

DEPARTMENT OF COMMUNITY HEALTH

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

(By authority conferred on the department of mental health by sections 1 to 4 of Act No. 80 of the Public Acts of 1905, as amended, section 33 of Act No. 306 of the Public Acts of 1969, as amended, and sections 114, 130, 136, 157, 206, 244, 498n, 498r, 842, 844, 908, and 1002a of Act No. 258 of the Public Acts of 1974, as amended, being sections 19.141 to 19.144, 24.233, 330.1114, 330.1130, 330.1136, 330.1206, 330.1244, 330.1498n, 330.1498r, 330.1842, 330.1844, 330.1908, and 330.2002a of the Michigan Compiled Laws)

SUBPART 1. COMMUNITY MENTAL HEALTH SERVICES

R 330.2005 Minimum services to be provided.

Rule 2005. A community mental health board shall ensure that the following minimum types and scopes of mental health services are provided to all age groups directly by the board, by contract, or by formal agreement with public or private agencies or individuals contingent on legislative appropriation of matching funds for provision of these services:

- (a) Emergency intervention services.
- (b) Prevention services.
- (c) Outpatient services.
- (d) Aftercare services.
- (e) Day program and activity services.
- (f) Public information services.
- (g) Inpatient services.
- (h) Community/caregiver services.

History: 1979 AC; 1984 AACS; 1986 AACS.

R 330.2006 Emergency intervention services.

Rule 2006. (1) "Emergency intervention services" means those outpatient services provided to a person suffering from an acute problem of disturbed thought, behavior, mood, or social relationship which requires immediate intervention as defined by the client or the client's family or social unit.

(2) Emergency intervention services shall include all of the following:

(a) A telephone which is answered 24 hours a day for dealing with mental health emergencies. The number for this telephone shall be advertised through the telephone book, public information efforts, and by notifying the appropriate agencies of the telephone number and the services provided.

(b) Provision for face-to-face services to persons in the areas of crisis evaluation, intervention, and disposition.

(c) A manual on emergency care protocols for use by the emergency services unit staff.

(3) Mental health professionals or trained mental health workers shall be assigned for telephone and walk-in services.

(4) Emergency care includes all of the following:

(a) Evaluation, which means arrangements for determining the client's mental status, medical status and need for treatment, and, when indicated, medication status and family, job, or housing situations.

(b) Intervention, which means face-to-face counseling and initiation and monitoring of medication when indicated.

(c) Disposition, which means the ability to provide or make referral for all of the following:

(i) Hospital emergency department services.

(ii) Psychiatric inpatient services.

(iii) Specific community-based services, such as the following examples:

(A) Respite care placement.

(B) Outpatient care.

(C) Home visits.

(D) Aftercare.

(E) Day treatment/care.

(F) Drug or alcohol programming.

(G) Problem pregnancy help.

(H) Spouse and child abuse help.

(I) Children's services.

(J) Adolescent services.

(K) Geriatric services.

(L) Services for the mentally retarded.

(M) Social services.

(5) For the disposition of emergency intervention matters, all of the following shall be provided:

(a) Written referral procedures, available to the staff, for emergency care and voluntary and involuntary psychiatric hospitalization.

(b) Documented efforts to arrange for the transportation of the client, when necessary.

(c) A list of available dispositions within the community mental health area of service with special notations for those dispositions having 24-hour accessibility.

(6) In the administration of the emergency services, there shall be evidence of all of the following:

(a) Periodic testing with regard to the accessibility, availability, and effectiveness, of those emergency intervention services.

(b) Regular meetings of staff involved in emergency services to discuss administrative, supervisory, training, programmatic, and client management issues.

(c) Confidential records of all mental health emergency contacts, whether they be by telephone or walk-in contact.

(d) Training or experience of the emergency intervention staff using such factors as professional credentials, licensure, descriptions of training experiences, in-service orientation, in-service education, and continuing education.

History: 1979 AC; 1983 AACCS.

R 330.2007 Prevention services.

Rule 2007. (1) Prevention services are those services of the county program directed to at-risk populations and designed to reduce the incidence of behavioral, emotional, or cognitive dysfunction and the need for individuals to become mental health recipients of treatment services.

(2) Prevention services may be provided through individualized services, time-limited recipient training, or community/caregiver services.

(3) Prevention services shall include both of the following:

(a) Provision for responding to the mental health dimensions of community catastrophes.

(b) Attention to the needs of children living with severely mentally impaired adult recipients.

(4) Prevention services shall also include 1 of the following:

(a) Infant mental health services.

(b) Services to increase life-coping skills of children and adolescents.

(c) Services to increase life-coping skills of adults.

(d) Services to reduce the stressful impact of life crises.

History: 1979 AC; 1986 AACCS.

R 330.2008 Outpatient services.

Rule 2008. (1) Outpatient services shall include all of the following:

(a) Diagnostic and evaluation service.

(b) Referral service.

(c) Counseling service by arrangement at scheduled intervals and in nonscheduled visits at times of increased stress.

(d) Service to families of individuals in mental hospitals or residential facilities, as appropriate and as requested.

(e) Life consultation and planning for the mentally retarded, and persons with developmental disabilities as defined in section 500(h) of the act.

(f) Treatment service to individuals in mental hospitals or residential facilities when appropriate with the consent of the individual and the hospital or facility staff person in charge of the individual's plan of service.

(2) Outpatient services shall be made available at times of the day and week appropriate to meet the needs of the population served.

(3) Outpatient services shall be accessible to the population served.

(4) There shall be provision for adequate and appropriate space to deliver services, including provision for privacy and the special needs of children, adolescents, and physically handicapped persons.

History: 1979 AC.

R 330.2009 Aftercare services.

Rule 2009. (1) Aftercare services shall only be provided with prior consent of an individual over the age of 18, a parent if the individual is under 18, or a legally empowered guardian.

