

(was MCCMH Policy 2-01-010)

Chapter: **CUSTOMER RELATIONS / MEMBER SERVICES**
Title: **PREVENTION SERVICES IN MACOMB COUNTY**

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Approved by: _____ Executive Director _____ Date 11/26/12

I. Abstract

This policy establishes the standards of the Macomb County Community Mental Health Board (MCCMH), including Macomb County Office of Substance Abuse (MCOSA) for prevention services and the strategic framework for prevention services for at-risk populations.

II. Application

This policy shall apply to directly-operated and contracted network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board to ensure that services are directed toward prevention of mental disability, including substance addictions, for residents of Macomb County.

IV. Definitions

- A. **At-Risk Populations**
Categories of infants, children or adults experiencing behavioral, emotional or cognitive dysfunction, for whom biosocial or environmental factors exist which could result in their becoming consumers of mental disability and substance addiction treatment services.
- B. **Collaboration**
Inter-agency efforts by multiple agencies, formalized through a service assurance agreement, or memorandum of understanding, designed to more effectively provide and coordinate inter-agency prevention and intervention services.

- C. **Community Wellness Services**
The engagement, education, and training of providers, consumers and policy makers which are intended to improve the wellness of people with behavioral health problems (target population groups) in the community.
- D. **Human Disability Prevention**
All efforts by human service agencies to promote general health and prevent physical, mental, emotional, and behavioral disabilities.
- E. **Macomb County Human Services Coordinating Body (HSCB)**
An organization comprised of Macomb County's publicly-funded human services department directors along with its committees, workgroups, and subcommittees. HSCB executive council members share information about their respective agencies and programs, determine local prevention priorities, appoint work groups to study key issues, and prepare action plans with recommendations for inter-agency action. The HSCB executive council reviews and sanctions work group and committee recommendations and provides oversight for the projects of collaborating agencies.
- F. **Disability**
The conditions of mental illness, emotional disturbance, and developmental disability as defined in the Michigan Mental Health Code, and the condition of substance abuse as defined in the Public Health Code.
- G. **MCCMH Prevention Services**
Services directed proactively to at-risk populations and designed to reduce the incidence of behavioral, emotional or cognitive dysfunction and the need for individuals to become consumers of mental disability and substance addiction prevention services. Prevention services may be directed at the general community at-large, meaning all members of a catchment area or age group who receive services without predetermined eligibility (universal); or toward at-risk populations (selective and indicated).
 - 1. Prevention services may be:
 - a. Individualized;
 - b. Time-limited training; or
 - c. Directed toward community wellness.
 - 2. Prevention services do not include:
 - a. Mental health or substance abuse treatment, e.g., efforts aimed at individuals diagnosed with mental illness, emotional disturbance, developmental disability or substance addiction with the goal of

avoiding worsening of the condition, maintaining optimal functioning, or returning to normalcy.

- b. Mental health or substance abuse support services, e.g., efforts aimed at creating and maintaining optimal systems and physical and emotional environments for consumers.
- c. Case finding (except as part of a disaster response/intervention plan).
- d. Avoidance of re-institutionalization or re-hospitalization.
- e. Services to family members with the intent of maintaining consumers in the community.
- f. Other services for, or on behalf of, enrolled MCCMH consumers.

H. Risk Factors

Those situations/conditions/characteristics associated with the incidence of emotional, behavioral, or cognitive dysfunction. These factors include inherited vulnerabilities, cultural deprivation during early childhood, limited coping skills, lack of supportive or personal relationships, multiple stressors (ongoing aversive developmental conditions or life crises, drug use, transitions and catastrophes), genetic and metabolic deficits, and traumatic and toxic exposure, etc., across multiple domains (school, family, community and individual/peers).

I. Service Component

A strategic prevention service.

J. Target Population

An at-risk population, identified through a data-driven process, toward which prevention services are directed.

