
APPENDIX A

INTRODUCTION

The community placement program for adults has been under increasing scrutiny since deinstitutionalization began on a large scale in 1962. Concern for concepts of normalization and least restrictive alternatives, a wish to place people in appropriate community settings with necessary support services, and the need for financial resources to be in place upon exiting, produced the 1975-76 Adult Community Placement Agreement between the Department of Social Services and the Department of Mental Health.

During the past five years there have been many changes in the area of adult services. Increasing numbers of aged persons need services, one being community placement. The same is true for the physically handicapped. Many persons exiting mental health institutions are more impaired, requiring highly specialized residential settings and follow-up services. Concerns about inefficient resource use and duplication have caused problems in obtaining adequate funding from the legislature. There is also a strong desire for single accountability related to placement and follow-up for mental health clients.

While the three-party Placement Review Committee (PRC) process worked well in some areas of the state, in others it did not. Given the changing demands of those in need of dependent care and the increased need to use staff more effectively, it is appropriate and timely that CMH and MDHHS develop systems for administering community placement programs geared to distinct populations with particular needs. This separation is based on the conviction that funding, administration and service delivery will be improved as a result.

The following plan is intended for use in all counties except Wayne where the transfer of responsibility began in October 1979. The philosophy and principles reflected in this plan also appear in the Wayne plan.

The issues of recipient rights protection, training of providers/staff, neglect/abuse investigation, licensing, and other aspects of the 1975-76 Adult Community Placement Agreement will be dealt with separately as necessary and appropriate. They are not an integral part of this plan.

Extensive written and verbal comment was received relative to the February 1980 progress report and April Preliminary Plan. Most individuals who reacted supported the concept, but reflected concern about the multitude of details and clarification needed prior to total implementation. They also questioned the availability of additional resources. The incremental, phase-in arrangement herein proposed will allow time to develop necessary working arrangements at the local level and at the same time, allow for preparation of requests for necessary funds.

Prior to FY 81/82, DMH produced community standards for system entry. Screening the population that exited institutions prior to 1976 will continue, and CMH will examine their integration strategies and agreements to determine what modifications will be necessary to make adult community placements and provide follow-up services without the assistance of MDHHS services staff.

DEFINITIONS AS USED IN THIS PLAN & LIST OF PARTICIPATING DMH INSTITUTIONS

1. **Adults with Combination Diagnoses** - DD or MI adults who are also aged or physically handicapped.
2. **Adults with Dual Diagnoses** - Adults with developmental disabilities whose presenting problem/behavior fits the definition of mental illness.
3. **Dependent Care** - Adult Foster Care (AFC) Homes, Homes for the Aged (HA), Nursing Care Facilities.
4. **Developmental Disability** - Per Act 258 of 1974, Sec. 500(h) developmentally disability means "an impairment of general intellectual functioning or adaptive behavior which meets the following criteria:
 - (i) It originated before the person became 18 years of age;
 - (ii) It has continued since its origination or can be expected to continue indefinitely;
 - (iii) It constitutes a substantial burden to the impaired person's ability to perform normally in society;

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- (iv) It is attributable to 1 or more of the following:
- (A) Intellectually disabled, cerebral palsy, epilepsy, or autism.
 - (B) Any other condition of a person found to be closely related to intellectually disabled because it produces a similar impairment or requires treatment and services similar to those required for a person who is intellectually disabled.
 - (C) Dyslexia resulting from a condition described in subparagraph (A) or (B), per Section 500 of Act 258 as amended."
5. **CMH** - Institution, region, or CMH, based upon who is determined responsible for the action.
 6. **SER** - State Emergency Relief.
 7. **Formerly Institutionalized Adult** - An adult who has been a resident in a DMH or CMH in-patient setting but not during the preceding twelve (12) months.
 8. **HA** - Homes for Aged.
 9. **MA** - Medicaid Assistance.
 10. **Mental Health (MH) Recipients** - Persons who, because of their individual "care, treatment, or rehabilitation" needs related to mental illness or developmental disability, are eligible and registered to receive the types and scopes of services provided through the public mental health system per Sec. 300.1116 of Act 258 of 1974.1
 11. **Mental Illness (MI)** - ". . . means a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life," per Act 258 of 1974, Sec. 400(a).
 12. **Never Institutionalized Adult** - An adult who has never been a resident in a DMH or CMH in-patient setting.
 13. **Recently Institutionalized Adult** - An adult who has been a resident in a DMH or CMH in-patient setting within the twelve (12) months preceding a request for dependent care placement.

