
PURPOSE

To establish standards to be incorporated into the design and delivery of all services provided across Michigan Department of Health and Human Services (MDHHS) hospitals ensuring person-centered planning is utilized in the development and implementation of treatment and interventions that support the health and safety of a patient in an environment that promotes freedom and choice.

DEFINITIONS**Active Treatment**

A continuous process involving ongoing assessment, diagnosis, appropriate interventions, evaluation of care and treatment and planning for discharge and aftercare.

Behavior Treatment Plan (BTP)

A specifically delineated and formatted part of the individual plan of service (IPOS) that stipulates the goal-oriented treatment, developed along with, and provided for a patient, to treat, manage, and control or extinguish predictable and continuing behaviors. Plans may or may not utilize restrictive, intrusive or limiting interventions and are always part of the IPOS. If a BTP includes restrictive, intrusive, or limiting interventions it will require approval prior to implementation.

Choice

The freedom to make informed decisions regarding a course of action as supported by the principles of person-centered planning, recovery, a culture of gentleness and patient rights.

Community Mental Health Services Program (CMHSP)

A program operated under chapter 2 of the Michigan Mental Health Code (MMHC) as a county community mental health agency, a community mental health authority, or a community mental health organization.

Facilitator

The person chosen by the patient to lead the IPOS meeting, assure that all participants are afforded the opportunity to contribute and

that the meeting is conducted using the person-centered planning process. The facilitator need not be an employee of the hospital.

Family member

A parent, stepparent, spouse, sibling, child or grandparent of a patient, or an individual upon whom a patient is dependent for at least 50 percent of their financial support.

Freedom

Acting, thinking, or speaking without external imposition as supported by the principles of person-centered planning, recovery, a culture of gentleness and patient rights.

Full Program

Access, including but not limited to psycho-social rehabilitation, school, cafeteria, church, all scheduled milieu and off grounds activities, and being on no special precautions.

Hospital

An inpatient program operated by the department for the treatment of individuals with serious mental or serious emotional disturbance.

Individual Plan of Service (IPOS)

The fundamental document in the patient's record, developed in partnership with the patient using a person-centered planning process that establishes meaningful goals and measurable objectives. The IPOS must identify services, supports and treatment as desired or required by the patient. The IPOS must be approved by a psychiatrist.

Intervention

An interaction between hospital staff and patient, or group of patients that helps a patient achieve medical and/or behavioral goals and objectives.

As such, interventions are a key component of active treatment. Interventions include:

1. **Planned Intervention:** A staff-patient interaction that is developed in anticipation of an expected behavior. Planned interventions are written in the IPOS.
2. **Planned Intervention with limitations:** A repetitive or prolonged limiting intervention.
3. **Spontaneous Intervention:** A short-term and unplanned interaction with a patient that is, in the judgment of the clinical staff, immediately necessary in order to make less likely harm to self, harm to others, substantial damage to property and/or significant negative impact on the rights of fellow patients.

Legal Representative

A guardian or a parent with legal custody of a patient who is a minor, or an advocate designated by the patient, who is permitted to make mental health treatment decisions on their behalf.

Licensed Private Hospital

An inpatient program licensed under Section 137 of the MMHC for the treatment of individuals with serious mental illness or serious emotional disturbance.

Medical Model

A standard of health wherein a condition is detected, identified, and treated through a systematic process of observation, description, and differentiation, in accordance with standard accepted procedures and interventions, such as examinations, tests, sets of symptom descriptions, treatment protocols/methods, outcomes expectations, etc. This model is delineated in the context of an

individualized plan of service or some other recognized treatment plan/planning process.

In the medical model, treatment is led by a physician/physician extender. In a psychiatric hospital, that physician is a psychiatrist/psychiatrist extender.

As the treatment leader, the psychiatrist/psychiatrist extender is the signatory authority of the treatment plan.

Medical Staff

A body that has the overall responsibility for the quality of the professional services provided by individuals with clinical privileges and the responsibility of accounting, therefore, to the Hospital Director. The medical staff includes physicians, dentists, and fully licensed psychologists. Members have delineated clinical privileges that allow them to provide patient care services independently within the scope of their clinical privileges.

Limitation

Constraint of a right of a patient. Rights may be limited only for those reasons provided in Chapter 7 of the MMHC or Part 7 of the MDHHS Administrative Rules.

Milieu

The interactional environment in which treatment occurs.

Person-Centered Planning

A process for developing treatment and supports for a patient receiving services that builds upon the patient's capacity to engage in activities that promote community life and that honors their preferences, choices, and abilities. The person-centered planning process involves families, friends and professionals as the patient desires or requires.