(2) These aftercare services shall include both of the following:

(a) Follow-up services to assist individuals released from a hospital or facility or who have received other services from a community mental health program.

(b) Mental health services for individuals placed in foster care, family care, or community placement in the service area, unless otherwise provided. Collaborative programming and planning for provision of services shall take place before the time of placement.

(3) Aftercare services shall be available to individuals located within the service area regardless of whether or not the individual was a resident of the county or counties of the service area prior to admission to a hospital or facility.

(4) A county may be billed for services rendered to its residents pursuant to section 306 of the act.

(5) Aftercare services shall be offered by a community mental health agency without a request for service by a released individual, when authorized by the individual, and upon notification from a hospital or facility.

History: 1979 AC.

R 330.2010 Day program and activity services.

Rule 2010. Day program and activity services shall include providing habilitative and rehabilitative treatment and training activity for mentally ill children, mentally ill adults, mentally retarded children, mentally retarded adults, and persons with a developmental disability requiring services similar to those provided mentally retarded persons.

History: 1979 AC.

R 330.2011 Public information services.

Rule 2011. Public information services shall include all of the following:

(a) Coordinating with community agencies and individuals involved with the mental health and general health of the community to provide a unified mental health information service with the cooperation of the department information office.

(b) A program of increasing the visibility of community mental health services.

(c) Distribution and dissemination of relevant mental health information, including mental health trends and priority of mental health needs of the population served.

History: 1979 AC.

R 330.2012 Emergency services unit.

Rule 2012. (1) An emergency service unit, if established, shall be a component of a community mental health board emergency intervention services program. A mental health professional who has experience or training, or both, in crisis intervention shall be designated to be the person in charge of the emergency service unit.

(2) For client contacts that are made in protective custody situations pursuant to section 427 of the act, an emergency service unit shall include on-call staff who are able to go to the unit location or, if necessary, any other site agreed upon by the unit and the peace officer.

(3) The on-call staff of the unit shall be specially trained to evaluate persons who are involved in mental health emergencies. The training shall include all of the following:

(a) Contacting referral services.

(b) Involving the police to control the situation.

(c) Arranging for the transportation of the person by the police to an inpatient or emergency diagnostic facility, if appropriate.

(4) An emergency service unit shall document the training of the crisis intervention personnel. Documentation shall include the facts concerning professional credentials, licensure, descriptions of training experiences, in-service orientation, in-service education, and continuing education.

(5) For client contacts that are made in protective custody situations pursuant to section 427 of the act, the unit shall provide or arrange for follow-up contact with the client beginning not more than 10 days after referral, excluding Sundays and holidays, to ensure that the service to which the client was referred was delivered and that it met the client's needs. If contact with the client cannot be made, attempts to contact the client shall be documented. Follow-up contact may also be made with the agency to which the referral was made, with appropriate client consent.

(6) For client contacts which are made in protective custody situations and which result in a client's transfer to a state hospital or center, a receiving hospital or center shall disclose the following information to the emergency service unit within 24 hours of the transfer and shall document that disclosure. Unless consented to, or authorized by subsequent law, the information shall include only the following:

(a) Whether the person was admitted.

(b) If admitted, the anticipated length of stay.

(c) If not admitted, the facts concerning disposition of the client contact, if known.

(7) The community mental health board shall explain the operation of the emergency service unit to all law enforcement agencies having jurisdiction within the county or counties served by the unit and to other relevant agencies and persons. The board shall encourage law enforcement officers to cooperate with and use the service and shall promote knowledge of the service by others. All agreements with law enforcement agencies shall be in writing.

(8) The community mental health board shall provide documentation to the appropriate regional office of the department that the emergency service unit is in compliance with this rule and R 330.2006 before emergency intervention services are provided by the unit to persons in protective custody.

History: 1981 AACCS.

R 330.2013 "Inpatient services" defined.

Rule 2013. "Inpatient services" means care, diagnosis, and therapeutic services for mentally ill persons in a psychiatric hospital or unit which is licensed or operated by the department and for developmentally disabled persons in a center for developmental disabilities.

History: 1984 AACCS.

R 330.2014 Community/caregiver services.

Rule 2014. (1) Community/caregiver services are those services of the county program provided to agencies and community groups on behalf of client groups and at-risk populations by means of any of the following:

- (a) Consultation relating to agency organization, program delivery, effectiveness of staff, or mental health needs of at-risk and treatment populations.
- (b) Education and training of staff.
- (c) Collaboration in planning and service development.

(2) The purposes of community/caregiver services shall be the facilitation of non-mental health services for developmentally disabled and chronically mentally ill clients and the reduction of service demands on the county program.

History: 1986 AACCS.

R 330.2022 Waiver of minimum services.

Rule 2022. (1) If a community mental health board cannot ensure minimum services to all age groups, the board shall request a waiver of type or scope of services, or both, from the director of the department. Emergency intervention services to all age groups shall not be waived. The board shall initiate a waived type or scope of service within 24 months after the date application for a waiver is approved, contingent upon the availability of funds. This may be accomplished with the cooperation of another board or boards. To the extent fiscally possible, the board shall make arrangements for referral of those residents needing a waived service and for follow-up and continuity of care services in order that residents of the service area may obtain minimum direct services during the waived period.

(2) An application for waiver of specific types or scopes of minimum services shall be included in the proposed program and budget request.

(3) An application for waiver shall include all of the following:

- (a) The types or scopes of services to be waived.

- (b) The justification for a waiver, in detail.
- (c) A description of the services to be waived.
- (d) A description of the manner in which waived services may be provided by the end of the waiver period, including plans and dates for their initiation.
- (e) A description and plan as to how the residents of the service area may receive waived minimum services during the waiver period. Plans shall include arrangements for referral, follow-up, and continuity of care.

