

Work Plans 2020

- Legal Requirements and By-Laws
- Risk Management
- Accessibility
- Rights of Persons Served
- Technology
- Human Resources Management
- Cultural Competency / Diversity
- Health and Safety
- Financial Planning & Management
- Marketing Code of Ethics
- Addressing Behavior Concerns Involving Individuals Receiving CMH Services

St. Clair County Community Mental Health Authority

The Board of Directors of St. Clair County Community Mental Health Authority adopted at its regular meeting on May 5, 2020:

Board Statements on

- Legal Requirements and By-Laws
- Risk Management
- Accessibility
- Rights of Persons Served
- Technology
- Human Resources Management
- Cultural Competency / Diversity
- Health and Safety
- Financial Planning and Management
- Marketing Code of Ethics
- Addressing Behavior Concerns Involving Individuals Receiving CMH Services

These plans have been endorsed by the Board of Directors of the St. Clair County Community Mental Health Authority.

CMH Board Chairperson

Date

St. Clair County Community Mental Health Authority

Board Statement on

Legal Requirements & By-Laws

The Board of Directors of St. Clair County Community Mental Health Authority adopted at its regular meeting on May 5, 2020.

The Board of Directors of St. Clair County Community Mental Health Authority has adopted the following:

St. Clair County Community Mental Health believes that it is an organization which:

1. Ensures that St. Clair County Community Mental Health operates within the framework of laws, regulations, and requirements of all entities which have jurisdiction.
2. Conforms to the legal requirements and regulations of all governmental and regulatory agencies under whose authority it operates.
3. Operates in accordance with its established By-Laws (attached)

St. Clair County Community Mental Health Authority

Governmental and Regulatory Authorities

The following is a listing of governmental and legally authorized agencies or statutes/regulation under whose authority St. Clair County Community Mental Health operates:

1. St. Clair County Board of Commissioners Resolution No. 75-37 (1st Board 1965), Community Mental Health Services Board established
2. St. Clair County Board of Commissioners Resolution No. 99-34, St. Clair County Community Mental Health Authority established
3. CARF – To maintain accreditation for programs as required by the Department of Community Health and the Michigan Rehabilitation Services
4. Federal – Americans with Disabilities Act 1990
5. Federal – Balanced Budget Act of 1997, including corresponding Code of Federal Regulations 42CFR Part 438 Managed Care
6. Federal – Centers for Medicare & Medicaid Services (CMS)
7. Federal – Comply with the Federal Single Audit rules as required
8. Federal – Deficit Reduction Act - Medicaid Integrity Program
9. Federal – Drug and Alcohol Confidentiality law
10. Federal – Equal Employment Opportunity
11. Federal – Freedom of Information Act
12. Federal – HIPAA (Health Insurance Portability and Accountability Act) of 1996
13. Federal – HITECH Act
14. Federal – Omnibus Budget Reconciliation Act of 1987
15. Federal – Title VI of the Civil Rights Act of 1964
16. Open Meetings Act – Act No. 267 of 1976
17. State of Michigan – Act No. 258 of the Public Acts of 1974 – Mental Health Code

18. State of Michigan – Department of Civil Rights Whistleblower’s Act
19. State of Michigan – Department of Community Health, Administrative Rules
20. State of Michigan – Department of Licensing and Regulatory Affairs – MIOSHA
21. State of Michigan – Intergovernmental Transfer of Functional Responsibilities Act (ITFRA), amended Julie 2001, amended September 2002, amended August 2004 – terminated 12/31/2013.
22. State of Michigan – Michigan Civil Rights Commission
23. State of Michigan – Office of Recipient Rights
24. State of Michigan – Persons with Developmental Disabilities Act

CMH Policies / Plans on Legal Requirements

- ◆ Accessibility Plan (submitted under separate cover)
- ◆ Appeals Process and Second Opinion, 02-001-0045
- ◆ Bloodborne Infectious Disease Pathogens; Exposure Control Plan, established 1998, reviewed annually
- ◆ Corporate Compliance Plan reviewed and updated annually.
- ◆ Grievance Process, 02-001-0040
- ◆ Harassment/Retaliation Following Rights Activity, 05-001-0055
- ◆ Health Care Information Privacy & Security Measures (HIPAA), 08-002-0006
- ◆ Personnel: Alcohol and Drug Testing, 06-001-0010
- ◆ Personnel: Harassment in the Workplace, 06-001-0105
- ◆ Personnel: Hepatitis B Immunization Program, 06-001-0140
- ◆ Personnel: Leaves of Absence: FMLA, 06-001-0040
- ◆ Personnel: Leaves of Absence: Union, Educational Disability and Other, 06-001-0035
- ◆ Personnel: Personnel Records, 06-001-0090
- ◆ Personnel: Posting/Selection/Hiring, 06-001-0095
- ◆ Provider Enrollment and Credentialing, 01-003-0011
- ◆ Union Contracts

Union Contracts

The St. Clair County Community Mental Health Services Board has established two (2) labor agreements between Community Mental Health Services Board and its employees represented by two (2) Locals of A.F.S.C.M.E. (Local 3385 and Local 1518.20).

This is to set forth terms of conditions of employment as well as to promote orderly and peaceful labor relations for the neutral interest of the employer, the employee and the union.

The parties recognize that the interest of the community depends upon the union's and the employer's success in establishing a proper service to the citizens of St. Clair County.

Contracts are available for review upon request.

Trainings

Trainings are available to help ensure compliance with the legal requirement.

- Active Shooter: What You Can Do
- Addiction Counselor Ethics
- Americans with Disabilities Act: Title I – Employment
- Bed Bugs Awareness
- Behavioral Health Advance Directives and Crisis Plans
- Communicable Disease
- Confidentiality of Alcohol and Drug Patient Information
- Confidentiality of Substance Use Disorder Patient Information
- Corporate Compliance: Understanding Your Role
- Driver Safety
- DSM-5: Part 1 An Overview of Changes for Clinicians
- DSM-5: Part 2 An Overview of Changes for Clinicians
- Emergency Preparedness
- Ethics – Confidentiality and Legal Issues
- Ethics I, Part A, Decisions Involving Therapist and Patient
- Ethics I, Part B, Decisions Involving Therapist and Patient
- Ethics II, Part A, Confidentiality
- Ethics II, Part B, Confidentiality
- Ethics III, Part A, Money and the Therapeutic Relationship
- Ethics III, Part B, Money and the Therapeutic Relationship
- Ethics IV, Part A, Boundaries
- Ethics IV, Part B, Managed Care
- Ethics IX, Part A, Children’s Issues
- Ethics IX, Part B, Children’s Issues
- Ethics Online
- Ethics V, Part A, Spiritual Issues in Clinical Practice
- Ethics V, Part B, Spiritual Issues in Clinical Practice
- Ethics VI, Part A, Chronic Medical Illness
- Ethics VI, Part B, Chronic Medical Illness
- Ethics VII, Part A, Sexual Misconduct Overview
- Ethics VII, Part B, Risk Management Mania
- Ethics VII, Part C, Psychodynamic Understandings
- Ethics VIII, Part A, Repercussions of Sexual Misconduct
- Ethics VIII, Part B, Repercussions of Sexual Misconduct
- Ethics VIII, Part C, Rehabilitation
- Ethics XI, Part A, The Challenge and Dilemma of Technology
- Ethics XI, Part B, Ethics and Countertransference
- Ethics XI, Part C, Self-Disclosure and Human Relating
- Evaluation and Management Service: How Documentation Supports Accurate Billing
- Food Safety
- Handwashing
- Hazard Communication Standard
- HIPAA: An Introduction
- HIPAA: For Behavioral Health Providers
- HIPAA: For Nurses

- HIPAA: For Substance Abuse Providers
- HIPAA: Red Flags Rule
- Human Rights, Rules and Regulations to Assure Individual Rights
- Limited English Proficiency
- Medical Billing – ICD-10 and DSM-5 What You Need to Know
- Medicare Part D Fraud, Waste and Abuse Prevention
- Office Hazards
- OSHA – Basic First Aid
- OSHA – Bloodborne Pathogens
- OSHA – Electrical Safety
- OSHA – Fire Safety
- OSHA – Fire Safety
- OSHA - Globally Harmonized System: Revised Hazard Communication Standard
- OSHA – Globally Harmonized System: Revised Hazard Communication Standard – An Overview
- OSHA – Office Ergonomics
- Protected Health Information (PHI) – An Introduction
- Substance Abuse and Infectious Disease – Part 1
- Substance Abuse and Infectious Disease – Part 2
- Substance Abuse in the Workplace
- Supervision: Substance Abuse in the Workplace
- Supervision: Workplace Ethics for Supervisors
- Tuberculosis – Safety for Health Care Workers
- Violence in the Workplace
- Weather Emergencies
- Workplace Ethics for Employees
- Workplace Violence Prevention – Home Visit Safety Module 1
- Workplace Violence Prevention – Home Visit Safety Module 2

BY-LAWS

of

ST. CLAIR COUNTY

COMMUNITY MENTAL HEALTH AUTHORITY

SECTION I. NAME

The name of the Board shall be the "St. Clair County Community Mental Health Authority Board" hereinafter referred to as the Board.

SECTION II. MISSION STATEMENT

The overall mission of the Board is two-fold: 1) to implement the provisions of Public Act 258 (1974), as amended, commonly referred to as the Mental Health Code, within St. Clair County; and 2) promote opportunities for recovery and discovery.

SECTION III. PURPOSE

The purpose of the Board shall be to ensure a comprehensive array of mental health and substance use disorder services appropriate to conditions of individuals who are located within its geographic service area, regardless of an individual's ability to pay.

Services shall promote the best interests of the individual and shall be designed to increase independence, improve quality of life, and support community integration and inclusion.

SECTION IV. MEMBERSHIP OF THE BOARD

- A. The Board shall consist of 12 members.
- B. The composition of the Board shall be representative of providers of mental health services, individuals that do or have received mental health services, agencies and occupations having a working involvement with mental health services, and the general public.
- C. At least one-third (1/3) of the membership shall be individuals that do or have received mental health services or family members of those individuals, and of that one-third (1/3) at least two (2)

members shall be individuals that do or have received mental health services.

- D. A Board member shall have his primary place of residence in the County he represents.