V. Standards

A. Prevention Responsibilities (not all inclusive)

- 1. In developing service plans for adults with severe mental illness or developmental disabilities, MCCMH provider staff shall consider the needs of the consumers' children, and take steps to ensure prevention services are delivered as appropriate for these children.
- 2. The MCCMH Board may provide the following prevention services:
 - a. Infant Mental Health services;

- b. Services to increase life-coping skills of children, adolescents or adults;
 - c. Prevention services to older adults;
 - d. Services to children, adolescents or adults to facilitate adaptation to specific life crises and life transitions;
 - e. Suicide prevention;
 - f. Services to support children in educational settings;
 - g. Emergency response services;
 - h. Community education on fetal alcohol syndrome and infant mortality.
3. The MCCMH Board may provide prevention services to or on behalf of at-risk populations through information, education, collaboration with communities, problem identification, problem identification and referral, and alternative strategies. This strategic prevention framework can be developed incorporating a prevention prepared community model:
- a. Based on the needs of the community while identifying the current capacity and readiness;
 - b. Using a targeted planning process which includes a clear rationale and statement of priorities;
 - c. To accomplish identified objectives, as a proactive prevention effort with evidence based or best practice programming;
 - d. As a means of establishing and consolidating community collaborative relationships related to identified prevention programming;
 - e. As a means of promoting opportunities for new areas of programming; and
 - f. In response to community crises or trend data.
4. The MCCMH Board may provide prevention services on behalf of at-risk populations through the following services:
- a. Consultation relating to agency organization, program delivery, effectiveness of staff, mental health or substance abuse needs of individuals and groups;

- b. Education and training provided to agencies, schools and community groups;
 - c. Community resource planning and development (including facilitating self-help groups); and
 - d. Liaison and networking.
5. The following are not considered prevention services:
- a. Services on behalf of an individual consumer of the MCCMH Board, e.g., case management, case conferencing and advocacy;
 - b. Case finding;
 - c. Community activities undertaken as part of the administrative function;
 - d. Education and training services provided directly to target populations;
 - e. Education and training services provided to staff of mental health provider agencies; and
 - f. Public information services such as media and in-person presentations on general mental health issues and programs, newsletters, and press releases.
6. The MCCMH Board shall encourage participation in community planning for prevention services for all age groups, to be provided under MCCMH auspices or through collaboration with HSCB and other human service agencies.
7. The MCCMH Board shall ensure the provision of staff to plan, coordinate, and assist in implementation of MCCMH prevention activities.
- B. Methodology for Ongoing Service Components
- 1. MCCMH prevention services shall use prevention models evaluated as effective and approved by the MDCH Prevention office or the MDCH pilot demonstration process and involving an evaluation component. The MCCMH Board may pilot new prevention programs, provided the programs are based on sound prevention principles and follow the standards and procedures set forth in this policy.

2. There shall be a written description for each prevention service provided.
3. When appropriate, prevention programs shall have a connection with another service system. When referrals to the prevention program come from another service system, an ongoing process to assess risk factors and make referrals shall be developed and followed.

C. Confidentiality

1. MCCMH Administrative offices, directly-operated and contract network providers shall adhere to the applicable provisions of the confidentiality policies of the MCCMH Board, which are found in Chapter 6 of the MCCMH MCO Policy Manual.
2. MCCMH Administrative Offices, directly-operated and/or contract providers shall maintain records for each prevention service, as required under applicable provisions of federal, state and local laws or regulations, and/or in accordance with MCCMH MCO policy.

D. Reimbursement

1. MCCMH may seek reimbursement from individuals and third-party payers for prevention services only under conditions which do not serve as an obstacle to the provision of services and do not require mental illness, developmental disabilities, or substance abuse diagnostic labeling. Standards and procedures regarding reimbursements shall take place according to the provisions of MCCMH MCO Policy 7-001, "Determination of Financial Liability."

E. Collaborative Relationships

1. When MCCMH enters into a collaborative funding arrangement for prevention services, a service assurance agreement or memorandum of understanding shall be established to define roles and responsibilities of each agency.

VI. Procedures

- A. None.

VII. References / Legal Authority

- A. MCL 330.1208
- B. MDCH Administrative Rules, R 330.2005(b) and 330.2007

- C. MDCH / MCCMH Medicaid Managed Specialty Supports and Services Contract, FY 2013
- D. Michigan Department of Community Health, Medicaid Provider Manual, Mental Health/Substance Abuse

VIII. Exhibits

- A. None.