History: 1979 AC; 1986 AACs.

SUBPART 2. COMMUNITY MENTAL HEALTH BOARD REPORTS

R 330.2035 Community assessment report.

Rule 2035. (1) One year from the establishment of a community mental health board pursuant to the act and on dates specified by the department, a community mental health board, with the assistance of the department, shall prepare a written assessment of community needs, including all of the following:

(a) A description of the population served, including demographic information, geographic descriptions, economic data, and estimates of the types and extent of significant social and health problems.

(b) A description of the human service systems serving the population.

(c) Estimates of the types and extent of mental health-related problems, including social indicator data, characteristics of case loads of mental health-related agencies, and observations by service agencies.

(d) An assessment of existing services dealing with the estimated mental health-related programs, including an evaluation of the degree to which the services match the estimated problems.

(e) A projection of the type and amount of mental health services required to adequately serve the comprehensive mental health needs of the client population, including a description of the methods and data used to project need.

(2) The community mental health board shall annually review and update as needed the community assessment report and submit this information as part of the proposed annual plan and budget to accurately reflect the current needs of the community.

History: 1979 AC.

R 330.2038 Annual program plan and proposed budget.

Rule 2038. (1) A community mental health board shall prepare a written program plan and projected budget for continuing programs and proposed new programs for each fiscal year, which shall be submitted to the department on the date designated by the department and shall include all of the following:

(a) A service needs assessment by client groups and a description of how existing and proposed mental health programs fit service need projections, including the priority of new programs and estimated dates of implementation.

- (b) A narrative description of the types and scopes of services.
- (c) Projected service output described in quantitative terms.
- (d) Breakdowns of the projected costs according to forms and procedures made available by the department.
- (e) A statement of intent on the degree of the management of public mental health services the board wishes to assume.
- (f) Other documents and data required in department policies, procedures, and guidelines.
- (g) Certifications of endorsement or approval by both of the following:
 - (i) The county board of commissioners.
 - (ii) The community mental health services board.
- (2) Copies of proposed operational contracts and contract revisions between the community mental health board and independent subagencies which supply services or operate mental health facilities shall be available for audit inspection. Such contracts and contract revisions shall be consistent with departmental criteria for state financing of community mental health services.

History: 1979 AC; 1983 AACS; 1986 AACS.

R 330.2039 Program plan review and approval.

Rule 2039. (1) A program plan and budget proposed by a county community mental health board shall be reviewed by the department based on the standards contained in section 234 of the act.

(2) The department shall respond to the board as to the results of the review of the submitted plan.

(3) After receipt of the results of the department's review, the board and the department shall negotiate a contract which is consistent with the availability of appropriated funds to the department. The contract shall contain all of the following:

(a) An approved service summary and spending plan which constitutes the board's allocation.

(b) A listing of policies and procedures required by statute or rule or agreed upon by the parties which shall govern the obligations and responsibilities of the department and the board.

(c) The process for amending or terminating the service summary and spending plan or the procedural obligations and responsibilities of the parties.

(d) Other authority and responsibility of the board and the department.

History: 1986 AACS.

R 330.2041 Filing of documents.

Rule 2041. The following documents shall be kept current and on file with the department:

(a) Copies of the original resolution of the county board of commissioners, and revisions, which establish a community mental health program and community mental health board under the act and promulgated rules thereof.

(b) Copies of operational contracts, contract revisions, and agreements between the community mental health board and agencies which supply services or operate mental health or mental retardation facilities.

History: 1979 AC.

R 330.2044 Department information.

Rule 2044. The department shall provide written information annually to community mental health boards regarding all of the following:

(a) Program planning and development priorities based on community program data, findings, and evaluations.

(b) The availability of funds for programs and services.

(c) Funding priorities, policies and criteria to be used for allocating funds.

(d) Instructions and forms for submitting program proposals.

(e) Cost guidelines to indicate acceptable levels of budgeted costs.

(f) Guidelines which will be the basis for approval or rejection of proposed programs.

History: 1979 AC.

SUBPART 3. DEPARTMENT REVIEW AND EVALUATION

R 330.2051 Determination of compliance.

Rule 2051. The department shall review and evaluate community mental health boards, including operations, programs, services, and facilities operated directly by the board and those providing services by contract with the board, receiving or requesting state aid. Determination of compliance with the act, administrative rules, standards, and procedures shall be made. When there is a finding of noncompliance or demonstrable deficiency in a program or operating practice, the department shall list and describe deficiencies and make recommendations to the community mental health board.

History: 1979 AC.

R 330.2052 Withdrawal or reallocation of state funds.

Rule 2052. (1) The department may withdraw state funds from a board for a program not being administered in accordance with an approved plan and budget after written notice and opportunity for response. The department shall review budgets and expenditures at least quarterly, and if funds are not needed or were not used for a program for which they were allocated for the period budgeted, it may withdraw the unused funds, with concurrence of the board.

(2) The department may reallocate unused state funds to other community mental health programs. Unused state funds on hand locally at the close of the fiscal year shall be returned to the state.

(3) A county director or a board may request a review by the director of the department of any department action proposing to make final disapproval, withdrawal, or allocation of funds to a county program.

History: 1979 AC.

R 330.2055 Visits, examinations, and inspections by department.

Rule 2055. (1) Authorized representatives of the department may visit, examine, and inspect at any time a service or facility operating directly or providing services by contract under the act for purposes of review and evaluation.

(2) Authorized representatives of the department may examine at any time the financial records and accounts of a community mental health board receiving or requesting state aid, or the financial records or accounts of a service or facility operated directly or providing services by contract with a community mental health board.

