



Community Health &  
Research Center

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### I. POLICY

It is the policy of the ACCESS Community Health and Research Center (CHRC) to ensure that each individual shall receive an assessment as a part of the engagement during person-centered treatment planning. The assessment is more than information gathering. It is the beginning of the relationship between ACCESS, the clinician, and the individual. It is the beginning of building a trusting, helping relationship in which the individual may seek assistance with resolving their issues.

### II. PURPOSE

To provide directions for ACCESS CHRC, its contractors and the subcontractors to ensure that the individuals served receive the necessary assessments which lead to appropriate Person-Centered Planning and referrals to other services or community resources.

### III. APPLICATIONS

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS CHRC.

### IV. DEFINITIONS

**Adult With a Serious Mental Illness (SMI):** An individual 18 years of age or older who meets the following criteria:

- Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, substance use disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness; and has at least (a) moderate impairment in at least four, (b) severe impairment in two or (c) extreme impairment in one of the following areas:
  - Feeling, Mood, and Affect
  - Thinking
  - Family
  - Interpersonal
  - Role Performance
  - Socio-legal

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- Self Care/Basic Needs

or

- Has a duration of illness of at least one year and (a) at least moderate impairment in two, or (b) severe impairment in one of the following areas:
  - Feeling, Mood, and Affect
  - Thinking
  - Family
  - Interpersonal
  - Role Performance
  - Socio-legal
  - Self Care/Basic Needs
- Crime Victims Screening/Assessment: An assessment required to determine eligibility for Victims of Crime Act funds.

#### **Child Mental Health Professional:**

An individual who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families, defined as one of the following:

- A physician;
- A psychologist;
- A licensed social worker;
- A registered nurse;

A person with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years of supervised experience in the examination, evaluation and treatment of minors and their families;

A person that is trained, with at least a master's degree in a mental health related field from an accredited school, and has one year of experience in the examination, evaluation and treatment of minors and their families.

**Central Registry Clearance:** Michigan's central registry is mandated by the Child Protection Law and serves as a list of perpetrators of child abuse and neglect. Central registry information is confidential; therefore, by law, the Department of Human Services cannot provide this information to anyone other than those listed in the Child Protection Law (MCL 722.627). The individual seeking employment must request the information and the results must be sent to the requesting

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individual only. The application may be obtained from the Department of Human Services website, [www.michiana.gov/dhs](http://www.michiana.gov/dhs) click on the following: Individuals and Family Services, Protective Services and Central registry.

**Core Training:** Includes at a minimum Person/Family-Centered Planning, Individual Rights, HIPAA, Grievance, Appeals, Limited English Proficiency, Infection Control, Cultural Competence and Co-Occurring Disorders in addition to the 24 hours annually of child-specific training. The core trainings may cover both training requirements if they are specific to children and their families i.e. Family- Centered Planning, Co-Occurring Disorders for Children and/or Adolescents.

**Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT):** A Medicaid supported child health program for children, adolescents and young adults under the age of 21. These services include the following: health and developmental history, developmental / behavioral assessment, physical examination, blood pressure, immunization, health education, nutritional assessment, hearing, vision and dental assessments, lead toxicity, and appropriate counseling for parents/guardians regarding these health issues for their children, adolescents, or young adults

**Emergency Situation:** a situation in which an individual can reasonably be expected within the near future to physically injure him/herself or another individual either intentionally or unintentionally; it is unable to attend to food, clothing, or shelter, or basic physical activities that may lead to future inability, or individual's judgment is so impaired leading to the inability to understand the need for treatment resulting in physical harm to self or others.

**Homicidal Ideation** is a common medical term for thoughts about homicide. There is a range of homicidal thoughts which spans from vague ideas of revenge to detailed and fully formulated plans without the act itself. Homicidal ideation is noted to be an important risk factor when trying to identify a person's risk for violence. This type of assessment is routine for psychiatric individuals or any other individuals presenting to hospital with mental health complaints. There are many associated risk factors which include: history of violence and any thoughts of committing harm, poor impulse control and an inability to delay gratification, impairment or loss of reality testing, especially with delusional beliefs or command hallucinations, the feeling of being controlled by an outside force, the belief that other people wish to harm him or her, the perception of rejection or humiliation at the hands of others, being under the influence of substances or a past history of antisocial personality disorder, frontal lobe dysfunction or head injury. If a person has access to drugs, alcohol, or weapons at home, their risk of homicidal ideation or violence is

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increased.

**Intake Assessment:** A brief screening completed at the first face to face contact with the agency staff to determine eligibility for mental health services.

