomes. Ends concentrate on the areas of independent living and employment of individuals served, both of which are focal points of the Board's Mission.