(3) Authorized representatives of the department may examine and review at any time clinical case records of a community mental health program or subagency receiving or requesting state aid, or the clinical case records of an agency providing services by contract with the board, if the

examination and review is necessary in order for the department to discharge its responsibility to review and evaluate the relevancy, quality, effectiveness, and efficiency of the county program pursuant to section 244(b)(i) and section 748(4)(e) of the act. The department shall not collect information that would make it possible to identify by name an individual who receives a service from a county program.

(4) A contract between a community mental health board and an entity or program providing services shall contain provisions of this rule.

History: 1979 AC.

R 330.2058 Programs ineligible for state financial support.

Rule 2058. Programs ineligible for state financial support shall include all of the following:

(a) Programs other than those directed at mental illness or mental retardation or concerned with the prevention of mental illness or mental retardation, if programs for the appraised and perceived needs of the community's mentally ill and mentally retarded do not exist.

(b) Programs and services which directly or indirectly violate the act and the rules promulgated thereunder.

(c) Programs that do not meet the needs of the community.

(d) Programs determined by the department as unnecessary or inappropriate to insure reasonable use of state funds and insure a legitimate interest of the state.

History: 1979 AC.

SUBPART 4. COMMUNITY MENTAL HEALTH BOARD

R 330.2063 Roster of board membership.

Rule 2063. The membership of a community mental health services board shall be appointed and maintained as prescribed in chapter 2 of the act and the department shall be provided a current roster of membership.

History: 1979 AC.

R 330.2067 Community mental health board responsibilities.

Rule 2067. A community mental health board shall do all of the following:

(a) Ensure that a person is not denied service on the basis of race, color, nationality, religious or political belief, sex, age, handicap, county of residence, or ability to pay. This policy shall be stated in the program statements of the community mental health board and in contractual agreements.

(b) Operate under personnel practices that do not discriminate against an employee or an applicant for employment with respect to hiring, tenure, terms, conditions or privileges of employment, or any matter which is directly or indirectly related to employment because of race, color, religion, national origin, age, handicap, or sex, except if a requirement of age or sex is based on a bona fide occupational qualification.

(c) Report to the department on the types and scopes of services directly operated by the board, on services provided by contract with the board, and on expenditures and receipts on forms prescribed and furnished by the department.

(d) Require agencies which provide services by contract or agreement with the board and which receive state aid to furnish the board with an accounting of fee revenue received from patients or from persons paying on behalf of patients.

(e) Coordinate the board's services with other pertinent human services to ensure that the total needs of the population of the service area are met in a comprehensive manner without fragmentation or duplication of services. To accomplish this, a board shall do all of the following:

(i) Participate in community and regional planning, including health systems planning.

(ii) Establish, or cause to be established, continuity of care agreements between appropriate service entities and with appropriate agencies which provide services to the population served by the boards, including department facilities.

(iii) If possible, provide the mental health component of health services established in the service area by health maintenance organizations and community health centers.

(iv) If possible, collaborate with existing agencies rather than establishing competing services.

(f) Assure, on an annual basis, that none of its board members is in violation of the conflict of interest prohibition of section 222 of the act.

(g) Assure that each employee is made aware of the provisions concerning conflict of interest and attests to the absence of conflict of interest, and assure that each prospective employee is made aware of these provisions and is not offered

employment if there is a conflict of interest as identified in Act No. 317 of the Public Acts of 1968, as amended, being S15.321 et seq. of the Michigan Compiled Laws.

(h) Require each of its contracts to contain mutual representations that, to the best of the respective parties knowledge, the entering into of the contract is free of conflict of interest as identified in Act No.317 of the Public Acts of 1968, as amended, being S15.321 et seq. of the Michigan Compiled Laws, and section 222 of the act.

History: 1979 AC; 1981 AACS; 1986 AACS.

R 330.2071 Full management board.

Rule 2071. (1) The department shall annually designate those boards which have full financial responsibility for, and financial authority over, the public mental health services for the following:

(a) All persons located in a county served by such a board who are not residents of state-operated facilities.

(b) All persons who are residents of state-operated or state-contracted facilities for whom such a board is financially liable under section 302 of the act.

(2) The department shall issue, under R 330.2044, the criteria for designation of boards which have full public mental health management responsibility and authority.

(3) Any disagreement regarding financial authority and responsibility pursuant to this rule, between a county community mental health board and a state-operated or state-contracted facility, shall be reviewed and decided by the department director after consultation with the affected facility administrator and county community mental health program director.

(4) The department shall notify, at least annually, the governor, the legislature, and probate judges of those county community mental health boards which have full public mental health services management responsibility and authority.

History: 1986 AACS.

SUBPART 5. COMMUNITY MENTAL HEALTH DIRECTOR

R 330.2081 Education and experience of a county director.

Rule 2081. (1) The county director of a county community mental health program shall meet the education and experience requirements specified in either of the following provisions:

(a) Be a physician, psychologist, social worker, registered nurse, or other human services professional who has at least a master's degree, 3 years of professional experience in his or her field of training, and 1 year of experience in the administrative supervision of mental health programs.

(b) Be a person who possesses at least a master's degree in a field of management relevant to the administration of a county community mental health program with 3 years of professional experience in management and 1 year of experience in the

management of human services programs. The areas of community mental health administration, hospital administration, public administration, institution management, business administration, or public health are deemed to be relevant fields of management. (2) Notwithstanding the requirements specified in subrule (1) of this

rule, if a person is a county director on the effective date of this rule,

that person shall be deemed to meet the minimum education and experience requirements to be the county director of that or any other county program.

(3) If a candidate does not meet the minimum education and experience qualifications and the board requests review of this matter, the candidate may be deemed qualified by the department director to be a county director if the candidate is found to have substantially met the education and experience requirements of this rule.

History: 1990 AACCS.

SUBPART 6. CHILDREN'S DIAGNOSTIC AND TREATMENT SERVICE

R 330.2105 Definitions.