SECTION V. TERM OF OFFICE; VACANCY; COMPENSATION; ATTENDANCE

- A. The term of office of a Board member shall be three (3) years beginning April 1 of the year in which the member is appointed.
- B. A vacancy shall be filled for an unexpired term in the same manner as an original appointment.
- C. A Board member shall be paid a per diem and be reimbursed for necessary travel expenses for each meeting attended.
- D. The Chairman of the Board shall be notified by the Secretary of the Mental Health Services Board of non-attendance by a Board member of two (2) consecutive Board meetings or four (4) Board meetings in a year. The Executive Committee shall meet and determine what action, if any, needs to be taken. If action is warranted, a recommendation will be made to the full Board. If a Board vacancy occurs, the County Board of Commissioners shall be notified of the vacancy.

SECTION VI. OFFICERS AND ORGANIZATION OF THE BOARD

A. Officers

The officers of the Board shall be the Chairman, Vice-Chairman, Secretary/Treasurer and such other officers as the Board shall deem necessary, to be selected by a majority vote of the membership of the Board in attendance, their respective terms to be for a period of one (1) year from the date of election until elections are next regularly held, or to fill vacancies which might develop during the year.

B. Nominations

At a regular meeting held in February, a Nominating Committee of three (3) members shall be appointed by the Board Chairman. In April following appointments to the Mental Health Board by the County Board of Commissioners, this committee shall nominate

candidates for the officer positions. Additional nominations from the floor shall be permitted. Elections will take place at the first meeting in April and the candidates selected shall assume their office immediately thereafter.

C. Officers' Term

A Board member shall serve in any one office for no more than three (3) consecutive years.

D. Vacancies

In the event of a vacancy in any office, a Nominating Committee of three (3) members shall immediately be appointed to suggest candidates for the office. The Board shall, within two (2) months, elect a successor to serve the balance of the term.

SECTION VII. DUTIES OF THE CHAIRMAN

The Chairman shall conduct the meetings of the Board, appoint all standing and special committees, and shall be an ex-officio member of all committees. He shall have the overall responsibility to direct and coordinate the activities of the Board so as to most effectively assume and carry out the duties of the Board as prescribed by Section 226 of said Act 258 of the Public Acts of 1974, as amended.

He shall sign, or at his discretion may delegate authority to the Chief Executive Officer to sign, in the name of the Board, any deeds, contracts, leases, grant applications and other instruments authorized by the Board; and he shall perform such other duties as are required by the Board.

SECTION VIII. DUTIES OF THE VICE-CHAIRMAN

The Vice-Chairman shall assume all duties and responsibilities of the Chairman in his absence.

SECTION IX. DUTIES OF THE SECRETARY/TREASURER

The Secretary/Treasurer shall:

- A. Record or have recorded the minutes of all meetings, financial transactions, orders, resolutions and other proceedings of the Board in proper records, to be kept at the Board office.

- B. Give or cause to be given prescribed notice of meetings and elections of the Board.
- C. Conduct meetings in absence of Chairman and Vice Chairman.

SECTION X. ROLE AND DUTIES OF THE BOARD

A. Role:

The primary role of the CMH Board is that of making policy to ensure that CMH achieve its purposes. Administration of those policies rests in the Office of the Chief Executive, whose duties have been determined and assigned by the Board.

B. Duties:

The Board shall:

- A. Annually conduct a needs assessment to determine the mental health needs of the residents of the County.
- B. Annually review and approve the needs assessment report, annual plan and request for new funds for community mental health services programs.
- C. Submit the needs assessment report, annual plan and request for new funds to the Department of Community Health.
- D. Provide and advertise a public hearing on the needs assessment annual plan and request for new funds.
- E. Submit to the Board of Commissioners for its approval a request for county funds to support this program.
- F. Annually approve the Community Mental Health program operating budget for the year.
- G. Approve and authorize all contracts for the provision of services.
- H. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the Community Mental Health Services programs.

- I. Appoint a Chief Executive Officer of the County Community Mental Health Program who meets the standards of training and experience established by the Community Mental Health Services program.

SECTION XI. CHIEF EXECUTIVE OFFICER

The Board shall establish general policy guidelines within which the Chief Executive Officer (CEO) shall execute the Community Mental Health Services program.

The CEO shall execute and administer the program in accordance with the approved annual plan and operating budget, the general policy guidelines and policies. The CEO has the authority and responsibility for supervising all employees. The terms and conditions of a CEO's employment, including tenure of service, shall be mutually agreed upon by the Board and the CEO. The CEO shall appoint a Medical Director who is a psychiatrist. The Medical Director shall advise the CEO on medical policy and treatment issues.

SECTION XII. MEETINGS

A. Regular Meetings

The Board shall hold regular meetings which shall be preceded by public notice according to law.

B. Special Meetings

Special meetings may be called in accordance with the Open Meetings Act, Public Act 267 of the Public Acts of 1976.

C. Executive Sessions or Closed Sessions

Executive Sessions or Closed Sessions may be called in accordance with the Open Meetings Act, Public Act 267 of the Public Acts of 1976.

D. Board Meeting Participation

Participation at Board meetings is extremely important to conduct the business of the Community Mental Health Board. Board members are expected to be physically present at regular scheduled meetings. Members with frequent absences not due to extenuating circumstances such as out-of-town travel, job duties, sickness, may be asked to resign their position to open the position

for active participation by another member. The appointing County Commissioner will be notified of this request for resignation.

A member may participate in a meeting by a conference telephone or other means of remote communication by which persons participating in the meeting can hear each other and have the opportunity for open discussion with other members, in accordance with the Open Meetings Act, Public Act 267 of the Public Acts of 1976. A member participating by remote communication will be considered present for the purposes of a quorum and will be entitled to vote.

Additionally, should it be deemed necessary under extraordinary circumstances a meeting may be held entirely by means of telephonic or other means of remote communication ensuring all persons participating can hear each other and communicate adequately with each other during the meeting. Members participating by remote communication will be considered present for the purposes of a quorum and will be entitled to vote.

SECTION XIII. QUORUM

Seven (7) members of the Board constitute a quorum (including audio or video participation). In the event of an unfilled Board vacancy, a quorum shall be $\frac{1}{2}$ plus one (1) of the current Board membership.

SECTION XIV. COMMITTEES

A. Executive Committee

1. The Executive Committee shall consist of the following members:

- a) Board Chairman
- b) Board Vice-Chairman
- c) Board Secretary/Treasurer
- d) Past Chairman

The Executive Committee shall be chaired by the Board Chairman. The CEO or his/her designee shall be the staff person assigned to work with this Committee.

2. The Executive Committee shall make recommendations to the Board, shall have general supervision of the affairs of the Board between regular monthly meetings, and shall perform such other duties as are specified in these Rules. The Executive Committee shall be subject to the orders of the Board as a whole, and none of its acts shall conflict with the action taken by the Board.
3. Special meetings of the Executive Committee can be called by the Chairman or by the request of three (3) members of the Executive Committee.

B. Recipient Rights Advisory Committee

The Board shall appoint a Recipient Rights Advisory Committee consisting of at least six (6) members. Membership of the committee shall be broadly based so as to best represent the varied perspectives of the community mental health services programs geographic area. At least one-third (1/3) of the membership shall be individuals that do or have received mental health services or the individual's family members and of that at least one-half (1/2) shall be individuals that do or have received mental health services

1. The Recipient Rights Advisory Committee shall meet at least semi-annually.
2. Maintain a current list of members.
3. Maintain a current list of categories represented by each individual.
4. Review and provide comments on the annual report submitted by the CEO to the Board.

C. Standing Committees

The Board shall establish standing committees as it may deem necessary. The functions and duties of these committees shall be designated by the Board.

D. Ad Hoc Committees

The Board may establish such other Special or Ad Hoc Committees as it deems necessary and proper.

SECTION XV. PARLIAMENTARY PROCEDURES

Unless otherwise provided in the Board's By-Laws, the Board shall conduct all its meetings in accordance with Robert's Rules of Order, as revised.

SECTION XVI. AMENDMENT OF BY-LAWS

These By-Laws may be amended, altered, changed, added to, or repealed by two-thirds (2/3) vote of the current Board membership, if notice of the proposed amendment, alteration, change, addition or repeal be contained in a written notice of the meeting, such notice shall be given at least 14 calendar days prior to such meeting by ordinary mail.

SECITON XVII. SUSPENSION OF BY-LAWS

These By-Laws may be temporarily suspended at any time by unanimous consent of the members present to facilitate the accomplishment of any legal objective of the Board, so long as the number of members present constitutes a quorum as previously defined.

REVISIONS & ADOPTIONS:

September 6, 2016 CMH Board Meeting (Section V. Term of Office; Vacancy; Compensation; Attendance)

July 18, 2017 CMH Board Meeting (Section XIII. Quorum)

October 17, 2017 CMH Board Meeting (Section XII.D. Meetings)

August 6, 2019 CMH Board Meeting (Section V. Term of Office; Vacancy; Compensation; Attendance; Section XII. Meetings;

Board Statement on

Risk Management

The Board of Directors of St. Clair County Community Mental Health Authority adopted at its regular meeting on May 5, 2020.

St. Clair County Community Mental Health Board is committed to engaging in a set of activities that by design or as a secondary benefit help to control exposure to loss as well as limit liability. Activities are also in place that are preventative in nature.

The Authority's Risk Management Plan is made up of several separately operating processes that may or may not be coordinated with each other. What follows is a list of those activities and processes (as well as policies) that collectively is the Risk Management Plan.

- The Michigan Department of Health and Human Services reviews Agency programs every 2 years (as an indication of compliance to the Mental Health Code, Medicaid and CMH's contract with it); this review includes a comprehensive review of physical sites and case records. It also covers the health and safety areas and a report of a complex set of performance indicators.
- The Authority has had continual accreditation from CARF which also includes an in-depth review of our organization. Specifically reviewed are quality improvement efforts, health and safety issues, behavior health standards and employment service standards. From a clinical perspective particularly we are required to have and follow a code of ethics and to have specific cultural diversity efforts in place.
- The Authority has a safety committee that has existed for over 25 years. This committee meets regularly and makes and implements recommendations.
- The Authority has a sophisticated quality improvement effort that is led by our Quality Improvement Council. Subcommittees of the QIC include Corporate Compliance, Privileging and Credentialing, Community Activities, Program Development, Human Resource and Development, Finance, Systems Improvement, Recipient Rights, Information Technology, Facilities, Safety, and Utilization Management. All of these subcommittees have goals that are documented monthly or every other month and reported out bi-monthly. Specifically, there is a Corporate Compliance Plan that oversees any issues related to potential fraud complaints, grievance and appeals by individuals served, and corporate compliance complaints, among other things.
- The Authority has a utilization review committee that meets regularly. A percentage of St. Clair case records are selected monthly and reviewed by a designated clinical staff for

clinical appropriateness of services and by a data staff for claims verification. The Authority also participates on the regional utilization review committee.