14. **Specialized Residential Facility** - Any dependent care setting reimbursed in whole or in part by CMH and/or under contract for service with CMH. These settings are governed by DMH Administration Manual requirements.
15. **System Entry** - Criteria for establishing eligibility as a mental health recipient.

¹ Act 258 of 1974, Sec. 116, "Pursuant to section 51 of article 4 of the constitution of 1963 . . . and pursuant to section 8 of article 8 of the constitution of 1976, which declares that services for the care, treatment, or rehabilitation of those who are seriously mentally handicapped shall always be fostered and support; the department shall continually and diligently endeavor to ensure that adequate and appropriate mental health services are available to all citizens throughout the state . . ."

16. Institutions for the Developmentally Disabled

Alpine Regional Center.
Caro Regional MH Center.
Coldwater Regional Center.
Hillcrest Regional Center.
Oakdale Center.
Macomb/Oakland Regional Center.
Mt. Pleasant Center.
Muskegon Regional Center.
Newberry Regional MH Center.
Northville Residential Training Center.
Plymouth Center for Human Development.
Southgate Regional Center.

17. Institutions for the Mentally Ill

Caro Regional MH Center.
Clinton Valley Center.
Detroit Psychiatric Institute.
Kalamazoo Regional Psychiatric Hospital.
Lafayette Clinic.
Walter P. Reuther Psychiatric Hospital.
Michigan Institute for Mental Health.
Newberry Regional MH Center.
Northville Regional Psychiatric Hospital.

¹ See Fifth Edition of DMH Program Policy Guidelines, Fiscal Year 1981-82 (June 1980), page 44.

Traverse City Regional Psychiatric Hospital.
Ypsilanti Regional Psychiatric Hospital.

18. The following terms, when used by the CMH, mean as follows:
- a. **Home Recruitment** - The process of identifying new homes to provide residential services to meet the special needs of persons requiring dependent care.
 - b. **Home Development** - The process of assisting potential or licensed providers, be they new to the field or with many years of experience, to improve and upgrade the quality of care and services provided residents by means of training, technical assistance and consultation. This may include initiation of a contract between CMH and a provider.
 - c. **Placement** - The act of matching individual client needs for dependent care with placement resources and support services in the community, plus arranging for the actual physical move to the facility.
 - d. **Client Services Management/Follow-up** - Singular responsibility for assuring that these administrative, facilitative, and advocacy activities are carried out: that appropriate and required client assessments are performed; that an individualized plan of service is developed, implemented, reviewed, and updated; and that essential planning, coordination, facilitation, monitoring, recordkeeping, and advocacy activities are taking place on behalf of the recipient.²

MDHHS PRIORITIES FOR TRANSFER OF DEPENDENT CARE PLACEMENT & FOLLOW-UP

Incremental assumption of sole responsibility by CMH is the most reasonable course of action from a management and resource perspective: thus, the recommendation that this realignment occur over the next three fiscal years (FY 80/81 exits and recent exits, see pages 5 & 6 for DD, and pages 6 & 7 for MI; FY 81/82 never institutionalized, see page 7; FY 82/83 formerly institutionalized,

² See Fifth Edition of DMH Program Policy Guidelines, Fiscal Year 1981-82 (June 1980), page 44.

see page 8). Flexibility has been built in to the extent possible and acceleration of the time frames is encouraged whenever possible.

CMH ASSIGNMENT OF RESPONSIBILITY

It is the intent of the MDHHS to lodge resources and responsibility for home recruitment/development, placement, and client service management with CMH to the extent possible regardless of placement request source. This is in keeping with the intent of P.A. 258 requiring the department to transfer to the community responsibility for planning and services delivery as CMH displays willingness and capacity to assume same.² By 10/1/80, each Regional Director will submit to the Director for Operations a list by county indicating whether MDHHS or CMH will be responsible for home recruitment/development and placement/follow-up so that accountability can be clearly identified.

JOINT MEETINGS

Recognizing that MDHHS and CMH management units are not congruous, MDHHS has coordinated the identification of appropriate counterparts. On receipt of information from MDHHS Central Offices regarding geographical service areas, Regional Directors convened meetings involving MDHHS staff (local, Central Office program staff, Field Services Administration), and local CMH.

²Sec. 116.(e)(ii) "In the administration of Chapter 2, it shall be the primary objective of the department to shift from the state to a county the primary responsibility for the direct delivery of public mental health services whenever such county shall have demonstrated a willingness and capacity to provide an adequate and appropriate system of mental health services for the citizens of such county."