Rule 2105. As used in this subpart:

(a) "Certified program" means a range of service, as required by this subpart, for which application for certification has been voluntarily made and which has been certified by the department as a children's diagnostic and treatment service.

(b) "Child mental health professional" means any of the following:

(i) A person who is trained and has 1 year of experience in the examination, evaluation, and treatment of minors and their families and who is one of the following:

(A) A physician.

(B) A psychologist.

(C) A certified social worker or social worker.

(D) A registered professional nurse.

(ii) A person with at least a bachelor's degree in a mental health-related field from an accredited school who is trained, and has 3 years of supervised experience, in the examination, evaluation, and treatment of minors and their families.

(iii) A person with at least a master's degree in a mental health-related field from an accredited school who is trained, and has 1 year of experience, in the examination, evaluation, and treatment of minors and their families.

(c) "Emergency evaluation" means an immediate assessment by a child mental health professional who is available for a face-to-face contact for the purpose of determining if a minor is emotionally disturbed, as defined in section 498b of the act, and requires immediate intervention because of any of the following situations:

(i) The minor is dangerous to himself or herself or others.

(ii) The minor will not allow for the provision of care to meet his or her basic needs.

(iii) The minor has experienced a severe emotional trauma which is identified by his or her parent or, when the parent or guardian cannot be immediately contacted, by a person having physical custody of the minor.

(d) "Emergency referral" means a referral for the purpose of having services provided immediately to a minor or the minor's family pursuant to R 330.2006.

(e) "Initial screening" means providing for either a face-to-face or telephone interaction concerning a minor in which a preliminary judgment is made regarding the need for mental health services for the minor and whether the minor's situation is one requiring nonemergency mental health services or emergency evaluation.

(f) "Intake evaluation" means social and psychological assessments which are appropriate in identifying the problems of the minor, together with a mental history and other assessments as necessary to ascertain the mental health needs of the minor.

(g) "Plan of service" means the written plan of service developed pursuant to R 330.7045 by a child mental health professional with participation of the minor's family, where applicable, and is based upon the assessment, recommendations, and, where necessary, consultations with other professionals.

(h) "Primary therapist" means a child mental health professional who is responsible for the direct treatment of a minor for the agency providing direct treatment services.

(i) "Referral" means facilitating access for the minor and the minor's family to the services of the certified program or to the services of another agency for the purpose of meeting the minor's needs.

History: 1990 AACCS.

R 330.2110 Evaluation and screening.

Rule 2110. (1) A certified program shall have the capacity to provide an initial screening, emergency evaluation, and intake evaluation to ascertain the mental health needs of a minor.

(2) A mental health professional shall be available, by telephone consultation, to emergency service staff on a 24-hour basis to respond to potentially life-threatening or physically or emotionally damaging situations identified in an initial screening. An emergency evaluation shall be completed by a child mental health professional on the next regular working day from the day of an emergency referral.

(3) Intake evaluations may occur during multiple contacts with the minor and his or her family and shall be conducted by a child mental health professional. These evaluations shall form the basis for the plan of service.

(4) Intake evaluations for a nonemergency situation should be completed not more than 4 weeks from the date of the initial screening. If this time period cannot be met, the staff of a certified program shall document any reasons for further delay. Nothing in this rule shall prevent a certified program from ranking requests for nonemergency services based on need for the service.

History: 1990 AACCS.

R 330.2115 Referrals.

Rule 2115. (1) The community mental health board from which emergency or short-term mental health services are requested from a minor shall be responsible for providing appropriate mental health services. However, if the minor is located in the county, but is a resident of a county served by another community mental health board, then the certified program may refer the minor to the appropriate community mental health board once the minor's immediate needs for protection or security are met.

(2) Each certified program shall maintain a written list of resources it utilizes which indicates the types of services provided, eligibility criteria, and names and locations of the referral sources.

(3) A certified program shall have written arrangements with public and private human service agencies which provide educational, judicial, child welfare, and other health services. These arrangements shall clarify the respective responsibilities for the coordination and provision of services.

(4) A waiver by the department of the requirement of subrule (3) of this rule shall be granted when it is documented that the community mental health board does not have a contractual relationship with the child's human services agency due to that agency's failure to execute a proposed contract.

History: 1990 AACCS.

R 330.2120 Range of services.

Rule 2120. (1) A certified program shall develop mechanisms for coordinating the delivery of a necessary range of services specifically oriented to meet the needs of minors and their families. The available range of services shall, at a minimum, include all of the following:

(a) Diagnostic services sufficient to develop a plan of service.

(b) Client case management by a child mental health professional who shall be responsible for the development, coordination, implementation, and monitoring of the plan of service. Client case management services shall assure that services are timely, appropriate, and updated in accordance with the minor's needs. Both the on-site review of the minor's progress and record documentation shall be conducted at least quarterly. The child mental health professional providing client case management shall attend interagency case conferences relating to the minor.

(c) Crisis stabilization and responses that reduce acute emotional disabilities and their physical and social manifestation in order to ensure the safety of the minor, his or her family, and others.

(d) Specialized mental health training and treatment, which shall include both of the following:

(i) A range of clinical therapies which can be provided to individuals, groups, and families.

(ii) Opportunities to learn, improve, and demonstrate specific skills that are appropriate to the child's needs, which may include problem-solving skills, communication skills, and acceptable social interaction.

(e) Out-of-home treatment, which includes both inpatient and community residential treatment.

(2) Mental health service locations shall be accessible through publicly available transportation, if any. A family that indicates an inability to transport a minor to the service locations shall be evaluated for other assistance in transportation as a part of the plan of service.

(3) In addition to traditional clinic locations, certified programs shall provide mental health services in the minor's home or other community settings, if appropriate.