- The Authority conducts an annual HIPAA-HITECH Risk Assessment that includes an all-staff survey. IT staff review security standards, safeguards, and complete annual penetration testing. As a result of the Risk Assessment an annual Risk Management Plan is developed, with tasks and timelines identified for areas of risk. This is monitored by the Privacy and Security committee that meets on a regular basis.
- The Authority has a clinical and non-clinical supervision process in place where each program submits a supervision plan that outlines the frequency and content of supervision sessions.
- The Authority has a thorough policy and procedures system.
- The Authority has a structured contract monitoring/provider network monitoring process in place.
- The Authority has a comprehensive training curriculum that includes employee orientation and recipient rights. A list of what is required for employees is available.
- The Authority has an IS security policy that is H.I.P.A.A. compliant.
- There is a comprehensive Facility Plan that highlights a variety of procedures for monitoring all facilities rented or owned.
- There is a written Fiscal Risk Management plan that is consistent with general accounting principles that is designed to protect against financial risk for St. Clair County Community Mental Health Authority.
- Insurance coverage is reviewed and renewed annually. Five (5) year loss histories are reviewed.

As a governmental entity the Authority is required to follow an extensive number of regulations (e.g. accounting procedures, Mental Health Code, Medicaid Integrity Program, etc.). Guided by its Mission, Vision, & Code of Ethics the Authority strives to minimize risk to the Authority, its programs and its people.

This plan has been endorsed by the Board of Directors.

Board Statement on

Accessibility

The Board of Directors of St. Clair County Community Mental Health Authority adopted at its regular meeting on May 5, 2020.

St. Clair County Community Mental Health believes that it is an organization which strives to remove barriers to people with intellectual and/or developmental disabilities and mental illness by implementing the following:

1. Prepare a written plan which includes input from persons served by Community Mental Health.
2. Promote the recruitment of persons with intellectual and/or developmental disabilities and/or mental illness or their personal representatives as appropriate as members of the Board of Directors, Advisory Councils, staff members and volunteers. Representation and input of individuals served will be utilized at all levels of the organization.
3. Provide reasonable accommodations and supports to promote equal opportunity for the participation of persons with intellectual and/or developmental disabilities and/or mental illness as members of the Board of Directors, Advisory Councils, staff members, volunteers and Committee members.
4. Provide for the organization's participation in community efforts to promote social and economic opportunities for persons with intellectual and/or developmental disabilities and/or mental illness and reduce the stigma associated.
5. Provide that a review of the "Accessibility Plan" by the Board of Directors will be made annually.

St. Clair County Community Mental Health Authority

Accessibility Plan/Activities FY 2020

The plan includes implementation or participation with regards to the following:

◆ **Laws Dictating Conduct:**

- *Americans with Disabilities Act (ADA)* – CMH will also comply with the Americans with Disabilities Act of 1990.
- *Elliot-Larson Civil Rights Act of 1976*
- *Michigan Persons with Disabilities Civil Rights Act of 1976*
- *Rehabilitation Act of 1973* – In accordance with rules established in May of 1977, for Section 504 of the Rehabilitation Act of 1973 (P.A. 93-112), no qualified handicapped person shall, on the basis of handicap, be denied the services of or the opportunity for employment with St. Clair County Community Mental Health.
- *Title VI of the Civil Rights Act of 1964*
- *Whistleblower's Act*

◆ **Policies Approved by the Board:**

- Annual Budgeting #07-001-0005
- Appeals of Recipient Rights Complaint Findings and Dispute Resolution #05-001-0050
- Autism Applied Behavior Analysis Medicaid & MI Child Benefit #03-001-0095
- Board Member Per Diem & Travel Reimbursement #01-001-0025
- Building Reserve Fund & Management Referrals #07-002-0085
- Clinical Protocols and Practice Guidelines #01-002-0015
- CMH Board Member Meeting Attendance #01-001-0020
- Complaint Investigation, Reports and Remediation #05-001-0035
- Conflict of Interest #01-001-0030
- Contract Management #01-003-0021
- Corporate Compliance Complaint, Investigation & Reporting Process #01-002-0020
- Cost Settlement #07-002-0015
- Costing Principles #07-001-0011
- Credit Cards #07-002-0060
- Financial Reporting #07-002-0010
- Housing Subsidy Limited Term Financial Assistance #07-003-0010
- Inclusion of Persons Served #01-001-0035
- Leases: Negotiations and Maintenance/Repair #01-003-0050
- Non-Employee Accident Report #09-003-0040
- Parent Guardian Monitoring Program #05-001-0060
- Payment of Bills #07-002-0055
- Personnel: Background Checks #06-001-0015
- Procurement and Provider Selection Process #01-003-0016
- Provider Registry Process #01-003-0006
- Purchasing Equipment and Services with Cost Greater than \$5,000 #07-002-0050
- Recipient Rights #05-001-0005

- Recipient Rights Advisory Committee #05-001-0080
- Self Determination / Choice Voucher #03-001-0010
- Wire Transfers – ACH Transfers #07-002-0065

◆ **Personnel Policies within our Personnel Chapter 06 - Sections 001 / 002:**

- Personnel: Alcohol & Drug Testing #06-001-0010
- Personnel: Background Checks #06-001-0015
- Personnel: Changes In Employment Status And/Or Personal Information #06-001-0050
- Personnel: CMH Employment Reference Checks/Requests #06-001-0070
- Personnel: Conferences/Training/Workshops #06-002-0035
- Personnel: Corrective/Disciplinary Action #06-001-0055
- Personnel: Disability Plan Process #06-001-0045
- Personnel: Dress Code #06-001-0150
- Personnel: Employee Assistance Program (EAP) #06-001-0135
- Personnel: Employee Communications Memorandum #06-001-0060
- Personnel: Employee Performance Review and Development #06-001-0030
- Personnel: Employee, Student, and Volunteer Orientation & Training #06-002-0006
- Personnel: Employee Tuberculosis T.B. Screening #06-001-0025
- Personnel: Flex Options Leavetime Overtime Timecards #06-001-0075
- Personnel: Harassment in the Workplace #06-001-0105
- Personnel: Hepatitis B Immunization Program #06-001-0140
- Personnel: Job Descriptions-Functional Job Task List (FJTL) #06-001-0080
- Personnel: Leaves of Absence: FMLA #06-001-0040
- Personnel: Leaves of Absence: Union Educational Disability and Other #06-001-0035
- Personnel: New Employee Processing #06-001-0085
- Personnel: Personnel Records #06-001-0090
- Personnel: Posting/Selection/Hiring #06-001-0095
- Personnel: Request for Review of Job Grade Level #06-001-0130
- Personnel: Resignation/Retirement/Termination Process #06-001-0115
- Personnel: Solicitations Policy #06-001-0065
- Personnel: Staff Student Placement #06-002-0030
- Personnel: Student and Volunteer Workers #06-001-0110
- Personnel: Supervision of CMH Staff #06-001-0020
- Personnel: Temporary Assignment/Employment #06-001-0145
- Personnel: Transfer Request, Transfers and Reassignments #06-001-0100
- Personnel: Tuition/Training/Endorsement/Certification Reimbursement Agreement #06-002-0025

◆ **Other Policies**

- Cultural Competency #06-002-0010
- Critical Incident Stress Management Plan #06-001-0125
- Duty To Warn #06-001-0120
- Limited English Proficiency (LEP) #06-002-0015
- Personal Involvement with Persons Receiving Services #06-001-0005
- Social Security Number Privacy #06-001-0155
- Training #06-002-0040

◆ **Affirmative Action:**

- Agency Service Contracts with Region 10 PIHP and MDHHS
- Policy on Posting/Selection/Hiring
- Union Contracts - Local 3385 and Local 1518.20

◆ **Community Relations/Outreach Activities:**

- Annual Meeting and Report
- Brown Bag Lunch Series and other specialized trainings
- Car Seat Inspection Program
- CMH Art Shows
- CMH Players Theatre Production
- Community education
- Community Resource Fair (Project Homeless Connect)
- Critical Incident Stress Management (CISM)
- Distribution of CMH brochures throughout St. Clair County
- Events to raise public awareness during:
 - Developmental Disability Month
 - Mental Health Month
 - Mental Illness Awareness Week
 - Autism Awareness Month
- Healthy Lifestyles presentations by the crew from The Galley
- Healthy Minds, Healthy Bodies Resource Fair
- Homeless Point in Time Count
- Media coverage which includes:
 - Cable TV interviews ebw.tv interview (internet channel)
 - Facebook
 - Newspaper ads, billboards, TV and Radio ads, and Public Service Announcements
 - Newspaper editorials/articles
 - Radio Interviews
- Mental Health First Aid Training
- Mental Health Month art contest with high school students
- Mental Health Month bookmark contest with elementary school students
- Mental Health Month writing contest with middle school students
- National Depression Screening Day at St. Clair County Community College
- Newsletters sent to individuals who use services:
 - St. Clair County CMH Community News
- Monthly Opinion/Editorial articles in The Times Herald and other newspapers on mental health issues
- “Out of the Darkness” Walk (Suicide Prevention)
- Participation in annual NAMI Walk
- Participation in health/informational fairs
- Participation in local activities such as the March of Dimes Walk for Babies, Autism Awareness “Light it Up Blue” campaign, St. Clair County Child Abuse/Neglect Council’s Roof Sit fundraiser, and Empty Bowls fundraiser for Mid-City Nutrition Soup Kitchen

- Port of Hopes Thanksgiving Dinner
- Public Speakers on Mental Health issues
- “Read All About It” reading project with early elementary students (inclusion / acceptance)
- Run for Recovery *Healthy Minds, Healthy Bodies* 5K Run/1M Walk
- Soup Kitchen Santa Day
- Soup Kitchen Volunteer Schedule (CMH employees)
- Suicide Awareness Activities
- St. Clair County CMH Website
- St. Clair County CMH Facebook page
- Visit with Santa
- Volunteer opportunities for adults and students at various events
- Walk A Mile in My Shoes” (annual event in Lansing)

◆ **Advocacy Activities/Inter-Agency Support:**

- National Alliance for the Mentally Ill (NAMI)
- Survivor of Suicide Support Group

◆ **Consumer-Based Plans/Activities**

- Blue Water Clubhouse – Psychosocial Rehabilitation Programs
- Child Abuse/Neglect Council
- Consumer and Family-Based Education
- Consumer Representation on numerous committees
- Intellectual/Developmentally Disabled Parents Groups
- Parent Mentors
- Peer Support Specialists
- Port of Hopes - Consumer Run Drop-In Program
- Project Stay – Consumer Run Case Management Program
- Ready Kit (for parenting preparation)
- Recipient Rights Advisory Committee

Board Statement on

Rights of Persons Served

Adopted by the Board of Directors of St. Clair County Community Mental Health Authority at its regular meeting on May 5, 2020.