Plan Coordinator

A licensed social worker or psychologist who integrates, coordinates, monitors and assures implementation of each patient's IPOS. Monitoring includes ongoing review of the IPOS, recording progress and changes, and initiating modification of the IPOS as necessary.

Reasonable

Services and supports desired or required by the patient that are suitable under the circumstances and which do not require excessive or extreme use of resources.

Restriction

A general constraint of a right for a group of patients or for all patients. Restrictions should not be used as behavior treatment and should only be done for the effective functioning of the hospital in the context of Chapter 7 of the MMHC.

Right

Entitlements or freedoms as guaranteed by chapter 7 of the Michigan Mental Health Code (MMHC) unless otherwise restricted by law. In addition to the rights guaranteed in chapter 7, mental health patients shall maintain benefits, and privileges guaranteed by other provisions of law. In the hospitals this means full access to treatment, care, and services in the least restrictive environment that is appropriate and available.

Support Plan

A written plan that specifies the personal support services or any other supports that are to be developed with and provided for a patient.

Treatment

Care, diagnostic, and therapeutic services, including the administration of drugs, and any other service for the treatment of a patient's serious mental illness, serious emotional disturbance, or substance use disorder. This includes interventions entered in the IPOS that are intended to help a patient achieve medical and/or behavior goals and objectives.

Treatment Plan

A written plan that specifies the goal-oriented treatment or training services, including rehabilitation and habilitation services, that are to be developed with and provided for a patient.

Treatment Team

Those individuals who work together to develop and implement the IPOS. These include the patient, parents/guardians and a multidisciplinary team of mental health care professionals, unit managers and direct care staff.

POLICY

The IPOS for every patient must be developed using the person-centered planning process and shall follow these principles:

Recovery

Having hope for the future, that people can and do overcome the barriers and obstacles that confront them. Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth. The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Culture of Gentleness

The promotion of a treatment environment where all are equal, supports unconditional positive regard, is devoid of verbal and physical disrespect and is genuinely person-centered.

Dignity and Respect

Everyone has strengths and the ability to express preferences and make choices. A patient's cultural background shall be recognized and valued in the decision-making process. Treatment and supports identified through the process shall promote maximum independence, least restrictive treatment modalities, community connections and quality of life.

STANDARDS

1. A patient's right to exercise freedom and choice shall be encouraged in the planning, development, and implementation of the IPOS.
2. A patient's choices and preferences shall always be considered, if not always granted. These choices and preferences shall be honored to the extent that they are:

- Reasonable.
 - Consistent with court orders governing the patient's evaluation and treatment; for example, for patients determined to be incompetent to stand trial, the order for treatment is for the explicit purpose of rendering the patient competent to stand trial. A patient's choices and preferences shall be considered when they are consistent with this explicit purpose.
 - Sensitive to the safety and security of the patient, other patients, visitors, and staff.
3. For each patient the hospital shall identify a plan coordinator. The plan coordinator shall be a member of the patient's treatment team and shall be designated in the plan.
 4. The hospital shall notify the patient and their legal representative of the plan coordinator's name and their contact information.
 5. The patient shall be given the opportunity to choose the plan coordinator.
 6. The preliminary IPOS shall be developed within seven calendar days of the commencement of services. If a patient is hospitalized for less than seven calendar days their IPOS must be developed prior to their discharge or release.
 7. The process of planning, developing, and implementing the IPOS shall be done in partnership with the patient and include a set of specific activities including assessment, pre-planning, plan development, plan review/revision and discharge or pre-release planning.

Assessment

- A patient shall be provided with only those assessments that are clinically necessary, ordered by the court or required by applicable accrediting bodies.
- The following assessments shall be completed with the patient within 24 hours of admission:
 - Medical.

- Psychiatric, including inquiry regarding any history of trauma and implications for treatment.
- Nursing.
- The following assessments shall be completed with the patient no later than three business days following admission:
 - Social history.
 - Education/school evaluation as required by law.
 - Other assessments (for example, psychology, dietary, activity therapy, etc.) required because of a desire or need identified by the patient or as additional needs are identified through the required assessments referenced above.
- All assessments will include the desired outcomes identified by the patient or an explanation of why this information could not be obtained.

