Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

1. Access

1.1. The Right Door for Hope, Recovery and Wellness, as a Certified Community Behavioral Health Clinic (CCBHC), provides CCBHC services that are available to any person in need, including, but not limited to, those with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness, and substance use disorders. A preexisting diagnosis is not required as CCBHCs are required to provide timely assessment and diagnostic services.

1.2. Any person with a mental health or substance use disorder (SUD) ICD-10 diagnosis code, as cited in the most current CCBHC Demonstration Handbook, is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services.

1.3. Priority of service provision is given to those persons that live within Ionia County or within the school district lines of schools located within Ionia County. All individuals, regardless of ability to pay, shall be served.

2. Person-Centered/Family Centered Assessment

2.1. If, based on the individual's identified preferences and/or need, the initial assessment date falls outside of 14 calendar days from time of request for services, a second date shall be offered that falls within these guidelines.

2.2. A Person-Centered/Family-Centered Biopsychosocial Assessment shall be completed with input from the person served, the family members of the

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

person served, friends, legal guardian (if applicable), and other appropriate collateral sources as requested or permitted by the person served (natural supports, caregivers, treatment team members). Consultation shall be sought and included in documentation for specialized identified problems or concerns as appropriate.

2.3. The Person-Centered/Family-Centered Biopsychosocial Assessment shall be completed by the Access staff, primary mental health clinician or designee of the person served.

2.4. If needed or requested, assistive technology or resources shall be used as part of the assessment process.

2.5. Review and updates of the assessment should occur when changes to persons served status occur. Re-assessment dates for the Person-Centered/Family-Centered Biopsychosocial Assessment shall be based on the expressed desires of the person served but shall occur at a minimum every 90 days with a full reassessment completed annually.

2.6. Releases of Information for primary care physicians, care givers, family members, or other person served-identified individuals shall be completed at the time of the initial Person-Centered/Family-Centered Biopsychosocial Assessment.

2.7. Transition planning shall begin occurring at time of assessment to assist all parties in thinking about what it will look like when our services will no longer be needed or will be needed in a lower intensity. Persons served shall be given supports to explore other options that are available and connected with resources for growth, such as self-advocacy groups.

2.8. Transition planning shall occur as clinically appropriate. In longer-term programs transition planning may be delayed. Initial planning may focus on engagement.

3. Assessment Process

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

3.1. Assessments are conducted by a Mental Health Professional, QMHP, or QIDP if within their licensure scope of practice. BCBA and BCaBA's within their scope of practice.

3.1.1. Mental Health Professional [Mental Health Code, Section 330.1100b(15)]

3.1.1.1. An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

3.1.1.1.1. a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242),

3.1.1.1.2. licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518),

3.1.1.1.3. licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177),

3.1.1.1.4. or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). NOTE: The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.

3.1.2. Qualified Mental Health Professional (QMHP)

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

3.1.2.1. Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) OR one year of experience in treating or working with a person who has mental illness; AND

3.1.2.2. is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, OR a human services professional with at least a bachelor's degree in a human services field.

3.1.2.3. QMHP Specialized Training: Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

3.1.3. Qualified Intellectual Disability Professional (QIDP)

3.1.3.1. Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) OR one year of experience in treating or working with a person who has intellectual disability; AND

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

3.1.3.2. is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, OR a human services professional with at least a bachelor's degree in a human services field.

3.1.3.3. QIDP Specialized Training: Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

3.2. Focuses on the person's specific needs.

3.2.1. Age or developmental

3.2.2. Gender

3.2.3. Sexual orientation

3.2.4. social preferences

3.2.5. cultural background

3.2.6. psychological characteristics

3.2.7. physical condition

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

3.2.8. spiritual beliefs

3.3. Identifies the goals and expectations of the person served.

3.4. Is responsive to the changing needs of the person served.

3.5. Includes screening for suicide risk for all persons age 12 and older using a standardized tool normed for the population served.

3.6. Includes the provisions for communicating the results of the assessments to:

3.6.1. The person served/legal guardian.

3.6.2. Applicable personnel.

3.6.3. Others as appropriate.

3.7. Provides the basis for legally required notification when applicable.

3.7.1. May include child and adult protective services, committing or referring courts (AOT, ATO), or probation or parole officers.

3.8. Occurs within 14 calendar days from the initial phone or walk-in request for service and at least every 90 days with a full reassessment completed annually for updates.