St. Clair County Community Mental Health Authority is an organization which strives to protect the rights of the individuals it serves.

This is accomplished by:

1. Ensuring written plans or policies are in place and followed with regard to:
 - a. Ensuring that information about the rights of individuals served is:
 - Communicated to each individual in a way that is meaningful.
 - Communicated to each individual prior to the beginning of service delivery and/or at initiation of services.
 - Communicated annually to individuals served in a program longer than one (1) year.
 - b. Ensuring that Recipient Rights information is available at all times to individuals for review and clarification.
2. Ensuring that Michigan Department of Health and Human Services Office of Recipient Rights “*Your Rights*” booklets are available in several languages, audio and Braille, and are written at a level that is understandable.
3. Ensuring that Recipient Rights complaint forms and the “*Know Your Rights*” poster, explaining the Whistleblowers’ Protection Act, are available and posted at all direct run and contract agency service sites.
4. Ensuring that all contract agency service sites that provide services/supports to recipients of St. Clair County Community Mental Health Authority are monitored annually by the Office of Recipient Rights.
5. Ensuring that the Recipient Rights Advisory Committee consists of at least six (6) members. At least one-third (1/3) of the membership shall be primary recipients or family members of primary recipients, and of that 1/3, at least half (1/2) shall be primary recipients. The Committee shall meet at least twice per year, maintain a current list of members’ names, maintain a current list of categories represented, and monitor the functions of the Office of Recipient Rights.

6. Ensuring that all direct-operated employees of St. Clair County Community Mental Health Authority and all contract agency staff members receive Recipient Rights training within 30 days of hire and annually thereafter.
7. Ensuring that the St. Clair County Community Mental Health Authority Office of Recipient Rights completes the mandated *Annual* and *Semi-Annual Reports*, and forwards them to the Michigan Department of Health and Human Services Office of Recipient Rights per the standards established in the Michigan Mental Health Code.
8. Ensuring that all Recipient Rights complaints are reviewed and investigated per Chapter 7A of the Michigan Mental Health Code.

Policies that Protect Recipients' Rights

- Advance Directives, 05-001-0030
- Appeals of Recipient Rights Complaint Findings & Dispute Resolution, 05-001-0050
- Choice of Mental Health Professional, 05-001-0085
- Communication by Mail, Telephone, Visits, 05-003-0030
- Complaint Investigation, Reports, and Remediation, 05-001-0035
- Death Reporting, 05-001-0010
- Duty to Warn, 06-001-0120
- Enrollee Rights, 05-001-0020
- Enrollee Information Rights, 05-001-0025
- Family Planning and Health Information, 05-003-0020
- Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass, 05-003-0010
- Freedom of Movement, 05-003-0040
- Harassment/Retaliation Following Rights Activity, 05-001-0055
- Health Care Decisions – Do Not Resuscitate Orders, 05-001-0065
- Incident Reports, 05-001-0040
- Personal Funds, 05-003-0050
- Informed Consent, 05-002-0006
- Parent/Guardian Monitoring Program, 05-001-0060
- Personal Possessions/Publications/Media Access, 05-003-0025
- Psychotropic Medication & Informed Consent, 05-002-0010
- Recipient Rights, 05-001-0005
- Recipient Rights Advisory Committee, 05-001-0080
- Reporting Suspected Abuse or Neglect, 05-001-0045
- Resident Labor, 05-003-0035
- Residents' Use of Tobacco, 05-003-0045
- Restraint and Seclusion, 05-001-0070
- Sentinel Events, Critical Incidents, and Risk Events, 05-001-0016
- Treatment by Spiritual Means, 05-003-0015
- Unauthorized Leave from Group Home/Specialized Foster Care, 05-003-0005

Board Statement on

Technology

The Board of Directors of St. Clair County Community Mental Health Authority adopted at its regular meeting on May 5, 2020.

It is the intent and goal of the St. Clair County Community Mental Health Authority Information Technology Department to develop plans, processes, and procedures that ensure the security, reliability, maintenance, and efficient and productive use of the I.T. infrastructure and related systems used by the Agency.

Below is a list of plans, procedures, and documentation in place to meet these goals.

INFORMATION TECHNOLOGY DISASTER RECOVERY PLAN

The purpose of this document is to provide a plan for the St. Clair County Community Mental Health Authority Information Technology Department to respond effectively to any serious disruptive incident that could affect the IT Infrastructure of the Agency. It will define Risk Management, mitigation, prevention, levels of a disaster, and provide response plans for IT Department staff to follow if a disaster recovery situation should occur. It will also provide a plan for periodic testing to ensure that safeguards that have been implemented are indeed effective. The document is located in the shared IT Department subfolder named "Disaster Recovery" located on our file server and is reviewed and updated annually to reflect changes in technology.

COMPUTER INFORMATION SYSTEM SECURITY POLICY

Computer Information Systems Security (Policy 08-001-0010) is provided to all new SCCCMHA staff covering the agency policy to ensure the proper use and integrity of the agency's computer resources and information systems. A Computer/Information Systems Consent form must be signed by each staff and kept within personnel file acknowledging agreement and receipt of this policy. Annually, the policy is reviewed by the Policy & Procedures Committee and is revised, as appropriate. All Staff review the revised policy, acknowledging agreement by signing a Computer/Information Systems Consent form which replaces the previous year's consent form in their personnel file.

IMPROVING EFFICIENCY & PRODUCTIVITY

To ensure that the agency is utilizing the technology to enhance services, improve communication, efficiency, and productivity of personnel the following resources are available.

- **Computer Network Security** - Network equipment and software is in place to ensure security over network activity and agency technology. An internet-monitoring tool provides controls, auditing and reporting to administrate our staff security policy. Firewalls, network devices, and network servers support requirements for compliance with governing bodies and rules such as CARF and HIPAA-HITECH. Deployment software updates security patches on server and workstation equipment verified through bulletins of the United States Computer Emergency Readiness Team, an arm of the National Cyber Security Division (NCSD) of the Department of Homeland Security (DHS). Enterprise virus protection provides a layer of control that ensures security safeguards by real-time reporting and quarantining of virus threats on servers and workstations. Email screening tools provide a clearinghouse for all incoming mail from outside the network. Encryption is used for transmission of any confidential or Protected Health Information (PHI). WiFi is available in three tier architecture with security features preventing guest access to the CMH network.

- **HIPAA Risk Assessment** – Annually a Risk Assessment, including Meaningful Use, is completed at SCCCMH. The process incorporates a fourfold approach to assess and identify potential risks and perform assessment and penetration testing of Information Technology (IT) for performance improvement. An accompanying Risk Management Plan is developed and managed by the Privacy & Security Program Committee, to mitigate any perceived risks.

- **I.T. Technology Replacement Plan** - SCCCMHA has an Information Technology Replacement Plan that ensures that the IT Budget provides for replacement of hardware that is no longer sufficient (CPU/Memory capacity) to run the SOE (standard operating environment) installed on desktop and laptop computers. The plan involves systematically replacing desktop and laptop computers. Network infrastructure (i.e., servers, routers) review occurs as server hardware comes out of warranty or reaches “end of life” related to OEM (original equipment manufacturer) support. Server replacement occurs according to the IT Plan that incorporates new server technology with Agency requirements.

- **Intranet Home Page** - Web site created on SCCCMHA Intranet that provides staff with links to training resources for the Standard Operating Environment available on the PCs used within the agency. Links on the webpage provide direct access to Agency policies, forms, software applications, staff and community information.

- **Assistive Technology** - Also present on the Intranet, is the Technology Reference Guides which address how staff can utilize the existing features within the Microsoft Operating System and Office productivity suite to provide accommodations where needed.

Additionally, clinical staff has used software technology available to create “Social Stories” which utilize visual cue cards (pictures/graphics) to help persons served explain a scenario when they are incapable of doing so verbally. Voice-to-Text translation software is also utilized in the environment for identified staff needing assistance in entering data into our systems.

- **Online & Computer Based Training** - SCCCMHA staff are provided with online and computer-based training courses available via a hosted training provider as well as created internally by other CMH staff. The trainings are designed to increase staff skill set in areas of human services and corporate/State/Federal compliance requirements.
- **OASIS Data Management Committee** - Team of staff, from St. Clair, Sanilac and Lapeer CMHs, created to evaluate need for enhancements and improved functionality in our main electronic health record, system to aid in increasing staff efficiency and productivity.
- **Electronic Communications** - Email, electronic newsletters, the SCCCMHA Intranet and Internet website are all tools used to communicate with our stakeholders. Business rules programmed within these applications ensure security and compliance for spam mail and unauthorized use of the Internet.
- **Video Conferencing** - In addition to utilizing video conferencing to reduce staff travel costs, this technology is in place for participating in Mental Health Court hearings as well as Tele-psychiatry over a secure internet connection. This technology has increased in use as a long distance learning tool, for community professionals and to provide psychiatric staffing on a contract basis.
- **Program Support** – The Authority’s technological resources allow for the development and facilitation of systems that support services in program operations. The Galley POS (point of sale software and equipment) and iPad app like “Language Line” and “Breathe to Relax are some of the programs hosted and supported through agency technology. Server and network systems also provide the means for administration of building controls by facilities staff and vendors. Helpdesk software provides the capability for staff to create work orders for technology and other departments. Work order resolution and solution detail are stored in the application’s database. This fulfills audit requirements for incident reporting. The helpdesk system also maintains detailed information on computer inventory and tracks software license use on the network.
- **Community Supports** - Technology enhances the Authority’s relationship with community supports and assists our efforts in community events we host or collaborate with community organizations. The IT computer network enables contract agencies to coordinate their business processes with the authority. An event such as the Run for Recovery utilizes technological devices hooked up to the SCCCMHA network to provide runner-timing results. Presentations, workshops and marketing displays utilize media and computer technology resources.