Pre-Planning

- No later than two business days prior to the initial and subsequent IPOS development meetings, the plan coordinator must meet with the patient to provide an explanation of the person-centered planning process and the purpose of the IPOS development meeting.
- The plan coordinator must document the pre-planning meeting using Attachment A, Pre-Planning Worksheet for IPOS Development, and ensures its inclusion in the patient's clinical record.
- For continuity of treatment, all reasonable attempts shall be made to obtain any IPOS developed in partnership with the patient by the responsible CMHSP or licensed private hospital. The previous IPOS shall be provided to the plan coordinator in a timely manner to assure review and discussion in the IPOS development meeting.

IPOS development

- The following must attend the IPOS development meeting:
 - The patient must be present and participate in the IPOS development meeting. If the patient refuses to participate their refusal must be documented in the clinical record.
 - Those identified by the patient during pre-planning including, but not limited to:
 - a) Parents, guardians, and family members of minors, unless the minor is emancipated. In the event the parent, guardian or family member is unable or unwilling to participate, the refusal must be documented in the clinical record.
 - b) Friends, spouses, family, significant others, guardian, advocates, clergy, direct care staff, etc.
 - Those identified by the patient may be excluded from participation in the planning process only if inclusion of that person would constitute a substantial risk of physical or emotional harm to the patient or substantial disruption of the planning process. Justification for a person's exclusion shall be documented in the clinical record. If those identified by the patient cannot attend they will be may provide input by telephone or at the next scheduled meeting.
 - The plan coordinator.
 - The facilitator, if one has been identified and requested by the patient.
 - The patient may identify those they do not want to participate in the IPOS development meeting, including treatment team members. These persons will be excluded unless their presence is required by law. Persons not identified/chosen by the patient to attend may share information through the plan coordinator. The plan coordinator shall make accommodations to honor this choice.
- The IPOS must be developed in partnership with the patient, using a person-centered planning process and

shall provide for mental health services suited to their condition. All goals, objectives and interventions utilized in the provision of services, supports and treatment shall be based in the principles of recovery, a culture of gentleness and dignity and respect.

- The IPOS must identify, at a minimum, the following:
 - All persons, including family members, friends, and professionals that the patient desires or requires to be part of the planning process.
 - The services, supports, and treatments that the patient requested of the hospital/center.
 - The services, supports, and treatments committed by the hospital to honor the patient's request specified in standard (2).
 - Those who will assume responsibility for assuring that the committed services and supports are delivered.
 - When the patient can reasonably expect each of the committed services and supports to commence, and, in the case of recurring services or supports, how frequently, for what duration, and over what period.
 - How the committed mental health services and supports will be coordinated with the patient's natural support systems as well as those provided by other public and private organizations.
 - Limitations of the patient's rights.
 - a) Any spontaneous interventions with limitations must be ordered by a physician. Limitation must be justified, time-limited and clearly documented in the clinical record.
 - b) Any spontaneous interventions with limitations must be forwarded to the treatment team for review. If a pattern of behavior is identified, it must be documented within the IPOS. For patients who display chronic persistent psychiatric symptoms, aggressive behavior and

who may not respond rapidly to psychotropic medications, BTPs may focus on behavior management strategies that ensure safety, the use of incentives, self-recognition of behavioral triggers and responses, and medication management.

c) Any planned interventions with limitations, including within a BTP which limit an individual's rights, contain restrictive, intrusive or limiting treatment techniques, or any use of psychiatric medication for behavior control, shall be reviewed and approved by the Behavior Treatment Review Committee; see APF 167.

d) Any planned interventions with limitation of a patient's rights where the target behavior is due to an active substantiated psychiatric diagnosis, must be justified, time-limited and clearly documented in the IPOS. Documentation shall be included that describes attempts that have been made to avoid limitations, as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.

- Strategies for assuring that patients have access to necessary and available supports identified through a review of their needs. This includes, but are not limited to, any of the following:
 - a) Food.
 - b) Shelter.
 - c) Clothing.
 - d) Physical health care.
 - e) Employment.
 - f) Education.
 - g) Legal services.
 - h) Transportation.
 - i) Recreation.
 - j) Social support.
- A description of any involuntary procedures and the legal basis for performing them; see [APF 171](#).

- Specific date(s) when the overall IPOS and any of its subcomponents will be formally reviewed for possible modification or revision.
- The IPOS, BTP, or support plan must not contain privileged information or communications.
- Except as otherwise noted in this policy, the IPOS shall be formally agreed to in whole or in part by the patient and legal representative. If the appropriate signatures are not obtainable, then the hospital must document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the patient, and/or their legal representative.
- Implementation of an IPOS without agreement of the patient, or their legal representative, may only occur when a patient has been adjudicated pursuant to the provisions of section 469a, 472a, 473, 515, 518, 519 or 1032 of the MMHC. However, if the proposed IPOS in whole or in part is implemented without the concurrence of the adjudicated patient or their legal representative then their stated objections shall be included in the IPOS.

