



HURON BEHAVIORAL HEALTH POLICY

Procedure #: **SD.1.21**
Issue Date: **03/25/14**
Rev. Date: **04/13/16**
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Title: **Service Philosophy Policy**

Prepared By: **Clinical Director**

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Purpose:

To define the guidelines for service delivery philosophy and to ensure that Mid-State Health Network (MSHN) and Huron Behavioral Health (HBH) as one of its affiliate members maintains consistent service philosophies across its network of care related to person-centered planning, integrated care, housing, employment, and Self-Determination. HBH promotes a person-centered approach to all service planning and delivery of supports and services in the community, consistent with Michigan Department of Health and Human Services (MDHHS) policy direction.

Scope:

This policy applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH). This procedure also applies to all consumers served by Huron Behavioral Health.

Information:

N/A

Policy:

A. Person-Centered/Family-Centered Planning:

1. HBH is committed to ensuring that all individuals have the freedom and right to create an Individual Plan of Service that is developed through a person-centered planning (PCP) process without regard to age, disability or residential setting, as required in the Michigan Mental Health Code and defined in the MDHHS Person Centered/Family-Centered Planning Best Practice Guidelines. (See also [QI.1.05 "Person-Centered Planning \(PCP\) Policy"](#) and [QI.2.18 "PCP Procedure"](#)).
2. HBH supports person-centered/family-centered planning in the creation, development, and implementation of all consumer services and provides comprehensive information to consumers about the risks and benefits of services including their freedom or right to participate in decision-making regarding their health, treatment options, and services that will be provided.
3. HBH also monitors the implementation of person-centered planning for adults and family-centered planning for minor children and families through on-site audits and through consumer satisfaction surveys.

B. Integrated Care:

1. HBH utilizes a coordinated, person-centered/family-centered system of care that allows for comprehensive care from primary care, mental health and substance use disorder providers, and makes a coordinated approach to service delivery available to its consumers. This is an essential element of treatment and supports, and produces the best outcomes for people with multiple and complex healthcare needs. (See ["Integrated/Coordinated Care Policy" SD.1.26](#) and ["Integrated/Coordinated Care Procedure" SD.2.12"](#)).
2. Coordination includes health care providers who shall work collaboratively to improve functioning and promote recovery and resiliency. Consideration will be given to system-wide, cost-effective interventions and supports that produce the highest level of outcomes. Agreements between and among community partners will be established with local care networks and assure interagency collaboration. Additionally, the Mid-State Health Network (MSHN) maintains written agreements with the Medicaid Health Plans in the HBH service area. All interagency agreements shall meet the requirements in 42 CFR Part 2.
3. Outcomes that represent improvements in significant aspects of clinical services and supports will be shared among health care providers to assist in identifying over utilization and underutilization and patterns of service delivery.

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4. Health information exchange will be supported through the use of technology to assure timely and accurate access to pertinent clinical information. Information sharing across the provider network will focus on essential aspects of the provision of health care and will assist with population health management as well as the coordination of individual care.

C. Collaboration with Community Agencies:

1. HBH and its provider network work closely with local public and private community-based organizations and providers to address prevalent human conditions and issues that relate to a shared consumer base in an effort to provide a more holistic health care experience for individuals served. These agencies and organizations may include local health departments, local Department of Human Service offices, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), community and migrant health centers, nursing homes, Area Agency and Commissions on Aging, Medicaid Waiver agents for the Home Community Based Waiver (HCBW) program, school systems, and Michigan Rehabilitation Services. Local coordination and collaboration with these entities will make a wider range of essential supports and services available to persons served. HBH will coordinate with these entities through participation in multi-purpose human services collaborative bodies, and other similar community groups.
2. HBH and its provider network have written coordination agreements with pertinent agencies to describe the coordination arrangements agreed upon and how inter-agency disputes will be resolved. These agreements help to coordinate care for mutual recipients between HBH and/or its provider network, and primary care physicians when consent has been obtained.

D. Housing:

1. HBH staff will assist consumers/guardians with decisions about the most appropriate residential option for persons with disabilities.
2. HBH maintains an established plan to work with community housing partners to promote desirable housing and residential options for persons with disabilities. An array of housing choices and related resources and supports shall be made available to persons served in his/her local communities and, whenever possible, will allow for the individual to integrate into his/her home and community of choice.
3. HBH will strive to demonstrate leadership in suggesting, developing, and refining local housing options to meet consumer needs and choices in their local communities. The residential option selected shall be based upon the needs and desires of the individual as part of the individual's person-centered plan.
4. All housing options shall be based on the least restrictive setting that will best meet the needs of the individual and these options will include cultural considerations when assisting consumers and guardians.
5. Consumers and guardians shall be offered comparative information about housing providers whenever available.
6. Housing options shall support consumers' plans and goals, and shall also promote overall wellness, health, safety, quality of life, meaningful community activities, and the highest possible level of independence, including within supervised settings. Respect for personal privacy for consumers shall be a priority in all housing settings.
7. Housing settings shall be safe, habitable, and affordable. Home settings of individuals served shall be monitored by the primary worker on a regular basis for the purpose of consumer welfare and safety, regardless of whether PIHP or CMHSP funds pay for the cost of the housing.
8. HBH will offer training on a regular basis to support housing providers and staff.
9. HBH will maintain collaborative agreements and communications with housing providers and resources in their communities, including participation in local planning groups or coalitions. (See also "[HBH Housing Assistance Policy](#)" SD.1.22).

