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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 3/31/22

I. POLICY

It is the policy of ACCESS Community Health and Research Center (ACCESS CHRC) to ensure that informed consent is obtained from the appropriate individual before an individual receives mental health services and participates in treatment.

II. PURPOSE

To provide standards to be followed to ensure informed consent is obtained from the individual or their legal representative and documented in writing prior to the receipt of mental health services.

III. APPLICATION

This policy applies to ACCESS employees, contractors, and their subcontractors contracted to provide

IV. PROCEDURES

- A. Staff shall ensure that informed consent in the Orientation, Acknowledgment and Consent Form, is obtained from the appropriate individual before an individual receives mental health services and participates in treatment. Informed consent must include the elements of legal competency, knowledge, comprehension and voluntariness. The individual consenting shall be aware of the procedures, risks, other consequences and relevant information.
- B. An individual shall be presumed to be legally competent if he or she does not have a guardian. This presumption may be rebutted only by a court appointment of a guardian or exercised by a court with guardianship powers and only to the extent of the scope and duration of the guardianship. ACCESS shall also presume an individual with a limited guardian is legally competent in all areas that are not specifically identified as being under the control or scope of the guardian.
- C. ACCESS will evaluate comprehension for assuring disclosure of relevant information, and measures to assure voluntariness before obtaining consent. The policies and procedures shall indicate, for specific circumstances, the types of information that shall be disclosed and the steps that may be taken to protect voluntariness. The procedure shall include a mechanism for determining whether guardianship proceedings should be considered.
- D. If a person responsible for obtaining an informed consent or implementing a treatment or procedure requiring informed consent has reasonable cause to believe that an individual is not capable of giving or refusing to give an informed consent, that person shall notify the person in charge of implementing

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the individual's individualized plan of service of the reasons for his or her conclusion that the individual is not capable of giving or refusing an informed consent.

- E. ACCESS shall establish an appropriate mechanism to accomplish an expeditious preliminary review of the reasons and conclusions that an individual lacks the capacity to give or refuse an informed consent. When an individual's comprehension is in doubt, justification for petitioning the probate court for guardianship consideration shall be entered in the individual's clinical record.
- F. ACCESS may petition or cause a petition to be filed with the court to terminate an individual's guardian or narrow the scope of the guardian's powers when the individual demonstrates he or she can provide informed consent.
- G. Informed consent shall be re-obtained if changes in circumstances substantially change the risks, other consequences, or benefits that were previously expected.
- H. A written or witnessed verbal agreement documenting an informed consent shall not include any exculpatory language through which the individual, or a person consenting on the individual's behalf, waives or appears to waive, a legal right, including a release of ACCESS from liability for negligence. The agreement shall embody the basic elements of informed consent in the context.
- I. The consenting individual, guardian, or parent shall be given adequate opportunity to read the document before signing it. The requirement of a written consent shall not eliminate a reading of the document to the individual or an oral explanation in a language the individual understands when essential to the individual's understanding or otherwise deemed advisable. A note of explanation and who made it shall be placed in the record along with the written consent.
- J. Consent is executed when it is in writing and signed by the appropriate individual or when a verbal agreement of an individual is witnessed and documented by an individual other than the individual providing treatment.
- K. An individual or his or her legal representative shall be given notice that they are free to withdraw and discontinue participation in a treatment or procedure at any time, within the constraints of applicable court guardianship or treatment orders, without prejudice to the individual or guardian.
- L. Refusal to give informed consent for an essential component of the treatment plan may in some circumstances constitute a refusal to give consent for all treatment.
- M. A minor, 14-years of age or older, may request hospitalization pursuant to Section 498d of the Mental Health Code. The determination of suitability for hospitalization shall occur pursuant to Section 498e. The parent or guardian of a minor shall be notified immediately of the admission of a minor to a hospital in any case where the parent or guardian did not execute the application for hospitalization.
- N. Notice shall comply with the requirements of Section 498i. The parent or guardian shall be requested by the hospital to give written consent to the treatment of the minor and for the release of information from agencies or individuals involved in treating the minor prior to the hospitalization as determined necessary by the hospital for treatment of the minor. If consent to treatment cannot be obtained, the hospital director may proceed under either the estates and protected individuals code, 1998 PA 386,

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MCL 700.1101 to 700.8102, or chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, as warranted by the situation and the best interests of the minor.

- O. A minor, 14-years of age or older, may request and receive mental health services and a mental health professional may provide mental health services, on an outpatient basis, excluding pregnancy termination referral services and the use of psychotropic drugs, without the consent or knowledge of the minor's parent, guardian or person in loco parentis. Except as otherwise provided in MCL 330.1707, the minor's parent, guardian, or person in loco parentis shall not be informed of the services without the consent of the minor unless the mental health professional treating the minor determines there is a compelling need for disclosure based on the substantial probability of harm to the minor or to another individual, and if the minor is notified of the mental health professional's intent to inform the minor's parent, guardian, or person in loco parentis.
- P. Services provided to a minor pursuant to this provision shall be limited to not more than twelve sessions or four months per request for services. After the twelfth session or fourth month of services the mental health professional shall terminate the services or, with the consent of the minor, notify the parent, guardian, or person in loco parentis to obtain consent to provide further outpatient services.

V. QUALITY ASSURANCE/ IMPROVEMENT

The ACCESS Quality Assurance Manager shall monitor adherence to this policy. The 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.

VI. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS staff are bound by all applicable county, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, and administrative directives in effect at the time of the writing of this policy, or as amended.