(4) Services of a certified program shall be available in a barrier-free environment.

(5) The certified program shall provide mental health services to emotionally disturbed minors located within its service area who are any of the following:

- (a) Hearing impaired.
- (b) Visually impaired.
- (c) Developmentally disabled.
- (d) Chronically ill.
- (e) Physically handicapped.

History: 1990 AACCS.

R 330.2125 Staffing and training.

Rule 2125. (1) The certified program shall provide for the establishment of a formalized staff development program to assure professional development and training in identifying and treating the needs of minors and their families.

(2) Each full-time staff member in the certified program shall complete not less than 24 clock hours annually of formalized professional development and training.

(3) Staff shall receive training before performing initial screenings.

(4) For persons who are hired after the effective date of this rule, the certified program shall be clinically supervised by a child mental health professional who has at least a master's degree in a mental health-related field and 3 years of clinical experience working with minors and their families.

History: 1990 AACCS.

R 330.2130 Administration.

Rule 2130. (1) The community mental health board shall have contracts with all individuals and agencies which provide services for each component of the certified program outside of the community mental health board. The contracts shall provide for coordinated program planning and continuity of service delivery and shall clearly identify the responsibilities of both parties.

(2) A certified program shall designate a child mental health professional to act as liaison with all out-of-home treatment facilities to which minors are referred for care.

(3) The community mental health board plan and budget shall delineate a separate and distinct part designated for the certified program.

(4) The community mental health board shall implement a public information program to facilitate community awareness of the certified program. The public information program shall provide all of the following information:

(a) The services that are available.

(b) Hours of operation.

(c) Location.

(d) Access to public transportation, if any.

(e) Telephone numbers. Services provided shall be pursuant to the provisions of R 330.2011 and R 330.2005(f).

(5) The board shall establish procedures for evaluating its certified program, on an annual basis, which shall include client and agency consumer evaluations of services of the certified program. The opportunity for client and consumer agency input shall be a part of this evaluation. The method and results of the evaluation shall be available for departmental review at the time of certification renewal.

(6) The agencies under contract to the community mental health board which comprise the certified program shall have the capacity to share confidential client information in order to provide for the coordination of services for a minor or for the transition of the minor from one agency to another.

(7) Information to be shared with agencies having cooperative agreements with the certified program shall be provided through appropriate releases of information.

History: 1990 AACCS.

R 330.2135 Certification process.

Rule 2135. (1) A request for certification for a children's diagnostic and treatment services program may be made to the department at any time by 1 or more county programs. If county programs propose a combined children's diagnostic and treatment services program, the county programs shall specify the administrative structure in the request and indicate who speaks for the proposed combined program before certification.

(2) The department shall provide technical assistance to boards seeking certification.

(3) The community mental health board shall designate all agencies and services included in the certified program.

(4) A determination on initial or renewal certification by the department shall be completed within 6 months of a request for certification and submission of all necessary documentation or a program shall be considered certified. Certification shall occur when a determination of substantial compliance with the requirements of the act and this part has been made. If a program is certified despite instances of noncompliance with the requirements of the act and this part, the certification shall identify the items of noncompliance and the items shall be corrected. The department shall require the county program to submit a plan to correct items of noncompliance before recertification or sooner if required by the department. If the correction of items of noncompliance is dependent on additional state or federal financial resources, recertification of a county program shall not be denied solely on that basis.

(5) Certification shall expire after 3 years. Renewal requests shall be submitted to the department 6 months before the certification expiration date.

(6) Certification is not transferable to another program or agency.

(7) The director of the department shall designate a person who is responsible for the process of certifying children's programs.

(8) An application for initial or renewal certification shall be on a form designated by the department. Before an on-site inspection or review is scheduled, all required information shall be completed and in the possession of the department. The department shall determine when an application is complete and shall notify the community mental health board of any additional information required to complete the application.

(9) By applying for or accepting certification, the community mental health board authorizes the department to conduct the reviews it deems necessary to determine compliance with these rules.

(10) The community mental health board shall promptly notify the department of any changes in the certified program.

(11) Reviews shall include at least both of the following:

(a) Inspections of the program to be certified and its operation.

(b) Inspection of program records, recipient clinical records, and other documents maintained by the program which may otherwise be privileged or confidential information.

(12) Certification may be denied, suspended, or revoked for 1 or more of the following reasons:

(a) Substantial violation by the certified program, its director, or staff of any rule relating to certification promulgated by the department.

(b) Conduct or practices found to be harmful to the welfare of a minor in the program or other family members.

(c) Substantial deviation by the program from the plan of operation originally certified by the department.

(d) Failure of an applicant to cooperate with the department in connection with a certification review.

(13) When it has been determined that a certified program or an applicant for a certified program has committed an act or engaged in conduct or practices which justify the denial, suspension, or revocation of certification, the departmental certifying person shall notify the community mental health board, by certified mail, of the department's intent to suspend, deny, or revoke the certification.

(14) The notice required by subrule (13) of this rule shall set forth the particular reasons for the proposed action and offer a hearing, if so requested by the county program, before the director of the department or his or her designee. The date of the hearing shall be not less than 30 days from the date of receipt of the request for a hearing.

(15) The decision of the director of the department shall be based on the hearing or on the default of the board. A copy of the decision shall be sent, by certified mail, to the community mental health board not less than 45 days after the close of the hearing.

(16) The revocation or suspension of a certificate shall become final when the determination of the director of the department is mailed, unless the community mental

health board, within 60 days of the mailing or service of the decision, appeals the decision to a court and obtains a stay.

(17) A reapplication for certification subsequent to a revocation or suspension of a certificate may be made. The application shall be accompanied by a description for certification and will be followed by an interview with the certifying staff of the department before commencement of the formal certification review process.