Board Statement on

Human Resources Management

The Board of Directors of St. Clair County Community Mental Health Authority adopted at its regular meeting on May 5, 2020.

RECRUITMENT/EMPLOYMENT OF PERSONNEL:

It is the intent of St. Clair County Community Mental Health Authority to promote cultural/ethnic diversity within our hiring practices. This is accomplished by implementing the Authority's Affirmative Action Plan (effective 1/18/2000).

It is the practice of St. Clair County Community Mental Health Authority to collect data specifically identifying race, national origin, gender and age. Biennially it is submitted to the federal government on an Equal Employment Opportunity 4 Report.

RECOGNITION/SATISFACTION/PARTICIPATION OF PERSONNEL:

It is the practice of the St. Clair County Community Mental Health Authority to promote the above concepts through the following activities.

◆ Recognition/Promotion of Satisfaction

- 457 contributions / loans available through VALIC and Nationwide
- AFLAC available
- Annual "Employee of the Year" and "Team of the Year" awards
- CMH Employee Newsletter
- Discounted and pre-paid health club memberships available with pay-roll deduction
- Free access to St. Clair County Wellness Center
- EAP services available
- Employee information / news on "The Compass"
- Flexible schedules with program needs taking priority
- Flexible Spending Accounts
- Wellness activities/challenges/classes throughout the year
- Annual training schedule
- Recognition activities throughout the year
- Longevity Service Awards (5-10-15-20-25-30 years) which include certificates and public recognition
- Monthly recognition for "Employee of the Month" and "Team of the Month"
- Personnel: Employee Performance Review and Development (Policy 06-001-0030)
- Personnel: Tuition/Training/Endorsement/Certification Reimbursement Agreement Policy (06-002-0025)
- Incentive/Sign-on Bonus offered when necessary based on supply and demand

- Quality Improvement Committee
- Employee Wellness and Development Committee
- “The Galley” cafeteria available at the Main Building (Electric Ave. site)
- On-site pharmacy, Genoa, at the Main Building (Electric Ave. site)
- Vaccination clinics offered on site (e.g. flu, Hepatitis A)
- Decompression Break Room

◆ Participation by Employees

- Partial day all staff in-service meetings quarterly; all day in-service one time per year
- Directors Meetings – Meetings of upper-level management staff which provide a forum to facilitate the exchange of information between managers and supervisors of both contract and direct-operated staff.
- The Quality Improvement Council policy (01-002-0011), and Agency Annual Quality Improvement Plan allow for ongoing staff feedback on all areas of service delivery and management issues.
- Regular program level staff meetings during which employees at all levels within the organization are encouraged to provide input
- Supervisors’ meetings - Monthly meeting of supervisory level staff that provides another forum to facilitate the exchange of information from line staff to management as well as supervisor development

TRAINING AND CONTINUING EDUCATION OF PERSONNEL:

It is the intent of St. Clair County Community Mental Health Authority to be a system responsive and sensitive to both external and internal forces. As such, the Agency will strive to provide a high quality work environment in which its staff are trained and nurtured to be optimally effective.

◆ Orientation and Training

New employees begin the first day of employment and are oriented and trained by:

- Scheduling employee in agency-required trainings
- Scheduling additional classes according to experience, classification and program assignment
- Providing and explaining the New Employee Manual
- Initiating the New Employee Orientation Worksheet which facilitates orientation by the supervisor to job tasks, classification and program assignment, with the assignment of a “buddy” as additional resource

New employees participate in New Employee Orientation the month following their date of hire - Policy reference: Personnel: Employee, Student, and Volunteer Orientation and Training, 06-002-0006

◆ Assessment and Training Opportunities and/or Certification

- Advanced education (Personnel: Staff Student Placement, 06-002-0030)

- Annual individual Employee Evaluation (Personnel: Employee Performance Review and Development, 06-001-0030; and Personnel: Conferences / Training / Workshops, 06-002-0035)
- Ongoing In-service planning, whereby needs that have been identified are developed into training opportunities
- On-line training programs through My Learning Pointe™
- Training Grid
- Provider Enrollment and Credentialing, 01-003-0011
- Quality Improvement processes
- Workshops and trainings provided by CMH and other agencies

◆ Resources

The following resources are provided to encourage ongoing professional development:

- Collaboration with other Regional members to coordinate training needs for staff in an efficient and similar manner, when appropriate.
- St. Clair County CMH News and The Compass, where trainings are posted
- Resources including professional journals, newsletters, books, reference manuals.
- Linking with Community Services Coordinating Body and other community based groups to collaborate and provide cost effective training.
- My Learning Pointe™ – web-based, online training, allowing ease of access and updated training, both required and skill-building.

Policies/Publications on Human Resources Management

- ◆ Recruitment/Employment of Personnel
 - Applitrack™ as an online application process in an effort to mainstream the process and improve efficiency.
- ◆ Recognition/Satisfaction/Participation of Personnel
 - CMH Newsletter
 - Employee of the Month and Team of the Month Awards
 - Evaluation of current recognition programs by obtaining feedback from staff in all program areas
 - Personnel: Employee Performance Review and Development, 06-001-0030
 - Program level recognition activities
 - Suggestions Committee
 - Employee Wellness and Development Committee
 - Staff of the Year Award / Team of the Year Award
- ◆ Training and Continuing Education of Personnel
 - CMH Monthly Training Calendar
 - CMH “Pop Up”
 - Personnel: Employee, Student, and Volunteer Orientation and Training, 06-002-0006
 - Personnel: Conferences/Training/Workshops, 06-002-0035
 - Personnel: Staff Student Placement, 06-002-0030
 - Personnel: Training, 06-002-0040
 - Required Training Grid

Board Statement on

Cultural Competence-Diversity

The Board of Directors of St. Clair County Community Mental Health Authority (SCCCMHA) adopted at its regular meeting on May 5, 2020.

The Board of Directors of St. Clair County Community Mental Health Authority has adopted the following philosophy:

St. Clair County Community Mental Health Authority is committed to providing quality services in an environment that is both welcoming and respectful of diverse cultures including those defined by race, gender, age, ethnicity, language, religion, sexual orientation, physical or mental differences. We view cultural competence as a process, not a goal. In our ever changing society, SCCCMHA recognizes the importance of assimilating cultural competence into every aspect of our service environment.

This philosophy is supported by the following:

1. Regular review of St. Clair County demographic information.

2. Administrative Measures

- a. Our Vision Statement, which includes facilitating equal access to quality services for all persons.
- b. Our Values Statements, which include references to respect for individuals, community commitment, innovation in meeting individual needs, and a focus on personal and professional development.
- c. Agency policies addressing Cultural Competency and Limited English Proficiency.
- d. Formal relationships with Language Line, Voices for Health, as well as several local certified sign language interpreters to ensure every individual is afforded the ability to communicate in a language he or she understands.
- e. The Utilization Management case record reviews, including review for clinical appropriateness and verification of claims, will have a qualitative focus. Reviewers verify that the most effective treatment decisions are made concerning each individual. The National Outcomes Measures (NOMS) are also utilized to evaluate outcomes of service. This attention on the individual encourages focus on the cultural needs of each person served.
- f. Direct operated treatment programs work closely with many community employers and agencies to ensure the highest quality and expanse of services are provided to individuals. This includes a continuing relationship with Michigan Rehabilitation Services to address employment issues.
- g. Cultural competence is referenced in the procurement and request for proposal (RFP) process, and included in contract language.

3. Human Resources

- a. Requirement that all staff complete at least one documented training upon hire (and a refresher every two [2] years). This training is referenced during employee orientation and the importance of increasing cultural awareness is reinforced by supervisors. Employees are also encouraged to attend other cultural competency trainings when available through teleseminars, webcasts, or off-site conferences.
- b. The current Cultural Competency training module was reviewed and selected by the training department. It is much more comprehensive than previous trainings and includes an assessment tool. Additional trainings are required specific to military and veteran culture.
- c. Region Access Staff – the first line of contact with the public seeking services— represents a reflection of community diversity with both male and female clinicians.
- d. The Credentialing Committee has included cultural / ethnic specialties and gender competency in the required trainings for those providing direct services to women with a substance use disorder (SUD). This competency addresses the specific needs of women seeking treatment for substance use disorders. The Access Staff is trained in screening for special needs of women seeking SUD treatment in order to make appropriate culturally-sensitive referrals.

4. Community Relations

- a. Marketing materials created or purchased for use are assessed for portrayal of diversity in race, gender, age, ethnicity, language, religion, sexual orientation, physical or mental differences.
- b. The success stories featured in our newsletters and annual reports feature individuals representing diverse cultural backgrounds.
- c. Books purchased and donated to public libraries through our Gift of Knowledge project are selected with an eye toward being inclusive of many cultural groups.
- d. Collegial relationships are maintained with the local pastoral counsel, the Southside Coalition (a neighborhood association which includes residents, churches, and agencies who serve a racially diverse and traditionally lower-income population in Port Huron), CSCB and the St. Clair County Regional Educational Services Agency. These relationships keep the pathways to assistance and referral open with individuals or organizations that may be a more likely first contact for assistance within various cultural groups. SCCCMHA and the Community Services Coordinating Body (CSCB) work in partnership with Immanuel Lutheran Church in the city of St. Clair to offer community awareness programs on topics including suicide prevention, bullying, and others.
- e. The Community Relations Team has created an up-to-date listing of churches throughout the county which are used to provide outreach information and to recognize the value of the religious community as a frequent ‘first call’ for individuals in crisis.
- f. Mental Health First Aid classes have been heavily marketed throughout the community through a variety of venues encouraging staff as well as members of the community to attend this free training.