IPOS Review/Revision

- The hospital shall retain all periodic reviews, modifications, and revisions of the IPOS in the patient's record.
- The patient shall have opportunities to provide ongoing feedback regarding the planning, development, and implementation of their IPOS. For purposes of continuous quality improvement, each hospital shall develop a standard operating procedure for periodically obtaining input from patients as to their satisfaction with the person-centered planning process.
- If the patient is not satisfied with their IPOS, the patient, or their legal representative may make a request for IPOS review to the plan coordinator. A review of the IPOS will be completed with the treatment team and the patient within 30 days. Written documentation of the results of the review will be included in the clinical record and provided to the person who requested the review. The IPOS will be modified as appropriate based upon the review.

- The IPOS and its components shall be reviewed in accordance with the time frames that have been established in the IPOS and/or at the request of the patient.
- A patient shall be informed orally and in writing of their clinical status and progress at reasonable intervals established in the IPOS in a manner appropriate to their condition.
- No later than two business days prior to the IPOS review or revision meeting, the plan coordinator shall meet with the patient to provide an explanation of the purpose of the meeting and to review and modify as necessary any previously completed Attachment A, Pre-Planning Worksheet for IPOS Development. The plan coordinator shall document the meeting in the patient's record.

Discharge or Pre-Release Planning

- The discharge or release plan must be developed in partnership with the patient, using a person-centered planning process.
- The hospital must assist and participate with the responsible CMHSP, if any, in the development of an individualized pre-release plan for appropriate community placement and a pre-release plan for aftercare services for each patient. Unless the patient is unwilling, they shall participate in the development of the pre-release plan.
- In developing a pre-release plan for a patient who is a minor, the hospital shall include all the following in the planning process if possible:
 - The minor, if they are at least 14 years old.
 - The legal representative of the patient.
 - Personnel from the school and other agencies.
- Unless covered by contractual agreement or a valid authorization to release information, disclosure of patient information by the hospital shall be made to those involved in the development of the pre-release or post-release plan or current IPOS, but shall be limited to the following:

- Home address, gender, date of discharge or planned date of discharge, any transfer(s), and medication record.
- Other information necessary to determine financial and social service, program, residential, and medication needs.
- Before a patient is placed in a supervised community living arrangement or other community-based setting, the pre-release or post-release planning for a patient shall involve the following:
 - The patient.
 - The patient's legal representative.
 - Any family member, friend, advocate, and professional the individual chooses.
 - The plan coordinator.
 - A representative of the responsible CMHSP.
 - The residential care provider, if such a provider has been selected.
 - With the consent of the patient, the appropriate local and intermediate school systems and MDHHS, if appropriate.
- The hospital shall comply with the following regarding discharge of a patient who is a minor:
 - Upon periodic review of a hospitalized minor under MCL 330.1498d (1), or at any other time, if it is determined that the patient is no longer suitable for hospitalization, the hospital director shall discharge the patient.
 - If the patient has been hospitalized under a court order, or if court proceedings are pending, the court shall be notified of the patient's discharge from the hospital.

- The hospital director shall notify the appropriate CMHSP executive director at least seven days prior to the impending discharge.
- If the parent or guardian of a patient admitted to a hospital refuses to assume custody of the patient upon discharge from the hospital, the hospital director shall file or cause to be filed a petition in the juvenile division of the probate court alleging that the minor is within the provisions of MCL 712A.2, to ensure that the patient is provided with appropriate management, care, and residence. Arrangements considered suitable by the hospital director and agreed to by the parent or guardian for patient's care outside the home of the parent or guardian does not constitute refusal to assume custody of the patient.
- The release provisions of MCL 330.1476 through 330.1479 shall apply to a person found to have committed a crime by a court or jury, but who is acquitted by reason of insanity, except that a person shall not be discharged or placed on leave without first being evaluated and recommended for discharge or leave by the department's program for forensic psychiatry.

REFERENCES

Estates and Protected Individuals Code, MCL 700.5301-5318

Michigan Mental Health Code, MCL 330.1712

Michigan Mental Health Code, MCL 330.1708

Michigan Mental Health Code, MCL 330.2032

MMDHHS Administrative Rule 330.7003

MMDHHS Administrative Rule 330.7009

MMDHHS Administrative Rule 330.7199

CONTACT

For additional information contact the State Hospital Administration.