SPECIFIC AGENCY ROLES AND RESPONSIBILITIES OUT-STATE FOR DD ADULTS EFFECTIVE 10-1-80 FOR FY 80/81

1. CMH will provide placement and follow-up services for adults exiting any DD institution into any kind of dependent care (AFC, HA, nursing care facilities). The placement review committee process involving institutional and CMH staff will

continue but MDHHS involvement will consist only of providing information on request about facilities and vacancies. Services cases will not automatically be open for pre-placement planning in either the liaison or placement county. Clients exiting special nursing homes for the intellectually disabled and Alternative Intermediate Services (AIS) facilities into other dependent care facilities in the community will go through a CMH placement review committee process.

2. MDHHS will close service cases on clients who are receiving residential services from a provider who is reimbursed in whole or in part or under contract with CMH. Service cases will remain open if the clients are part of a current complaint investigation. These cases were originally to be maintained as open cases in MDHHS per the Addendum to the Agreement dated October 1976.
3. Responsibility for placement and follow-up of recently institutionalized adults clearly rests with CMH.* Accordingly, when such adults seek placement from MDHHS, they will be referred to and advised by CMH of their right to service under the Mental Health Code and encouraged to seek placement and follow-up services through CMH. Only after such services are declined in writing will MDHHS accept an application for placement from such clients. CMH will provide MDHHS with technical assistance and consultation. The numbers of such adults accepting and declining CMH services will be recorded as will the number of referrals for such services received by MDHHS from CMH.

*DMH appropriations boiler plate language since 1975.

4. Never institutionalized and formerly institutionalized adults in the community not currently in dependent care will continue to receive placement and follow-up services from MDHHS in AFC non-special residential facilities, HA, and nursing care facilities. MDHHS is encouraged to refer all such adults to the CMH single entry system for assessment and assistance in obtaining appropriate services. When MDHHS has no appropriate vacancies a referral is to be made to CMH for development of new facilities, placement, and/or for mental health services as needed. In short, this plan is not to be construed to preclude referrals to CMH by MDHHS at any time.

5. MA, SER and complaint investigations will continue to be available from MDHHS for eligible clients.

**SPECIFIC AGENCY
ROLES &
RESPONSIBILITIES
OUT-STATE FOR MI
ADULTS IN FY 80/81**

1. Effective 10-1-80 placement and follow-up of adults exiting any MI institution into AFC special residential facilities will be the responsibility of CMH. The placement review committee process involving institution and CMH staff will continue but MDHHS involvement will consist only of providing information on request about facilities and vacancies. Service cases will not be open for pre-placement planning in either the liaison or placement county.
2. Effective 10-1-80 the placement review committee process as described in the 1975 DMH (MDHHS) Agreement will continue for adults exiting MI institutions into AFC non-special residential facilities, Homes for the Aged, and nursing care facilities. Provision of necessary MH services by CMH will continue after placement.
3. Effective 10-1-80 DMH (MDHHS) will close service cases on clients who are receiving residential services from a provider who is reimbursed in whole or in part by or under contract with CMH. Services cases will remain open if the clients are part of a current complaint investigation. These cases were originally to be maintained as open cases in DMH (MDHHS) per the Addendum to the Agreement dated October 1976.
4. Effective 7-1-81 CMH will assume expanded responsibility for placement and follow-up of adults exiting MI institutions into non-contract AFC homes, Homes for the Aged, and nursing care facilities.*
5. Never institutionalized and formerly institutionalized adults in the community not currently in dependent care will continue to receive placement and follow-up services from MDHHS in AFC non-special residential facilities, HA, and nursing care facilities. MDHHS is encouraged to refer all such adults to the CMH single entry system for assessment and assistance in obtaining appropriate services. When MDHHS has no appropriate

vacancies a referral is to be made to CMH for development of new facilities, placement, and/or for mental health services as needed. In short, this plan is not to be construed to preclude referrals to CMH by MDHHS at any time.

6. Responsibility for placement and follow-up of recently institutionalized adults clearly rests with CMH.** Accordingly, when such adults seek placement from MDHHS, they will be advised by CMH of their right to service under the Mental Health Code and encouraged to seek placement and follow-up services through CMH. Only after such services are declined in writing on DMH 3809 will MDHHS accept an application for placement from such clients. CMH will provide MDHHS with technical assistance and consultation. The numbers of such adults accepting and declining CMH services will be recorded as will the number of referrals for such services received by MDHHS from CMH.
7. MA, SER and complaint investigations will continue to be available from MDHHS to eligible clients.

*Regional DMH (MDHHS) directors may approve acceleration of timeframes based on local plans approved by CMH and local MDHHS. A copy of these plans will be sent to MDHHS Adult Community Placement Analyst, Lansing, and to the Director Operations.