5. Agency Self-Assessment

- a. In an effort to better understand work style/personalities of individuals and how they work together, the Management Team completed the DISC Profile Assessment, followed by the supervisory group completing the same assessment. Finding value in the information, the assessment was then offered to all staff prior to an Agency inservice.
- b. Over the last several years CMH has been working towards becoming a Trauma-Informed Care Organization. Becoming a Trauma-Informed agency not only includes looking at how we treat individuals we serve but also how we treat and support staff at the agency. All staff were provided a Trauma-Informed Care self-assessment which included questions about staff's feelings of physical and emotional safety, trustworthiness for staff, choice for staff, collaboration for staff, and empowerment for staff as they work at the agency and their Supervisors as well as the Management Team. As a result of this self-assessment and as part of becoming a Trauma-Informed Agency, several changes have been implemented and all staff have received training on Trauma-Informed Care. A follow-up assessment to assess the effectiveness of the steps taken over the last few years towards becoming Trauma-Informed was issued to staff to gauge its effectiveness.
- c. The agency continues to evaluate and assess whether there are any identified needs related to cultural diversity issues. All new employees receive training on cultural diversity within the first thirty days of hire and every 2 years after hire date
- d. The Keeping Recovery Skills Alive (KRSA) curriculum was reviewed, updated, and rolled out agency wide in 2016. The KRSA curriculum not only focuses on promoting recovery, but also acceptance of all people as they are.

Board Statement on

--Health and Safety--

The Board of Directors of St. Clair County Community Mental Health Authority (SCCCMHA) adopted at its regular meeting on July 18, 1995, re-affirmed May 5, 2020.

The Board of Directors of St. Clair County Community Mental Health Authority has adopted the following philosophy:

St. Clair County Community Mental Health Authority believes that it is an organization which ensures the health and safety of persons served, all personnel, as well as the general public, and accomplishes this by:

1. Ensuring written plans or policies are in place and followed with regard to:
 - ▶ Emergency Drills and/or Procedures
 - Fires
 - Bomb Threats
 - Medical Emergencies/First Aid
 - Natural Disasters
 - Biological/Chemical Incident Emergencies
(Including Bio-Hazardous Waste & Contaminated Laundry)
 - Workplace Violent or Other Threatening Situations:
Dangerous Persons/Active Shooter/Emergency Disturbances
 - Power Failures/Utility Failures
 - Suspicious Mail
 - ▶ Adverse Weather
 - ▶ Critical Incidents
 - ▶ Transportation
 - ▶ Building Inspections
 - ▶ Crisis Intervention
 - ▶ Evacuation Routes
 - ▶ Illegal/Legal Drugs/Prescription Medication and Tobacco Use
 - ▶ Infection: Control & Prevention
 - ▶ Weapons
 - ▶ Other General Safety Concerns
2. Ensuring that a comprehensive, external inspection is conducted annually at all facilities where the organization delivers services and/or provides administration on a regular and consistent basis, as well as correct any 'findings' noted and received.

Health and Safety-Related Policies

Maintaining healthy, safe and clean environments that minimize risk to the individuals we serve, personnel and other stakeholders.

“To inform, recommend, implement and monitor, required and necessary, safety workplace practices.”

- Abbreviations in Case Records, 03-002-0015
- Administration of Oral and Topical Medications, 04-001-0005
- Advance Directives 05-001-0030
- Adverse Drug Reactions, 04-001-0020
- After Hours Crisis Intervention, 03-003-0010
- Behavior Treatment Plan Review, 02-003-0025
- Behavioral Treatment Plan Review Committee, 03-001-0060
- Building: Health and Safety, 09-001-0005
- Case Management & Supports Coordination, 03-001-0015
- Central Intake Unit (CIU) 02-001-0025
- Children’s Waiver Program – Category of Care 03-001-0030
- Clinical Protocols and Practice Guidelines, 01-002-0015
- Clozaril (Clozapine) Clinic, 04-001-0085
- Community Electronic Health Record (CEHR), 08-003-0025
- Compliant Investigation, Reports and Remediation, 05-001-0035
- Comprehensive Assessment, 03-001-0055
- Computer Information Systems Security, 08-001-0010
- Conflict of Interest 01-001-0030
- Consent Forms, 03-002-0025
- Consent to Share Behavioral Health Information 03-002-0070
- Controlled Substance Prescribing 03-003-0070
- Coordination of Care, 03-001-0020
- Corporate Compliance Complaint, Investigation & Report Process, 01-002-0020
- Court-Ordered Treatment (Including Involuntary Hospitalization), 03-001-0045
- Critical Incident Stress Management Plan, 06-001-0125
- Cultural Competency, 06-002-0010
- Customer Services and Customer Services Department, 02-002-0005
- Death Reporting, 05-001-0010
- Duty to Warn, 06-001-0120
- Enrollee Information Rights, 05-001-0025
- Enrollee Rights, 05-001-0020
- Evaluation of Services for Individuals Who are Intoxicated or Impaired, 03-003-0040
- Family Planning and Health Information, 05-003-0020
- Fingerprints, Photographs, Audio recordings, and Use of One-Way Glass, 05-003-0010
- First Aid Kits, 09-003-0035
- Freedom of Information Act Requests, 01-002-0025
- Freedom of Movement, 05-003-0040

Health and Safety-related Policies (continued)

- Grievance Process, 02-001-0040
- Guardian Consent Via Telephone Authorization, 03-002-0050
- Guardianship, 03-003-0020
- Harassment Retaliation Following Rights Activity, 05-001-0055
- Health Care Chronological, 04-002-0010
- Health Care Decisions – Do Not Resuscitate Orders, 05-001-0065
- Health Care Information Privacy & Security Measures (HIPPA), 08-002-0006
- Housing Subsidy - Limited Term Financial Assistance, 07-003-0010
- Illness Protocol for Community Based Programs, 04-002-0030
- Incident Reports, 05-001-0040
- Inclusion of Persons Served, 01-001-0035
- Informed Consent, 05-002-0006
- Input from Individuals Served, 03-003-0005
- Interpreters for the Deaf and Hearing Impaired, 02-002-0021
- Keys/ Badges, 09-001-0020
- Leases: Negotiations and Maintenance/Repair, 01-003-0050
- Limited English Proficiency (LEP), 06-002-0015
- Loss Prevention & Recovery of Data & Information, 08-001-0015
- MDHHS Provider Registry Process, 01-003-0045
- Medical Appointment Information Record, 04-002-0015
- Medical Emergencies, 09-003-0010
- Medical History, 04-002-0035
- Medication and Treatment Record, 04-001-0035
- Medication Errors, 04-001-0045
- Medication Management, 04-001-0050
- Non- Employee Accident Report, 09-003-0040
- OASIS E Prescribing, 08-003-0030
- OASIS Electronic Health Record, 08-003-0005
- OASIS Integrity of Electronic Data, 08-003-0010
- OASIS Request to Amend the Electronic Health Record, 08-003-0015
- Outreach & Discharge, 03-003-0050
- Parent Guardian Monitoring Program, 05-001-0060
- Person Centered Planning Process Individual Plan of Service, 03-001-0005
- Personal Care Services, 03-003-0045
- Personal Involvement with Persons Receiving Services 06-001-0005
- Personal Possessions/Publications/Media Access 05-003-0025
- Personal Protective Equipment, 09-003-0005
- Personnel: Employee Medical Situations, 09-003-0030
- Personnel: Alcohol & Drug Testing, 06-001-0010
- Personnel: Background Checks, 06-001-0015
- Personnel: CMH Employment Reference Checks/Request, 06-001-0070
- Personnel: Disability Plan Process, 06-001-0045
- Personnel: Dress Code, 06-001-0150

- Personnel: Employee Assistance Program, (EPA) 06-001-0135
- Personnel: Employee Tuberculosis TB Screening, 06-001-0025
- Personnel: Employee, Student and Volunteer Orientation & Training 06-002-0006
- Personnel: Harassment in Workplace, 06-001-0105
- Personnel: Hepatitis B Immunization Program, 06-001-0140
- Personnel: Leaves of Absence Union Educational Disability and Other, 06-001-0035
- Personnel: Leaves of Absence: FMLA, 06-001-040
- Personnel: Personnel Records, 06-001-0090
- Personnel: Resignation/Retirement/Termination Process 06-001-0115
- Policy and Procedures Committee Policy Development and Review, 01-001-0040
- Protected Health Information Privacy Measures, 08-002-0005
- Provider Enrollment & Credentialing, 01-003-0011
- Psychiatric Services and Medication Referral, 03-003-0025
- Psychological Testing/Referral, 03-001-0040
- Psychotropic Medication and Informed Consent, 05-002-0010
- Psychotropic Medication History, 04-001-0040
- Recipient Rights, 05-001-0005
- Recipient Rights Advisory Committee, 05-001-0080
- Record Retention and Disposal-Administrative and Cases Record, 03-002-0060
- Refused or Omitted Medications, 04-001-0060
- Release of Case Record Information, 03-002-0030
- Removal and Exclusion of Individuals from Site Based Services, 03-003-0035
- Reporting Suspected Abuse or Neglect, 05-001-0045
- Request for Assistive Technology-Enhanced Medical Equipment and Supplies and/or Environmental Modifications, 07-003-0065
- Resident Labor, 05-003-0035
- Residential Fire Drills Safety, 09-003-0015
- Resident's Use of Tobacco, 05-003-0045
- Respite Services, 03-001-0050
- Restraint and Seclusion, 05-001-0070
- Safety Precautions for Out-of-the-Office Services, 09-003-0020
- Seat Belt Use, 09-002-0015
- Seizures, 04-002-0025
- Sentinel Event, Critical Incidents and Risk Events, 05-001-0016
- Service Animals and Emotional Support Animals, 03-003-0075
- Smoking On CMHA Campus, 09-001-0025
- Social Security Numbers Privacy, 06-001-0155
- Standing Medication Orders (SMO's), 04-001-0070
- Standing Missed Medication Orders (SMMOs), 04-001-0075
- Telepsychiatry, 03-001-0105
- Training, 06-002-0040
- Transfer of Cases, Records and Security, 03-002-0065
- Transportation Driver Requirements, 09-002-0010
- Transporting Individuals Receiving Services in Personal Vehicles, 09-002-0005
- Transporting Medications, 04-001-0065
- Treatment Authorization, 02-001-0015

- Treatment By Spiritual Means, 05-003-0015
- Unauthorized Leave from Residential Program-Specialized Foster Care Home, 05-003-0005
- Unauthorized Leave From Site-Based Services, 03-003-0030
- Use of Agency Vehicles, 09-002-0030
- Use of Social Media, Texting and Email, 01-002-0075
- Vehicle Maintenance, 09-002-0025
- Vehicle: Accidents/Name Releases, 09-002-0020
- Weapons and/or Drugs in the Workplace, 09-003-0025