**Individual Plan of Service/Person-Centered Plan/Family-Centered Plan (IPOS/PCP):** A written comprehensive plan of treatment/services/supports developed through a person-centered/family-centered planning process, in partnership between the individual and one or more qualified professional (e.g., Mental Health Professional (MHP), Child Mental Health Professional (CMHP) or Mental Retardation Professional

## **V. PROCEDURES**

1. Each Individual will receive a psychosocial assessment as the first service after the intake is completed and annually thereafter. Assessments are conducted by qualified personnel who
  - a. Are knowledgeable to assess the specific needs of the persons served and are trained in the use of applicable tools, tests, or instruments prior to administration.
  - b. Able to communicate with the persons served.
2. Therapist interviews individual/guardian/family members and other collateral resources and obtains assessment information.
3. The assessment is key to understanding the individual and their family, strengths, abilities and past successes to address their desires, dreams, problems and needs. While completing the assessment documentation and related forms is required, setting this process in a conversational tone rather than an investigational style is critical. The enrolled individual shall receive a complete psychosocial assessment at intake and yearly thereafter, as well as, any other appropriate assessments as determined by the therapist.
4. Additional assessments may include (but are not exclusive of)
  - a. a psychiatric evaluation
  - b. clinical assessment
  - c. psychological testing to determine disability

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d. LOCUS/CAFAS

e. PHQ-9

f. ASAM

The individual shall be periodically reassessed at least annually or more frequently as indicated by the person's needs or as requested by the individual/guardian. Reports of all assessments and evaluations shall be incorporated into the treatment planning process and maintained as part of the permanent clinical record.

5. If individual presents to be in an emergency situation, the emergent situation is addressed first, and the assessment will be completed at a later time. If individual presents with homicidal or suicidal ideations, intentions or plans and is in imminent risk to hurt him/her self or others, the staff notifies the ACCESS Manager or Director and calls "911" immediately. Once the individual is transported to the hospital for a psychiatric screening, an incident report is completed by all parties involved and a copy is faxed to the associated MCPN, MCCMH or DWMHA and the Quality Assurance Manager.
6. All sections of the assessment should be filled in completely during the time of the assessment. These include (but are not exclusive of) Presenting Problem/Problem Identification, Precipitating Event(s), Referral Source, Past Treatment History, Development History, Family of Origin History, Living Arrangements, Health Status, Legal Status, Educational/Employment Status, Support System, Immigration Status, Spiritual/Religious Affiliations, Symptoms, History of Alcohol & Chemical Use/Abuse, Trauma History, Mental Status Exam, Diagnostic Impression, Initial Treatment Plan, Discharge Criteria and Interpretative Summary.
7. Using screening criteria to identify whether individual is at high risk, the clinician screens for:
  - a. possible suicidal and/or homicidal ideation,
  - b. possible at risk of domestic violence,
  - c. possible at-risk abuse or neglect as the victim or perpetrator,
  - d. identification of use of alcohol, tobacco or other drugs. If the individual has alcohol or chemical use problem or a DAST or MAST is completed.
8. The above is documented in the individual record and referrals are made to the physician,



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substance abuse treatment, VOCA, ORR or Mental Health and Family Counseling.

9. Each individual with a finding consistent with a disorder of mood, thought, or behavior that may benefit from medication shall receive a psychiatric evaluation performed by a psychiatrist who meets the requirements stated in the Mental Health Code [MCL 330.1100c (10)]. If a medication may be indicated, a referral to a psychiatrist is completed. The psychiatrist completes a psychiatric evaluation and may have a role the individual's treatment plan goal or objectives related to medication management.
10. Each individual with a finding of a developmental disability shall receive a battery of psychological testing and specialty evaluations (Medical, Physical Therapy, Occupational Therapy, Speech and Language) as appropriate to his/her condition. These specialty services may be delivered by coordination by the ACCESS Case Manager by referral to external service providers.
11. In addition, the therapist may collect pertinent collateral information and health records to enhance information obtained by Individual's verbal report. Each individual with a finding of physical disability shall be referred for specialty evaluations as appropriate to his/her condition. Each individual with a finding of a current nutritional deficit or a potential for nutritional risk shall receive an evaluation performed by a registered dietitian. If these services are not available by other ACCESS programs, the ACCESS Case Manager shall make the appropriate referrals.
12. The clinical record shall be reviewed periodically to assure completion of all referred and deferred examinations and procedures. If any element of an initial evaluation is deferred, the reason for the delay and the expected date of completion shall be documented in the individual's clinical record. The clinical record shall be reviewed periodically to assure completion of all deferred examinations and procedures.
13. Based on assessment findings and admission criteria, individuals will be placed in the appropriate level of care and programs/groups within ACCESS Mental Health and Family Counseling. ACCESS Mental Health and Family Counseling provides an array of services for children and their families that include:
  - a. Emergency services, including emergency evaluations
  - b. Evaluation and screening