**DMH appropriation boiler plate language since 1975.

SPECIFIC AGENCY ROLES AND RESPONSIBILITIES OUT-STATE FOR FY 81/82

1. Effective 10-1-81, utilizing DMH (MDHHS) community system entry standards, CMH will assume expanded responsibility for placement and follow-up into dependent care (AFC, HA, and nursing care) of never institutionalized adults who are determined to be mental health recipients.
2. DMH (MDHHS) will, to the extent possible, fund PRR's to assure CMH assumption of placement and follow-up responsibility for the never institutionalized population. (See DMH (MDHHS) Program Policy Guidelines for FY 81/82).

**SPECIFIC AGENCY
ROLES &
RESPONSIBILITIES
OUT-STATE FOR FY
82/83**

1. The CMH will evaluate formerly institutionalized adults residing in dependent care upon referral from MDHHS utilizing DMH community system entry standards. CMH will then register and incrementally assume full responsibility for sustaining, through client service management, those determined to be public mental health recipients. This process was initiated by the April 1979 MDHHS/DMH/DPH "Interagency Agreement on Screening, Referral, and Mental Health Evaluation of Adults Placed in Alternative Care Settings Prior to January 1, 1976." That agreement stated that as the needs of this population are registered by the public mental health system, individuals will either receive services based on current resources, or be put on waiting lists pending receipt of new resources. It is anticipated that CMH assumption of responsibility for this population and the closing out of most MDHHS services cases (not MA, SER and complaint investigations) will occur by the end of FY 82/83 if not before.
2. A MDHHS services case may need to remain open or be opened to authorize transportation to a sheltered workshop, to conduct a neglect/abuse investigation, or to authorize Emergency Needs Program eligibility.
3. Not all formerly institutionalized adults will need mental health services or become mental health recipients. If they do, responsibility for these clients will be transferred to CMH. If they do not, responsibility will remain with MDHHS.

**LEVEL OF CARE
DETERMINATIONS**

The MDHHS has secured the authority to perform SSI level of care determinations statewide. Accordingly, MDHHS or CMH depending upon which has placement responsibility in each county, is negotiating with its area Social Security Administration (SSA) office to work out arrangements for processing initial and subsequent level of care determinations.

**ADULTS WITH
COMBINATION
DIAGNOSES**

Clearly many adults requesting dependent care and/or follow-up services will not simply be aged or physically handicapped or developmentally disabled or mentally ill. They will represent combinations of needs and strengths. In situations involving combination diagnoses (mental health and non-mental health), whichever agency is contacted first shall be responsible for initiating an interagency mechanism such as a placement review committee to resolve the issue of agency responsibility utilizing MDHHS community system entry standards. The decision will be based on presenting problem.

**HOME
RECRUITMENT/
HOME
DEVELOPMENT**

As stated in the February Progress Report and the April Preliminary Plan, CMH assumed sole responsibility for home recruitment/development of dependent care resources for potential public mental health recipients on October 1, 1979. On the same date MDHHS assumed singular responsibility for recruiting and developing homes for the aged and physically handicapped. In keeping with MDHHS's mandate to transfer responsibility to CMH for planning and services delivery (see page 5), home recruitment/development responsibilities statewide, exclusive of placement and client services management, will be the responsibility of CMH to the extent possible.

CMH and MDHHS will coordinate their activities at the state and local level so as to ensure community involvement in the process of establishing new community residential facilities. Linkages at the local level are essential to maximize community support.

Every effort will be made to utilize already licensed AFC facilities with vacancies as CMH implements its home recruitment/home development responsibilities. The CMH will not contract with a facility for occupied beds since this would cause persons already in care to be needlessly relocated.

**GENERAL REVIEW
OF FUNCTIONS/RE-
SPONSIBILITIES BY
DEPARTMENT CMH**

1. Continue PRC process for adults exiting State institutions.
2. Assist client to prepare necessary application for financial assistance (SSI, SER, MA).
3. Complete Level of Care Determination for SSI clients.
4. Recruit/develop residential settings for mental health clients both from communities and institutions.
5. Develop standards for system entry from community.
6. Provide services under recipient rights protection.
7. Provide crisis intervention/emergency services.
8. Develop contracts with providers.
9. Work with MDHHS in placing recently institutionalized clients, clients who refuse CMH services, and clients with combination diagnoses.