Health and Safety-Related Documents

- BUILDING-RELATED
 - Building Inspection Checklists
 - Kitchen Safety Checklist
 - Safety Related Maintenance Request Designees
 - Building Resumption Plan
- EMERGENCY EVENTS FORMS
 - Computer version
 - Handwritten version
- EMERGENCY PROCEDURES HANDBOOK
- EMERGENCY RESPONDERS
- EMERGENCY SAFETY (threat) LIST
- ACCIDENT FORMS
 - Employee Accident Report
 - Hepatitis B Exposure Report
 - Industrial Health – Authorization for Services
 - Authorization for Payment of Medical Treatment
 - Non-Employee Accident Form
- EXPOSURE CONTROL PLAN
- FIRST AID KIT CHECKLISTS
 - Standard
 - Agency Vehicles
 - Community-Based Programs
 - Evacuation Bag
- BOARD STATEMENT: HEALTH AND SAFETY WORKPLAN

- HEPATITIS B VACCINNE CONSENT / WAIVER
- INFORMACAST ALERT CODES per location:

Capac
Child and Family Services
Main - Electric
Marine City

Safety Committee Goals

FY 2020

1. Quarterly report **Employee Accidents** within 24 hours. Target compliance 100%.
2. Ensure easy access to First Aid Kits. Target compliance 100%.
3. Quarterly complete **Building Inspections**:
 - a) Site participation (4) locations. Target compliance 100%.
 - b) Safety / Infection Control Checklist (reference CMH policy - "Building: Health & Safety" ~ Attachment). Target compliance 95%.
4. Quarterly complete **Kitchen Inspections**, via the Kitchen Safety Inspection Checklist. Target compliance 95%.
4. Annually completed **Emergency/Event Procedures** (8 types) are performed annually, at all four (4) locations. Completion may be per "actual event" or drill. Target compliance 100%.
5. Annually, all **Staff** will participate as applicable in at least one (1) of eight (8) types of Emergency drills via "actual event" or emergency drill. Target compliance 95%. Participation or visitors and recipients of services will be counted and identified as "V" on reports.
6. Supervising staff to ensures for **Staff Accountability** during large evacuation drills and actual events. Supervising to ensure use of sign in/out binders, roll call and/or text messaging with applicable.
7. Quarterly, review "**Medication Errors**" reporting.
8. Annually, review the "**Exposure Control Plan**" (BloodBorne Pathogens Exposure and Infection Control Plan); update as needed.
9. Annually, complete (update/revise) **Board Statement**: "Health & Safety Work Plan".
10. Promote Safety by ensuring current **Written Procedures** as applicable.
11. Promote implementation of **Threat List** individual's photos in OASIS.
12. Address **other** Safety-related items as needed.

Trainings Directly-Related to Health and Safety

- ALL STAFF -

MY LEARNING POINTE ELECTIVES

- **Abuse**
 - Abuse and Neglect of Children
 - Abuse and Neglect of Elders

- **Aggression/Violence**
 - Bullying in Children and Adolescents
 - Cyber Bullying and/or Online Harassment in Children and Adolescents
 - Violent Video Games and Aggression
 - Workplace Violence Prevention – Home Visit Safety Module 1 & 2
 - Violence in the Workplace v.5

- **Crisis Intervention**
 - An Introduction to the Culture of Safety and Assessing the Culture of Safety
 - Behavioral Health Advance Directives and Crisis Plans
 - Crisis Intervention and Risk Assessment v.2
 - Crisis Intervention Teams: Working Effectively with Law Enforcement v.2
 - Interventions
 - Intimidation in the HealthCare Work Place
 - Risk and Threat Assessment With the Adolescent Population
 - Suicide, Risk and Assessment

- **Crisis Intervention/Prevention**
 - Adolescent Depression and Suicide
 - Crisis De-escalation Strategies
 - Crisis Intervention Teams
 - Prevention: SAMSHA' s Strategic Prevention Framework
 - Proactive Intervention Module 1- 3
 - PTSD and Suicide
 - Suicidal Thoughts and Behaviors in Substance Misuse Treatment
 - Suicide Awareness and Assessment for Clinicians

- **Domestic Violence**
 - Domestic Violence I, Parts A & B
 - Domestic Violence II, Parts A & B
 - Domestic Violence: Risks, Types, Effects, and Prevention
 - Domestic Violence: Teen Dating
 - Domestic Violence and Its Effect of Children
 - Domestic Violence in the LGBT Community
 - Domestic Violence: Stalking and Cyber Stalking
 - Human Trafficking

- **Health**

- Bed Bugs Awareness
- Bloodborne Pathogens v.5
- Cleaning, Disinfecting, Sterilizing – An Overview
- Communicable Diseases 2019
- Coronavirus (COVID-19): What You Should Know
- Influenza Virus H1N1 v.2
- Integrated Healthcare Navigator Certification Re-training
- Handwashing
- Substance Abuse and Infectious Diseases Part 1 & 2
- Tuberculosis – Safety for Health Care Workers v.2
- Zika Virus

- **HIV/AIDS**

- HIV 101: Everything You Never Knew about HIV Infection
- HIV/AIDS; Parts 1 & 2

- **OSHA**

- OSHA: Basic First Aid, v.5
- OSHA: Bioterrorism, an Overview
- OSHA: BloodBorne Pathogens, v.5
- OSHA: Electrical Safety, v.5
- OSHA: Infection Control: Environmental Safety
- OSHA: Office Ergonomics v.5
- OSHA: Fire Safety, v.5
- OSHA: Globally Harmonized System: Revised Hazard Communication Standard – An Overview
- OSHA: Globally Harmonized System: Revised Hazard Communication Standard v.2
- OSHA: Office Ergonomics, v.5
- OSHA: Office Hazards v.4
- OSHA: Patient Handling

- **Safety**

- Accident Investigation v.2 & 3
- Active Shooter: What You Can Do
- An Introduction to the Culture of Safety and Assessing the Culture of Safety
- Asbestos Awareness v.3
- Back Safety v.2
- Bed Bugs Awareness
- Bioterrorism, An Overview
- Bullying in the Workplace: When Adults Are Bullied on the Job
- Cleaning, Disinfecting, Sterilizing – An Overview
- Corporate Compliance: Understanding Your Role in Corporate Compliance v.2
- Direct Support – Risk Management and Safety
- Direct Support – Health and Wellness v.2
- Driver Safety, v.3
- Emergency Preparedness v.4
- Ebola Fundamentals
- Food Safety, v.3
- Hazard Communication Standard

- HIPAA: An Introduction v.4
- HIPAA: For Behavioral Health Providers v.4
- HIPAA: For Nurses v.4
- HIPAA: For Substance Abuse Providers v.4
- Influenza Virus: H1N1 v.2
- Intimidation in the Healthcare Work Place
- Latex Allergies
- Lead Poisoning, An Overview
- Mass Violence, Part 1 &2
- MRSA, An Overview
- Managing Stress Part 1 & 2
- Medical Gloves: Simple Steps for Use
- Office Hazards, v.4
- Protected Health Information (PHI) – An Introduction v.3
- Sexual Harassment :Sex Based and Sexual Harassment for Employee and Managers
- Substance Abuse in the Workplace v.2
- Transportation Techniques – 2019
- Violence in the Workplace v.5 2019
- Weather Emergencies v.2
- Workplace Ethics for Employees v.4
- Workplace Violence Prevention Module 1 &2

- **Suicide**

- Suicide and Its impact of Survivors
- Suicide Assessment and Intervention
- Suicide, Part A – Adolescent Suicide
- Suicide, Part B – Elderly Suicide
- Suicide, Part C – Manipulative Suicide Threats
- Suicide: The Tipping Point; parts A – E

REQUIRED TRAININGS

- ALICE (Active Shooter)
- Cardio-Pulmonary Resuscitation (CPR)
- Communicable Disease
- Cultural Diversity
- Emergency Preparedness
- First Aid
- Hazard Communication (Safety Data Sheets)
- HIPAA Security Awareness
- Homebased Safety
- Intervention Techniques
- Limited English Proficiency
- Managing Suicide Risk
- Medication – Specific to Individual Served
- Nonviolent Crisis

- Recipient Rights
- Transportation Techniques

APPLICABLE STAFF

- All (Initial)
- Per FJTL applicable (Every two years)
- All (Initial & every two years)
- All (Initial & every two years)
- All (initial & annual)
- Per FJTL (Every two years)
- Per FJTL (Initial & annual)
- All (Initial & every two years)
- Per FJTL (initial)
- Per job task (Initial & every two years)
- All (Initial)
- All direct care staff (Initial & annual)
- Per FJTL (Initial & annual)
- All direct care staff (Initial & every two years)
- All (Initial- within 30 days, & annual)
- Per FJTL (Initial)

- Trauma Informed Care – Non Direct All (Initial)
- Universal Precautions – Blood Borne Pathogens/Infection Control All (Initial & annual)
- Violence in the Workplace All (Initial & every two years)

KEY:

FJTL – FUNCTIONAL JOB TASK LIST

Board Statement on

Financial Planning and Management

The St. Clair County Community Mental Health Authority has a rich history of demonstrated commitment and performance to responsible Agency financial planning.

The Board operates in this fashion because external influences and internal organizational demands require it to do so. These external and internal factors that bear upon the Board's commitment and performance to responsible Agency financial planning are enumerated below:

The Board of Directors of St. Clair County Community Mental Health Authority (SCCCMHA) adopted at its regular meeting on May 5, 2020.

EXTERNAL INFLUENCE

There is an external force that ensures responsible financial planning will be carried out by the St. Clair County Community Mental Health Board and its Management Team. This is the Michigan Department of Health and Human Services.

As one of approximately fifty county mental health boards responsible by statute (P.A. 258) to the Michigan Department of Health and Human Services, which allocates up to 90% of the net costs for local county public mental health programs; the Board goes through annual budget plan development with the Michigan Department of Health and Human Services. This planning process requires the Board to identify its service area needs and projected financial costs to deliver budgeted services.

Once the budget is prepared, each county mental health board is then required to hold a Public Hearing on this Program Plan and forward it to the Michigan Department of Health and Human Services within prescribed time lines.

The Michigan Department of Health and Human Services requires financial status reports for both revenues and expenses. These reports are broken out by sources of funding. Explanations of significant variances will be requested as Michigan Department of Health and Human Services staff deem necessary.