3.9. Reflects significant life or status changes of the persons served.

3.10. The CMHSP is responsible for 1915(i) eligibility determination. Target groups include individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability. Eligibility determination includes:

3.10.1. An evaluation for 1915(i) State plan HCBS eligibility provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future;

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

3.10.2. The processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and

3.10.3. The 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.

4. Assessment Content

4.1. The Person-Centered/Family-Centered Biopsychosocial Assessment shall be strengths-based and record sufficient information to develop a comprehensive person-centered plan for each person served and include at a minimum information about the person's:

4.1.1. Presenting issues from the perspective of the person served.

4.1.2. Personal strengths, needs, abilities and/or interests, and preferences (SNAP).

4.1.2.1. Strengths may include assets, resources, and natural positives.

4.1.2.2. Needs may include liabilities, weaknesses, and what the person needs to recover.

4.1.2.3. Abilities and/or interests may include skills, aptitudes, capabilities, talents, and competencies.

4.1.2.4. Preferences are those things the person served feel will enhance treatment experience.

4.1.3. Previous behavioral health services, including:

4.1.3.1. Diagnostic history.

4.1.3.2. Treatment history.

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

4.1.3.3. Data may include: psychiatric and psychological assessments, medication use, hospitalizations, alcohol and other drug services, pertinent medical care and community programs.

4.1.4. Mental status

4.1.5. Medication, including:

4.1.5.1. Medication history and current use profile.

4.1.5.2. Efficacy of current or previously used medication.

4.1.5.3. Medication allergies or adverse reactions to medications.

4.1.6. Physical health issues, including:

4.1.6.1. Health history.

4.1.6.2. Current health needs: This includes dental health, as well as visual or hearing concerns, when they appear to be a contributing factor to the presenting condition of the person served.

4.1.6.3. Current pregnancy and prenatal care. Health issues related to pregnancy could include use of legal/illegal drugs, whether pre-natal care is being provided, or whether the pregnancy affects the woman's participation in the program. Mental status/level of functioning.

4.1.6.4. Medical Conditions

4.1.7. Use of complementary health approaches.

4.1.7.1. The National Institutes of Health National Center for Complementary and Integrative Health define these as healthcare approaches developed outside of mainstream

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

Western, or conventional, medicine. Complementary medicine is the use of non-mainstream used with conventional medicine. Complementary health approaches may include:

4.1.7.1.1. Use of natural products, such as dietary supplements.

4.1.7.1.2. Mind and body practices, such as acupuncture, massage therapy, meditation, movement therapies, yoga and relaxation techniques.

4.1.7.1.3. Homeopathy, naturopathy and traditional healers.

4.1.8. Co-occurring disabilities, and disorders.

4.1.9. Current level of functioning (cognitive, emotional, and behavioral).

4.1.10. Pertinent current and historical life information, including:

4.1.10.1. Age

4.1.10.2. Gender, sexual orientation, and gender identity.

4.1.10.3. Culture.

4.1.10.4. Spiritual beliefs.

4.1.10.5. Education history.

4.1.10.6. Employment history.

4.1.10.7. Military History

4.1.10.8. Living situation.

4.1.10.9. Legal involvement.

4.1.10.10. Family history.

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

4.1.10.11. Relationships, including: families, friends, community members, and other interested parties.

4.1.11. History of Trauma:

4.1.11.1. Experienced.

4.1.11.2. Witnessed.

4.1.11.3. Including:

4.1.11.3.1. Abuse – previous trauma survivor concerns; spousal/partner abuse; abuse suffered as a child; physical, sexual, emotional or psychological abuse; PTSD, including from military service; and information, when applicable, as to whether the person served was a victim, perpetrator, or witness.

4.1.11.3.2. neglect,

4.1.11.3.3. violence,

4.1.11.3.4. and/or sexual assault.

4.1.12. Current and historical use of alcohol, tobacco, and/or other drugs.

4.1.13. Risk Factors for:

4.1.13.1. Suicide

4.1.13.2. Other self-harm or risk taking behaviors.

4.1.13.3. Having unprotected sex, cutting, needle sharing, driving at excessive speeds, driving under the influence, and extreme sports.