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- c. Referrals
  - d. Case management
  - e. Outpatient Individual and family therapy
  - f. Outpatient substance abuse treatment
  - g. Prevention services
  - h. Peer Specialist
14. Individuals shall be offered the appropriate level of care/program along with an orientation to the programs and services available at ACCESS. If the individual concurs the Person-Centered Treatment Planning continues.
  15. ACCESS employs clinicians who are qualified by training and have supervised experience to diagnose and treat children with serious emotional disturbance and/or developmental disabilities, and who meet the requirements for Child Mental Health Professional Credentials, Criminal Background Check and Central Registry.
  16. If a former individual of a clinician's returns to treatment after discharge period of less than six (6) months, case may be reassigned to the same therapist if available. If individual returns after 6 months he/she will have to go through the screening process to assess the current status and level of care needs. Former individual must articulate their desire to be readmitted by identifying their crisis (motive) for readmission and must demonstrate their readiness to reengage in treatment by disclosing their plans for recovery.
  17. Discharge planning typically starts at time of assessment and the discharge criteria are documented as such on the assessment and treatment plan.
  18. If the individual is found ineligible for services available based on assessment findings and the admissions criteria, the therapist will make appropriate referrals to assist the individual in finding needed services. A variety of services can be found in the Directory of Community Resources. If the individual is found to be ineligible for admission, the therapist will document this decision in the medical record. The option for Second Opinion is also offered to the individual.
  19. When appropriate, coordination with other entities that service the youth and their families, i.e., primary care physicians, schools, Department of Health and Human Services, and the Juvenile Justice System shall occur with documentation in the case record, which includes a

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signed release of information form. There should also be documentation in progress notes indicating attempts made to get information from other human service entities including primary care physicians. If linking and coordinating with outside agencies or community resources are needed, a referral for a case manager is completed. The case manager completes a case management assessment and is part of the plan to refer and monitor outside services

20. The Initial Assessment must be reviewed and signed by the psychiatrist during the initial Psychiatric Assessment. Completed assessments are maintained in the individual's medical record. Any collateral information and health records from other sources are also maintained in the medical record and not available for re-release per Federal Confidentiality Guidelines.
21. A reassessment is completed at least annually or as individuals needs change or if the individual requests a reassessment.
22. Using the individual expressed goals for treatment, a Family-Centered Treatment Plan will be developed that addresses the expressed desires and needs of the identified individual and their family after they have participated in a pre-planning process. The assigned clinicians shall ensure that the actual provision of each service is documented on an individual basis in the case record according to Person/Family Centered Planning process.
23. The clinician(s) shall ensure that families are provided information about accessing respite services during the Person/Family Centered Planning process. It should be documented on the pre-planning form, dated and initialed by the families that they have been offered this service. They also shall ensure that all families of children and youth that are Medicaid eligible have information regarding their right to Early Periodic Screening, Diagnostic and Treatment Services (EPSDT). There must be documentation in the case record that is signed by family/guardians that they have been informed of this service, and if requested, assist with accessing this service. If families have accessed this service, clinicians should request copies to be included in the case record.
24. Clinicians shall provide emergency telephone numbers Include toll free, TTY, and TDD telephone numbers on all publicly distributed publications that are distributed to the public.



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## **VI. QUALITY ASSURANCE/IMPROVEMENT**

ACCESS Quality Assessment and Performance Improvement Program (QAPIP) must include measures for both monitoring of and for the continuous improvement in quality of the program or process described in this policy.

## **VII. COMPLIANCE WITH ALL APPLICABLE LAWS**

ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

## **VIII. LEGAL AUTHORITY AND REFERENCES**

Michigan Mental Health Code, P.A. 258 of 1974, as amended; MCL 330.1710; MCL 330.1752  
 Agency Policies (All Agency Policies refer to the most recent at the time of writing) ACCESS  
 Policy and Procedures Access to Services and exhibits  
 Consent to Treatment and Services  
 Individual Plan of Service/Person-Centered Planning  
 Treatment with Dignity and Respect  
 Use of Psychotropic Medication and Medical Services

## **IX. EXHIBITS**

Sample of Assessment Form Headings