INTERNAL ORGANIZATIONAL DEMANDS

Given the fact that the St. Clair County Community Mental Health Board operates a \$60 million public mental program serving approximately 4,000 consumers and their families annually in Board-sponsored programs which are operated by both direct providers and contract agency providers, the internal demands for responsible organizational financial planning are critical to the Agency's continued success.

The St. Clair County Community Mental Health Board has been a statewide leader historically in understanding the need for such responsible financial planning. It was one of the first Boards in the state to demand a certified Independent Financial Audit of its operations long before the Michigan Department of Health and Human Services required such annual audits. Moreover, it was one of the first Boards in Michigan to employ professionally trained financial management staff (e.g., certified public accountants) to do the day-to-day financial planning, budgeting, accounting and business administration of the Agency.

As federal and state public resources have not kept up with inflation in recent years, the Board's organizational demands on itself to maintain a stable financial base and be a prudent purchaser of public mental health services have become essential. In this regard, the Board's Management Team has annually developed budget priorities based on targeted service needs/projects that have evolved from the Board's Mission and Vision Statement for the Agency.

During the past several years, the Board's program/budget needs have become so critical in the absence of General Funds for required economic increases that the Board and its Management Team formalized a set of "Service Planning: Philosophical Principles" it had been informally following to guide its financial planning responsibility. These Philosophical Principles went through public review and endorsement by direct-operated programs/contract agency providers and CMH Board-level in February of 1995, and the Board has continued to follow these principles.

At the time of their adoption, the introductory statement accompanying these Philosophical Principles for Service Planning -- both programmatic and financial -- stated that these Principles would serve as the backdrop against which future budgetary planning recommendations would evolve. This remains the position of the Board and its Management Team in order to ensure that sound financial planning will continue for the future. Attached is a copy of the Board's "Service Planning: Philosophical Principles" as an exhibit to this Agency Financial Planning Statement.

Beginning with the FY 98/99, St. Clair County Community Mental Health began operating under a capitated budget. This was the result of the implementation of Managed Care principles being applied for Mental Health Services in the State of Michigan. The Health Care and Finance Administration (HCFA) approved the implementation of the 1915(b) Waiver for Managed Specialty Community Mental Health Services and Supports. The operating budgets are based on estimated revenues that vary depending on the number of Medicaid-eligible recipients residing in our county each month.

POLICY SUMMARY STATEMENT

Overall, it is the fiscal policy of the St. Clair County Community Mental Health Services Board and CMH Management Team:

1. To operate on an Annual Budget Plan that is approved by the CMH Board and to not exceed the capitated monthly payments from the Michigan Department of Health and Human Services or with Board approval determine to spend reserves in a given year.
2. To ensure an independent examination of the organizational financial status is obtained annually from a certified public accountant.
3. To ensure both personnel and community (including individuals and families served) have an opportunity to review the Annual Budget Plan in a Public Hearing, prior to Board adoption.
4. To conduct business and provide services which achieve the Agency's programmatic and budgetary goals, yet operates within the constraints of a capitated budget.

Service Planning: Philosophical Principles

Faced with shrinking resources and limited alternatives, the CMH system is faced with making significant budget decisions. While continuing to explore and pursue all reasonable sources of revenue, the Board must operate within its capitated budget. Where reductions in revenue must result in reduced services, those recommended reductions must be made within a framework of philosophical principles based on the Agency's Mission and Vision Statement. The following philosophical principles will serve as a backdrop against which these, and any future budgetary recommendations, will be made.

Philosophical Principles

1. Services are provided to individuals and families in greatest need, who are at immediate risk or dangerous to self or others.
2. Services should be provided in the least restrictive, most natural settings or in which a person's/family's needs can best be met.
3. Services shall emphasize a family preservation focus.
4. The CMH system will plan, deliver, and evaluate services consistent with its mandated obligations (i.e., P.A. 258, Medicaid Standards Michigan Department of Health Human Services Performance Objectives, Managed Care Directives, etc.).

Board Statement on

Marketing Code of Ethics

The Board of Directors of St. Clair County Community Mental Health Authority (SCCCMHA) adopted at its regular meeting on May 5, 2020.

This code of ethics will guide the marketing practices within the St. Clair County Community Mental Health Authority. We define marketing as the intentional distribution of information in various forms with the goals of:

- Describing the availability of services and supports offered by St. Clair County Community Mental Health Authority
- Informing the public how to access available services and supports
- Diminishing the stigma associated with mental illnesses, intellectual/developmental disabilities, and substance use disorders

The Marketing Code of Ethics adheres to the following standards:

1. Marketing efforts will accurately portray services provided.
2. SCCCMHA will not engage in false or misleading advertising regarding facts about programs, benefits offered, outcomes of services, costs of services or credentials of providers.
3. High pressure techniques or manipulation will not be used in promoting services to the public, to referral sources, or to those who use SCCCMHA services.
4. No deceptive practices will be used when advertising in any type of media; this includes but is not limited to print, radio, television, and social media outreach.
5. All materials written for individuals served will be written at or below a fourth grade level, per Michigan Department of Health & Human Services mandate.

St. Clair County Community Mental Health Authority

Board Statement on

Addressing Behavior Concerns Involving Individuals Receiving CMH Services

The Board of Directors of St. Clair County Community Mental Health Authority adopted at its regular meeting on May 5, 2020.

Included within the Mission, Vision and Values for St. Clair County Community Mental Health Authority (SCCCMHA) is the agency's commitment to support individuals and tailor services to their strengths and needs. We understand that individuals have varying needs, and we meet people where they are to support them to discover, recover and grow. We recognize that for some individuals, there may be behavior concerns noted within their Plans of Service or at some point behavior concerns are identified that must be addressed for safety reasons. SCCCMHA is committed to best supporting the individual and must do so within the parameters of the legal mandates of the state, various contractual requirements, and regulations of accrediting and/or licensing bodies.

Mandates

As a public mental health agency, SCCCMHA is legally required to follow the Michigan Mental Health Code and Administrative Rules. The Mental Health Code was enacted as Public Act 258 of 1974 and has been amended many times since originally issued. Both the Code and Rules specify circumstances and conditions for the use of physical restraint and seclusion. See References for specific section numbers.

SCCCMHA also operates under contracts with both the Michigan Department of Health and Human Services (MDHHS) and the Region 10 Prepaid Inpatient Health Plan (PIHP) and must follow those contractual requirements. MDHHS and PIHP requirements also follow the Michigan Mental Health Code.

MDHHS requires that all public mental health agencies have policies and procedures for intervening with an individual receiving public mental health services who exhibits seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of harm. These policies and procedures need to include protocols for using the least intrusive and restrictive interventions, as well as use of positive behavior supports and interventions. The agency has two (2) policies that specifically address this: "Behavior Treatment Plan Review" and "Restraint and Seclusion."

Agency Protocol

In the event of non-emergent or continuing occurrences of behaviors:

- An assessment will be conducted to rule out physical, medical and environmental conditions that might be the cause of the behaviors.
- A behavior treatment plan, to include use of positive behavior supports and interventions, will be developed to effectively treat/extinguish predictable or continuing behaviors that are seriously aggressive, self-injurious, or that place the individual or others at imminent risk of physical harm.

- As a last resort, when less restrictive positive behavior supports have not been successful and the individual continues to present with behaviors that pose a threat for imminent risk of serious physical harm to themselves or others, approved physical management techniques by trained staff can be performed in an emergency situation as defined above. Documentation to support the need for physical management, including that least restrictive positive behavior support interventions were tried first and not successful in reducing imminent serious risk of harm to self or others, is required on an Incident Report. Should more than three (3) physical management techniques occur for the same individual in a one (1) month timeframe a referral to the Behavioral Treatment Planning and Review Committee (BTPRC) must occur as physical management is considered a restriction and all restrictive techniques utilized more than three (3) times in one (1) month and/or any treatment plan that proposes to use restrictive/intrusive techniques must be reviewed and approved by BTPRC. The Committee must re-review all approved plans at least quarterly.

In the event of unprecedented or unpredicted crisis or emergency occurrences of behaviors:

- There are only two emergency interventions approved by MDHHS for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and the request for law enforcement intervention. Each CMH shall have protocols specifying what physical management techniques are approved for use.
- The BTPRC at SCCCMHA has approved the techniques included in the “Nonviolent Crisis Intervention®” training curriculum by Crisis Prevention Institute (CPI). Technique examples include holding skills, disengagement from bites, hair pulls, etc.

Physical Management is a technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual’s resistance in order to prevent him or her from physically harming himself, herself, or others. **Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm and after less restrictive techniques have been tried and failed.**

Request for law enforcement intervention means calling 911 and should only occur when caregivers are unable to remove others from the hazardous situation to ensure safety, safe implementation of physical management is impractical, and/or approved techniques have been attempted but were unsuccessful in reducing or eliminating the imminent risk of harm.

Staff Training

Staff at SCCCMHA and its contracted agencies who work directly with individuals are required to attend a 2-hour in-person training titled “Positive Behavior Supports and Prevention Strategies.” Positive behavior support is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person’s environment. This training provides information about intervention strategies, key concepts, environment modifications and the importance of choice. Refresher training required every 2 years.

Staff at SCCCMHA and its contracted agencies who work directly with individuals with challenging behaviors are required to attend a 6-hour in-person training titled “Nonviolent Crisis Intervention®.” During this training staff learn a range of preventive strategies, de-escalation techniques along with the

psychological and physiological responses that will minimize the potential harm of disruptive and aggressive behavior. The emergency physical management techniques are also demonstrated and taught in this class so that staff will know how to properly and safely perform them. Refresher training required every 2 years.

Reinforced in each of the above trainings is that staff must always utilize the least intrusive and restrictive intervention possible, with positive behavior supports and strategies utilized ongoing. Physical interventions are only to be utilized as a last resort when there is an imminent risk of harm.

References

1. MDHHS Technical Requirement for Behavior Treatment Plan Committees, Contract Attachment P 1.4.1 / C 6.8.3.1.
2. Michigan Mental Health Code §330.1740 Physical Restraint, §330.1742 Seclusion
3. Administrative Rule §330.7243 Restraint and Seclusion
4. SCCCMHA policy #02-003-0025 “Behavior Treatment Plan Review”
5. SCCCMHA policy #05-001-0070 “Restraint and Seclusion”
6. CARF International (an accrediting body), Behavioral Health Standards, Nonviolent Practices
7. Nonviolent Crisis Intervention® Foundation Course Participant Workbook
8. Positive Behavior Supports and Prevention Strategies SCCCMHA Training Course