4.1.13.4. Violence towards others

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

4.1.14. Literacy level.

4.1.15. Need for assistive technology in the provision of services.

4.1.16. Need for, and availability of, social supports.

4.1.17. Advance directives, when applicable.

4.1.18. Psychological and social adjustment to disabilities and/or disorders.

4.1.19. Resultant diagnosis(es), if identified.

4.2. Children and adolescent assessment should be family focused and youth driven. The assessments must be appropriate with respect to the child's or adolescent's age, development, culture and education. For child and adolescent assessments, the following information shall also be included:

4.2.1. Developmental history, such as developmental age factors, motor development, and functioning.

4.2.2. Medical or physical health history

4.2.3. Culture/ethnicity

4.2.4. Treatment history

4.2.5. School History

4.2.6. Language functioning, including speech and hearing

4.2.7. Visual functioning

4.2.8. Immunization record. (This is a determination of the status of immunizations and does not require an actual copy of the immunization record.)

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

4.2.9. Learning ability.

4.2.10. Intellectual functioning.

4.2.11. Family relationships.

4.2.12. Interactions with peers.

4.2.13. Environmental surroundings (family moves, changes in placements for children placed out of the home, etc.).

4.2.14. Prenatal exposure to alcohol, tobacco, or other substances.

4.2.15. Parent/guardian custodial status.

4.2.16. When applicable, parents'/guardians' ability/willingness to participate in services, strengths, and preferences.

5. Interpretive Summary: The assessment process includes the preparation of a written interpretive summary that:

5.1. Is based on the assessment data.

5.2. Identifies any co-occurring disabilities, co-morbidities, and/or disorders.

5.3. Is used in the development of the person-centered plan.

5.4. The interpretive summary could address:

5.4.1. The Central theme(s) apparent in the presentation of the person served.

5.4.2. Histories and assessments with special emphasis on potential interrelationships between sets of findings.

5.4.3. The perception of the person served of their needs strengths, limitations and problems.

Chapter Title Clinical	Chapter # C		Subject # 310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

5.4.4. Clinical judgements regarding both positive and negative factors likely to affect the person's course of treatment and clinical outcomes after discharge (ie. Recovery).

5.4.5. Recommended treatments, including any special assessments or tests, as well as routine procedures (e.g. lab tests).

5.4.6. A general discussion of the anticipated level of care, length, and intensity of treatment and expected focus (goals) with recommendations.

6. Assessing the Mild to Moderate Population as a Certified Community Behavioral Health Clinic:

6.1. The Right Door utilizes the LOCUS tool as one part of a comprehensive assessment package that includes LOCUS, GAD-7, PHQ-9, and soon the MichiCANS as applicable, other applicable assessment tools, and a full bio-psycho-social assessment. Clinical judgement is a key element in determining level of care based on the full complete assessment. A person's designation as Mild or Moderate is a reflection of the totality of the assessment. Person centered planning assists in the development of a plan to provide effective treatment and access to needed supports. Assessments are addressed in procedures C310.1 Medical Necessity, C310.5 Assessment, C340.1 and the UM Plan.

6.2. Activities completed by The Right Door for outreach to the mild to moderate population include:

6.2.1. Social media marketing on Facebook
6.2.2. School-outreach
6.2.3. Attending community events like the Ionia Free Fair, local health fairs, school events, etc.
6.2.4. Participating in county workgroups like the Great Start Collaborative, Ionia County Community Collaborative, Substance Use Prevention Initiative, etc.
6.2.5. Publishing information in our local newspapers.

Chapter Title	Chapter #		Subject #
Clinical	C		310.5
Subject Title Assessment	Adopted 04/12/05	Last Revised 6/27/2024	Reviewed 09/05/06 4/5/10; 1/30/14: 6/23/15; 8/1/16; 3/17/17; 11/22/17; 5/29/19; 12/6/19; 2/7/2020; 11/23/2020; 06/15/21; 9/21/2021; 2/20/23; 3/15/24; 6/27/24

6.2.6. Word of mouth as less people have been denied access since the CCBHC demonstration implementation.

6.3. Protocols for transitioning to a higher level of care are addressed in our procedure C-340.1 Sections 7 (external referrals) and 8 (internal referrals).

References

Michigan Mental Health Code 330.1712 (1)
CARF Standards Manual
MDHHS Contract Person Centered Planning Policy Attachment

Kerry Possehn, Chief Executive Officer	Date		