(18) The certification shall expire on the date shown on its face, unless application has been made for renewal and application has not been denied or unless certification is terminated in accordance with these rules.

(19) Instead of denying reapplication for certification, the department may issue provisional certification to a community mental health board for up to 6 months when the community mental health board has submitted a plan of correction and it has been accepted by the department. A provisional certificate shall expire on the date set forth on its face. The holder of a provisional certificate shall be reinspected for compliance with these rules not less than 60 days before the expiration date of the provisional certificate. The department may extend a provisional certificate for a period of not more than 6 months. A provisional certificate which has not been extended or which has been extended 1 time shall expire automatically on its expiration date without notice or hearings.

History: 1990 AACCS.

SUBPART 7. CERTIFICATION PROCESS

R 330.2701 Application process.

Rule 2701. (1) As a condition of state funding, a single overall certification is required for each community mental health services program.

(2) The certification process shall include a review of agencies or organizations that are under contract to provide mental health services on behalf of the mental health services program.

(3) The governing body of a community mental health services program shall request certification by submitting a completed application to the department. If the department is already in receipt of information required for application, then submission of that information may be waived by the department. The application shall be submitted in the format specified by the department and shall include all of the following information:

- (a) The legal name of the community mental health services program.
- (b) The address for legal notice and correspondence.
- (c) The governing structure of the community mental health services program.
- (d) The current annual budget, including all sources of revenue, of the community mental health services program.
- (e) The organizational chart of the community mental health services program.
- (f) The name of the executive director of the community mental health services program.

(g) A list of all contracts with other agencies or organizations that provide mental health services under the auspices of the community mental health services program.

(h) A description of the services provided by the community mental health services program, including any services provided by contract with another agency or organization.

(i) If applicable, documentation of the community mental health services program's accreditation, including accreditation of any contract agency or organization, by an accrediting body deemed acceptable by the department as specified in R 330.2702(2).

(4) Upon receipt of an application, the department shall determine if the application is complete. The department shall acknowledge receipt of an application. If an application is incomplete, the department shall notify the applicant within 30 days from date of receipt of any corrections or additions needed, may return the materials to the applicant, or both. An incomplete application shall not be regarded as an application for certification. Return of the application materials or failure to take further action to issue a certificate shall not constitute denial of an application for certification.

(5) After the department's acceptance of a complete application, the department shall determine whether the applicant meets certification standards. The certification process may include conducting an on-site review.

(6) Failure of the community mental health services program to comply with the requirements of the certification process shall be grounds for the department to deny, suspend, revoke, or refuse to renew a program's certification.

History: 1997 AACCS.

R 330.2702 Deemed status.

Rule 2702. (1) The department will accept, in whole or in part, the accreditation of a national accrediting organization deemed acceptable by the department as documentation of the community mental health services program's equivalent compliance with certification standards.

(2) The department shall not grant deemed status for matters related to the safeguarding and protection of recipient rights.

(3) The community mental health services program shall request deemed status in writing and shall include all of the following documents:

(a) A copy of the official document indicating accreditation.

(b) A copy of the written survey report from the accrediting body.

(c) A copy of the program's response, if any, to the report from the accrediting body.

(4) The department may deem the community mental health services program to be in compliance with certification standards, in whole or in part, after reviewing the submitted documents.

History: 1997 AACCS.

R 330.2703 Acceptance of licensure, certification, or other approval by governmental regulatory authority.

Rule 2703. The department may accept licensure, certification, or other regulatory approval by a government agency with regulatory jurisdiction in place of compliance with certification standards, or portions thereof, for any component of a community mental health services program.

History: 1997 AACCS.

SUBPART 8. CERTIFICATION STANDARDS

R 330.2801 Compliance with certification standards.

Rule 2801. The department shall assess compliance with the following certification standards by determining the degree to which all of the following provisions apply:

(a) The organization has established processes, policies, and procedures necessary to achieve the required result.

(b) The established processes, policies, and procedures are properly implemented.

(c) The expected result of the processes, policies, and procedures is being achieved.

History: 1997 AACCS.

R 330.2802 Governance.

Rule 2802. (1) The governing body of the community mental health services program shall ensure the development of program policy, ensure that quality services are delivered, and ensure accountability to the community.

(2) The governing body of the program shall appoint an executive director to be responsible for program performance.

(3) The community mental health board, as the overall governing body, shall be composed as described in the act.

(4) The governing body of the program shall delineate its structure, responsibilities, and operational practices.

(5) The governing body of the program shall orient new members to their duties and to program operations and services.

(6) The governing body of the program shall keep minutes of all its public meetings. The minutes shall provide a record of attendance, the issues covered, and the decisions made.

(7) The governing body of the program shall ensure that the concerns of the consumers and interested parties are considered in the program's decision-making process.

(8) A program shall assess community needs as outlined in section 226 of the act.

History: 1997 AACCS.

R 330.2803 Mission statement.

Rule 2803. The governing body of the community mental health services program shall adopt a mission statement that shall be reviewed at least annually and revised when appropriate.

History: 1997 AACCS.

R 330.2804 Community education.

Rule 2804. (1) A community mental health services program shall undertake activities to educate the general community regarding all of the following:

- (a) Mental illness.
- (b) Serious emotional disturbance.
- (c) Developmental disabilities.
- (d) Mental health.

(2) A program shall publicize the array of available mental health services and service eligibility criteria to the community.

History: 1997 AACCS.

R 330.2805 Improvement of program quality.

Rule 2805. (1) A community mental health services program shall continuously evaluate and improve organizational processes and performance.

(2) A program shall continually solicit customer feedback on the quality of services and utilize this information to improve service delivery.

(3) A program shall compile, analyze, and use data on service outcomes to improve performance.

(4) A program shall promote consumer and family member participation in the design of programs and services.

(5) A program shall promote consumer and family member participation in the evaluation of programs and services.