E. Self Determination:

1. All individuals served through Huron behavioral Health are given the freedom and are encouraged to pursue Self Determination (SD) arrangements that provide the individual the ability to guide and direct the services and supports they receive.

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2. A person/family-centered planning process will be used to identify supports and services and provide information on how to participate in Self-Determination arrangements. (See also [RR.1.10 "Self-Determination Policy"](#)).
3. Participation in self-determination arrangements shall be voluntary and shall be made available in accordance with established MDHHS best practice guidelines and state and federal regulations.

F. Employment:

1. HBH recognizes that employment is an essential element of the quality of life for most people. HBH strives to provide competitive integrated employment opportunities to individuals through its supported employment services. (See also [SEP.1.01 "Supported Employment Policy"](#) and [SEP.2.01 "Supported Employment Procedure"](#)).
2. HBH will assure that all recipients (including those who have advocates or guardians), have genuine opportunities for freedom of choice and self-representation and will promote community inclusion and participation, independence and productivity. Outcomes will be identified in the individual's person-centered plan based on the individual's life goals, interests, strengths, abilities, desires, and preferences.
3. In the individual's pre-planning meeting, HBH staff will explore options for work that include competitive employment, community group employment, self-employment, transitional employment, volunteering, and education/training as a means to future competitive employment.
4. HBH will promote the use of the MDHHS's best practice guidelines for employment goals for persons served and will share and reinforce the MDHHS "Employment Works! Policy" in its delivery of services. HBH will also utilize and share best practices across the MSHN affiliation.
5. HBH has a designated staff member to provide leadership in employment initiatives and services and provide assistance with benefits planning.
6. HBH will maintain strategies and partnerships with Michigan Rehabilitation Services (MRS) and the Michigan Commission for the Blind (MCB) where indicated to improve consistency of MRS/MCB supports for consumers.
7. HBH will collect accurate employment outcome data and submit any required data to MDHHS for review in a timely manner.

F. Transitions from Institutional Care:

1. HBH shall promote and support a smooth and safe transition for each individual who is released from an institution into the community. HBH will ensure that placement assistance will be provided and such placement is appropriate to the individual's needs, including providing supports and services that enable the individual to live successfully in the community.
2. When a continued stay review has determined that an individual no longer meets the medical necessity criteria for the institutional placement, HBH will seek suitable alternatives in the community that are available to meet the individual's treatment needs. In seeking other alternatives, HBH will make every effort to ensure that the following standards have been considered:
 - An individualized discharge/transition plan is completed utilizing the person-centered planning process, incorporating the individual's strengths, needs, abilities, and preferences.
 - The discharge/transition plan will have input and participation from the individual, family, authorized representatives, treatment team, and other community resources or supports as applicable.
 - The discharge/transition plan should include needed support systems and types of services that will allow for successful transition and integration into the community.
 - The individual and/or support people shall be educated on the options available for community support services and types of services needed for a successful transition into the community.
 - The discharge/transition plan should address any barriers that may interfere with a successful transition. The placement should allow for freedom of choice while ensuring that resources are in place to meet the individual's basic needs and ensure that the needs of the individual are met safely.

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- Communication and coordination should occur for all services in the community prior to release. This includes but is not limited to coordination for continuity of medications and follow-up appointments for continuity of medical and behavioral health treatment. Referral information and appointments scheduled should be documented and given to the individual and/or authorized representative.
- Discharge/transition planning will follow the standards that are included in the Housing Practice Guidelines, Person Centered Planning Policy and Practice Guideline, Consumerism Practice Guidelines, and the Inclusion Practice Guideline.

Definitions/Acronyms:

COA – Council on Accreditation
 EMR – Electronic Medical Record
 FQHC – Federally Qualified Health Centers
 HBH – Huron Behavioral Health
 HCBW – Home Community Based Waiver
 MDHHS – Michigan Department of Health and Human Services
 MCB – Michigan Commission for the Blind
 MRS – Michigan Rehabilitation Services
 MSHN – Mid-State Health Network
 PCP – Person Centered Plan
 RHC – Rural Health Centers
 SD – Self Determination

Forms:

N/A

Records:

Records are maintained in accordance with the [“HBH Record Retention & Storage Policy” QI.1.23.](#)

Reference(s) and/or Legal Authority

COA standards
 Michigan Mental Health Code
 MDHHS Contract and Best Practice Guidelines
 MSHN Policy entitled “General Management – Service Philosophy” (12-03-13)
[QI.1.05 Person-Centered Planning \(PCP\) Policy](#)
[QI.1.23 HBH Record Retention and Storage Policy](#)
[QI.2.18 PCP Procedure](#)
[RR.1.10 Self-Determination Policy](#)
[SD.1.03 Service Delivery Policy](#)
[SD.1.26 Integrated/Coordinated Care Policy](#)
[SEP.1.01 Supported Employment Policy](#)
[SEP.2.01 Supported Employment Procedure](#)
[SD.1.22 Housing Assistance Policy](#)
[SD.1.24 Transitions from Institutional Care Policy](#)
[SD.2.12 Integrated/Coordinated care Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
None	03/25/14	New policy to clarify practices and further support MSHN policy
A	04/13/16	Reviewed and revised to comply with MSHN policy “General Management – Service Philosophy & Treatment” - added section C, changed “MDCH” to “MDHHS” throughout document (7 places), in “Acronym” section added “RHC”, “FQHC” & “HCBW”, in “Reference” section added SD.2.12 & SD.1.26, added hyperlinks.