MDHHS

1. MA-FIS/ES staff
2. Licensing-regulatory staff
3. Protective Services and complaint investigations - adult services staff
4. Home recruitment/development for aged and physically handicapped - adult services staff
5. Provide CMH with information about existing AFC facilities - adult services staff
6. Authorize SER - FIS/ES staff
7. Work with CMH in placing recently institutionalized clients, clients who refuse CMH services, and clients with combination diagnoses - adult services staff.

**Realignment of
MDHHS/DMH Adult
Community
Placement
Agreement/Re-
write of Out-State
Plan Issued June
1980**

The following reflects the rationale for rewrites/additions inserted on the attached. For each rewrite/addition there is a vertical sign in the margin noting the line(s) affected/added. The page numbers and items referred to below are specific to the revised plan which is attached for your information/use. Upon receipt of this publication please obsolete your June, 1980 copy of the "Final Plan for Out-State Implementation of changes in the DMH/MDHHS Adult Community Placement Agreement."

INTRODUCTION

Some minor changes were made to reflect events that have occurred since April, 1980 when the Preliminary Plan for Outstate was distributed.

**DEFINITIONS AS
USED IN THIS PLAN
AND LIST OF
PARTICIPATING
DEPARTMENT OF
MENTAL HEALTH
INSTITUTIONS**

Page 2, #1 and 2 -- revised to reflect Department of Mental Health/Community Mental Health usage of expression "dual diagnosis" as referring to developmental disabilities/ mentally ill. Combined diagnoses would be an individual whose needs span the functions of the Department of Social Services and Department of Mental Health/Community Mental Health.

Page 2, #7 -- expanded to include utilization of private inpatient settings under contract with community mental health.

Page 3, #11 -- expanded to reflect that person is registered for services and therefore has been found eligible in keeping with Section 330.1116 of Act 258 of 1974.

Page 3, #13 -- expanded to include utilization of private inpatient settings under contract with Community Mental Health.

Page 3, #14 -- expanded to include utilization of private inpatient settings under contract with Community Mental Health.

Page 3, #15 -- revised to reflect community mental health board operated homes and homes not under contract but receiving an allotment.

Page 3, #17 -- revised to clarify what the program represents.

Page 4, #19 -- changed to reflect new name of facility.

Page 4, #20 -- a. revised to better explain the differences in roles.

b. revised to better explain the differences in roles.

DMH/MDHHS PRIORITIES FOR TRANSFER OF DEPENDENT CARE PLACEMENT AND FOLLOW-UP

Page 5 -- no change

CMH ASSIGNMENT OF RESPONSIBILITY

Page 5 -- no change

JOINT MEETINGS

Page 5 -- revised to reflect what has already occurred.

**SPECIFIC AGENCY
ROLES AND
RESPONSIBILITIES
OUT-STATE FOR
DEVELOP-
MENTALLY
DISABLED ADULTS
EFFECTIVE
OCTOBER 1, 1980
FOR FY 80/81**

Page 6, #2 -- changed to clarify that the Department of Social Services will continue to carry open service cases in mixed homes on clients who are not covered by a contractual arrangement between Department of Mental Health/Community Mental Health and the provider.

Page 6, #3 -- revised to include reference to boilerplate language (under #3 and in footnote at bottom of page). "Referred to" added since the only way the Department of Mental Health/Community Mental Health could advise individuals of their rights would be upon referral.

Page 6, #4 -- revised to reflect that this paragraph does not address current adult foster care residents. Also "specialized residential facility" replaces "contract homes."

**SPECIFIC AGENCY
ROLES AND
RESPONSIBILITIES
OUT-STATE FOR
MENTALLY ILL
ADULTS IN FY 80/81**

Page 6, #1 -- "special residential facility" replaces term "contract homes."

Page 6, #2 -- same as above

Page 6, #3 -- changed to clarify that the Department of Social Services will continue to carry open service cases in mixed homes on clients who are not covered by a contractual arrangement between the Department of Mental Health/Community Mental Health and the provider.

Page 7, #5 -- revised to reflect that this paragraph does not address current adult foster care residents. Also "specialized residential facility" replaces "contract homes."

Page 7, #6 -- revised to include reference to boilerplate language (under #3 and in footnote** at bottom of page). "Referred to" added since the only way the Department of Mental Health/Community Mental Health could advise individuals of their rights would be upon referral.

Page 7* -- changed to reflect "local" Department of Social Services office approval and copy to the Department of Social Services zone manager.

**SPECIFIC AGENCY
ROLES AND
RESPONSIBILITIES
OUT-STATE FOR FY
81/82**

Page 7 & 8 -- no change.

**SPECIFIC AGENCY
ROLES AND
RESPONSIBILITIES
OUT-STATE FOR FY
82/83**

Page 8 -- no change.