History: 1997 AACCS.

R 330.2806 Personnel and resource management.

Rule 2806. (1) A community mental health services program shall maintain job descriptions for all employees.

(2) Staff shall possess the appropriate qualifications as outlined in their job descriptions, including the qualifications for all of the following:

- (a) Educational background.
- (b) Relevant work experience.
- (c) Cultural competence.

(d) Certification, registration, and licensure as required by law.

(3) A program shall train new personnel with regard to their responsibilities, program policy, and operating procedures.

(4) A program shall identify staff training needs and provide in-service training, continuing education, and staff development activities.

(5) A program shall have personnel policies which address all of the following areas:

- (a) Working conditions.
- (b) Wages and benefits.
- (c) Hiring and promotion practices.
- (d) Performance evaluation.
- (e) Disciplinary and termination guidelines.
- (f) Grievance procedures.
- (g) Conflicts of interest.
- (h) The use of volunteers and students.

(6) A program shall make its personnel policies available to staff in a handbook or other easily accessible medium.

(7) A program shall maintain personnel records for all staff. The personnel records shall contain all of the following documents:

- (a) An employment application.
- (b) An employee's current license, registration, and certification, as applicable.
- (c) An employee's performance evaluations.

(8) A program shall maintain a volunteer file for all volunteers. The volunteer file shall contain the volunteer's current certification, registration, or license, if applicable.

History: 1997 AACCS.

R 330.2807 Physical/therapeutic environment.

Rule 2807. (1) A community mental health services program's facilities and equipment shall be in compliance with all applicable zoning, safety, health, and building codes.

(2) A program shall establish preventive maintenance, sanitation, and safety systems.

(3) A program's services shall be physically accessible to all individuals.

(4) A program shall establish written emergency plans, which address all of the following areas:

- (a) Natural disasters.
- (b) Fires.
- (c) Medical emergencies.
- (d) Bomb threats.

(5) A program shall conduct, and document, training to familiarize personnel with evacuation plans on a regular basis.

(6) A program shall post safety and emergency rules and practices in conspicuous places.

(7) A program shall implement additional health and safety precautions as necessary to address individual needs.

(8) A program shall be in compliance with all MIOSHA requirements.

(9) A program shall establish policies that address the monitoring, identification, prevention, and control of infectious diseases.

(10) A program shall provide infection control training to staff.

History: 1997 AACCS.

R 330.2808 Fiscal management.

Rule 2808. (1) The governing body of a community mental health services program shall plan and approve an annual operating budget for a program based on anticipated revenues and projected expenditures.

(2) The governing body of the community mental health services program shall establish procedures for interim modification of the annual operating budget.

(3) When applicable, a community mental health services program shall develop a capital expenditure plan, including detailed amortization schedules.

(4) An independent certified public accountant shall conduct an annual audit of the program's financial records and audit exceptions shall be corrected.

(5) A program shall establish policies and procedures for purchasing and competitive bidding.

(6) A program shall analyze per unit costs of services and establish appropriate service fees at least annually.

(7) A program shall comply with the ability to pay process as outlined in the act.

(8) When applicable, a program shall establish policies regarding the investment of funds.

(9) A program shall utilize generally accepted accounting principles and maintain detailed records of all revenues and expenses.

(10) A program shall restrict access to community mental health services program funds to appropriate personnel.

(11) A program shall control the disbursement of funds, the receipt of funds, and the use of credit.

(12) A program shall manage risk and reduce potential liability by purchasing insurance, pooling risk, or utilizing other appropriate mechanisms, or a combination of these methods.

(13) A program's contracts shall specify, in measurable terms, the obligations of the parties.

(14) A program shall monitor a contract agency's compliance with the provisions of the contractual agreement.

(15) A program shall maintain and control inventory.

History: 1997 AACCS.

R 330.2809 Consumer information, education, and rights.

Rule 2809. (1) A program shall establish a system of rights protection as required by chapters 7 and 7A of the act.

(2) A program shall inform consumers about all of the following information at the time consumers apply for services:

(a) The type and nature of available services.

(b) The organization's procedures for the development of an individualized plan of service.

(c) Service rates, financial liability, financing arrangements, and related appeal procedures.

(d) The consumer's rights as specified in chapters 7 and 7A of the act.

(e) The consumer's right to request second opinions on hospitalization as specified in chapter 4 of the act.

History: 1997 AACCS.

R 330.2810 Eligibility and initial screening.

Rule 2810. (1) A community mental health services program shall establish and utilize an initial screening process to determine all of the following:

(a) An individual's eligibility for services.

(b) An individual's need for services.

(c) An individual's need for additional assessment.

(2) Service priority and eligibility criteria shall be consistent with the act.

(3) A program shall establish one or more preadmission screening units in accordance with section 409 of the act.

History: 1997 AACCS.

R 330.2811 Waiting lists; alternative services.

Rule 2811. (1) A community mental health services program shall establish and manage waiting lists in accordance with section 124 of the act.

(2) A program shall review waiting lists periodically to ensure consistency with the community mental health services program's established priorities and the priorities specified in the act.

(3) A program shall take action to reduce or eliminate waiting lists for services.

(4) A program shall recommend and refer individuals to alternative services when necessary to meet individual needs.

History: 1997 AACCS.

R 330.2812 Array of services.

Rule 2812. A community mental health services program shall offer a full array of services as specified in chapter 2 of the act.

History: 1997 AACCS.

R 330.2813 Medication; control.

Rule 2813. A community mental health services program shall control the storage, preparation, dispensation, and administration of medications.

History: 1997 AACCS.

R 330.2814 Individual plan of service.

Rule 2814. A community mental health services program shall develop individual plans of service using a person-centered process in accordance with section 712 of the act and R 330.7199.

History: 1997 AACCS.