VII. LEGAL AUTHORITY AND REFERENCES

Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1752; MCL330.1707; MCL 330.1716; MCL 330.1717; MCL 330.1718; MCL 330.1724 © Michigan Administrative Code, R330.7003

VIII. EXHIBIT

Orientation, Acknowledgement and Consent Form

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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature:	Date:

I. POLICY

It is the policy of ACCESS Community Health and Research Center (ACCESS CHRC) to provide its employees, visitors, and clients a safe and healthy environment. Due to the population we serve, and due to the nature of the work in the field, there is a potential for physical harm to staff and consumers.

II. PURPOSE

To minimize, avoid, and/or prevent harm. This includes but is not limited to, the following items.

III. APPLICATION

This policy applies to ACCESS employees, contractors, and their subcontractors contracted to provide services.

IV. PROCEDURES

A. General Guidelines for Program Staff

a. Preparation for Services

- i. Review case records to determine if there is previous history of physical abuse and share this information with all appropriate staff. (Most problems will occur with persons with whom staff is unfamiliar.)
- ii. Complete intakes and/or initial contacts at times when most other staff and consumers are around. Notify someone when doing intakes and do not close doors, if possible.
- iii. Advise members, when appropriate, that they are not to bring others with them to program unless asked and required that the name and address of guests be provided to staff.
- iv. Request other caregivers like home providers and therapists to alert us of consumer behavior changes.
- v. Keep informed of client medication regimen and their adherence to those programs, especially for new members.
- vi. Exclude consumers who are currently behaving inappropriately, i.e. drunk, physically abusive, out of control.
- vii. Inform consumers to alert staff if they become aware of emergencies.

b. Staff Awareness

- i. Pay special attention to new consumers and/or their friends.
- ii. Be alert to changes in client's mood, thinking, and behavior and communicate changes to supervisor and other staff.

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- iii. Pay special attention to strangers at front door, especially early in the day or late in the afternoon, when fewer staff is around.
- iv. All visitors must be escorted being the waiting room door. Verify if the individual is scheduled for an appointment, interview or a meeting. If person asks for specific staff member, always check the calendar for that staff member and/or check with them to see if he/she is expecting someone.
- v. In crises, staff should request other staff to be present immediately as back-up, witness or help.
- vi. No program activities shall be conducted without a minimum of two staff present in the facility; one should be organization professional staff, the other may be support, students, or volunteers.

c. Taking Action

- i. Call 911 immediately when a situation appears dangerous. Be specific when alerting other staff to do specific things like calling the police.
- ii. Give a person threatening physical abuse plenty of room, literally and figuratively, to exit.
- iii. Control your own feelings and emotions, stay calm so as not to aggravate the situation.
- iv. Keep potentially dangerous tools, etc. out of reach and sight, as much as possible.
- v. Consider canceling program when a situation is developing that represents a potential danger to staff and consumers.

B. General Guidelines for Staff in the Field

a. Preparation for Services

- i. Try to obtain as much information as possible from the referring party regarding location, setting, persons in the home, etc. If client has been served previously, review the record.
- ii. Ask consumers to advise you prior to visits if any other people will be in the home at that time.
- iii. Request significant others and collateral contacts to alert you to changes in consumers' behavior and/or environment.
- iv. Staff whose primary assignment involves field work are required to attend organization-provided training annually regarding safety, crime prevention, and drug awareness.

b. Scheduling Home Visits

- i. If previous experience suggests it would be better for two workers to make a visit, ask you supervisor to arrange such assistance.
- ii. If a client is potentially dangerous or resides in a dangerous setting, schedule the client for an office visit if possible. If not possible, ask your supervisor to review other alternatives.
- iii. If possible, do not schedule first visits on Friday afternoons. First visits should be scheduled for a team of two workers if needed.
- iv. Your supervisor should have a copy of your complete day's itinerary, including appointment times, locations, travel routes if known, and designated call-in times, including a final call-in of the day.

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c. The Home Visit

- i. If client and/or others in the home are drunk, abusive or out of control, or if you feel uncomfortable or endangered in the situation, leave immediately.
- ii. If you see drug paraphernalia in the home, leave immediately
- iii. Always remain alert. Note stairwells, hallways, steps and exits.
- iv. Per organization standards, dress should be appropriate to task. Although consumers are served in the community, dress should convey that our home services are provided by professionals. However, at times, environmental, cleanliness and safety factors may require a worker to modify the normal attire.

d. Traveling in the Community

- i. Plan your route in advance.
- ii. Know the locations of police precincts in relation to your destination.
- iii. Do not carry a purse or briefcase.
- iv. Do not wear jewelry.
- v. Maintain your car in good condition and keep a full gas tank. Keep a can of tire inflator in your car. If you have a flat tire, you may wish to drive to a safe location before changing a tire.
- vi. If you cannot park your car in front of your location, or in a reasonably safe proximity, reschedule that visit.
- vii. Do not carry mace, guns, or other items that could be used against you.
- viii. There are magnetic signs available for your use if you feel it will be advantageous to you or your client.
- ix. Wear your name badge and carry a metal clipboard provided by the organization.
- x. Call your consumers in advance to tell them when you arrive, what you are wearing, and what car you drive. Ask them to watch for you when you arrive if possible.
- xi. When leaving the site, asks someone to watch you walk to your car if possible.

e. In an Emergency:

- i. For medical matter, call 911 immediately.
- ii. When in immediate danger, call 911.
- iii. If possible, call the office to inform your supervisor of the situation.

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