

I. Evaluation and Screening

- A The program has the capacity to provide initial screenings to ascertain the mental health needs of minors.

Reference: R 330.2110

Definition: **INITIAL SCREENING** means providing for either a face-to-face or telephone interaction concerning a minor in which a preliminary judgement is made regarding the need for mental health services for the minor and whether the minor's situation is one requiring non-emergency mental health services or emergency evaluation.

Reference: R 300.2105

Screening is the initial assessment by a qualified mental health professional or a trained mental health worker (see Section V.), to determine the presence or absence of mental illness or developmental disability and the assessment of the capacity of the support systems and the family to assist the applicant. Screening occurs in collaboration with prospective recipients, significant others, and involved providers, when possible and appropriate. It is available 24 hours per day, seven days per week at highly visible, accessible, and well distributed entry points.

Entry into the service systems may occur via a contact between a program representative and the individual or family, or when the individual or the family requests the program's services.

Contact activities assess all apparent mental health and non mental health needs of individuals, and lead such individuals into the service system, without regard to the ability of a given program or agency to supply all the services needed.

Screening assessments identify and address the following:

- identifying information
- date and time of contact
- description of the nature of the problem, including previous mental health history/services, current family/support systems, strengths/needs, substance abuse history, and other current services.

- a description of any action taken, including referrals, necessary follow-up, etc., and the signature and credentials of the person(s) who prepared the report(s).

A mental health professional (see Section V) is 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.

The program has written policies and procedures regarding screening. These policies and procedures include a description of each step of the intake process from the initial contact to implementation of services and address the following:

- designation of entry points;
- time frames for completion of each major step of the intake process;
- identification, including credentials, of the persons responsible for ensuring each step is completed;
- procedure for referral for diagnostic, evaluation, and assessment;
- assignment of a staff who will perform case management services when such services are needed;
- training of screening staff in crisis intervention techniques;
- provision for emergency intake services.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Sections 7.2 and 7.4

Screening procedures are flexible enough to accommodate a range of individual needs and ensure collection of comprehensive data concerning individuals served for use in planning, evaluating, and modifying both the programs activities and the service system.

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Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 8

Mental health professional or trained mental health workers shall be assigned for telephone, walk-ins, and initial screening services.

Reference: R 330.2006

Reference: Mental Health Code, P.A. 258 of 1974, as amended, 330.1209, 330.1244.

DMH Administrative Rules, 330.120 (a), 330.7045.

B. The program has the capacity to provide emergency evaluations to ascertain the mental health needs of minors.

Reference: R 330.2110

Definition: **EMERGENCY EVALUATION** means an immediate assessment by a child mental health professional (see Section V) 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/herself or others.
- (II) The minor will not allow for the provision of care to meet his/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.

Reference: R 330.2105

Definition: **EMOTIONAL DISTURBANCE** means mental illness, or a severe or persistent emotional condition characterized by seriously impaired personality development, individual adjustment, social adjustment, or emotional growth, which is demonstrated in behavior symptomatic of that impairment.

- C. The program has the capacity to perform intake evaluations to ascertain the mental health needs of minors.

Reference: R 330.2110

Reference: Michigan Mental Health Code, 330.1498 (b) (9).

Emergency evaluations are completed by a child mental health professional (see Section V) on the next regular working day from the day of emergency referrals.

The program has written policies and procedures which address the provision of emergency evaluations.

Definition: **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.

Intake assessments/evaluations provide a clear picture of the individual, including developmental, family, and social history. The assessment documents how the individual's history impacts on current problems and/or skill deficits. The individual's strengths and needs are described in terms of performance and skill abilities and deficits. In addition, the assessment addresses the family's strengths and needs in relationship to their child and provides an overall clinical impression addressing the individual's needs and diagnosis as appropriate, including the individual's/family's motivation/ability/willingness to change or engage in treatment. The assessment also provides specific recommendations for service provision/treatment planning.

Intake evaluations may involve multiple contacts with the minor and his or her family and are conducted by a child mental health professional.

Reference: R330.2105

Evaluation activities in which the program engages to determine the specific needs of the individual may also include:

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- psychological testing and evaluations;
- aptitude tests, standardized adaptive function tests, etc.;
- psychiatric evaluation and diagnosis;
- medical evaluations and diagnoses as appropriate;
- occupational therapy, speech and language therapy, audiological, physical therapy, dietary, and nursing evaluations;
- education, pre-vocational, or vocational assessments.

Findings of evaluative activities are interpreted to recipients and, when appropriate, to significant others and to persons who will carry-out the programs.

Evaluation and diagnosis activities lead to the identification of the recipient's:

- presenting problems and disabilities and, where possible, the causes;
- individual strengths and needs, based on identified skills and skill deficits;
- need for service, whether or not the service is available;
- the least restrictive environment or service;
- alternative for needed services.

Intake evaluations include clinical impressions and recommendations for interventions and services based on the needs and problems identified in the assessment process.

The program's diagnosis and evaluation activities assist in the development of appropriate treatment plans.

Intake evaluations form the basis for the plan of service.

Reference: R 330.2110

Intake evaluations for non-emergency situations are completed within four weeks after the date of the initial screening unless the staff of the certified program document the reasons for further delay.

**NOTE:** This does not prohibit the program from ranking requests for non-emergency services based on need for the service.

Reference: R 330.2110

The program has written policies and procedures addressing the provision of intake evaluations.

Definition: **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.

Reference: R 330.2105

**NOTE:** If the minor is located in the county but is a resident of a county served by another community mental health board, the minor may be referred to the appropriate community mental health board after the minor's immediate needs for protection or security are met.

Reference: R 330.2115

The program has current written information on every other community agency to which it may refer individuals. This information includes address, phone numbers, specific services offered, admission criteria, and referral procedures. The limitations of, and priorities within, those services may change and information must be current and usable.

II. Referrals

- A. The community mental health board from which emergency or short-term mental health services are requested from a minor provides appropriate mental health services.

Reference: R330.2115

- B. The program maintains a listing of resources it utilizes which indicates all of the following:

- (1) The types of services provided
- (2) eligibility criteria
- (3) names and locations of the referral sources

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Reference: R330.2115

C. The program has written arrangements with public and private human service agencies which provide educational, judicial, child welfare, and other health services. These arrangements clarify the respective responsibilities for the coordination and provision of service.

Reference: R 330.2115

Other agencies may include:

- the health service agency in it's region;
- the local intermediate school district;
- the regional interagency coordinating committee;
- social service agencies;
- parent support/advocacy organizations.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Sections 3, 4 and 6.9

There are written arrangements between agencies that provide services within the community.

Reference: Michigan Standards for Michigan CMH Services, 7/76, Section 6.8 (b)

The program has policies and procedures addressing the referral/transfer of individuals within the various service agencies and programs. Where parts of the program's services are provided by contract agencies, the contract between the program and the contract agency establishes the process of linkage between the program and the contract agency and between the contract agency and other contract agencies of the program.

The case manager facilitates the transfer of the individual to another service or agency, internal or external, when such transfer is appropriate to meet the individual's needs.

If the program does not offer needed services, referrals to the appropriate agencies are documented. A copy of the referral which describes the individual's service needs, dates, and results of follow-up contacts by the mental health agency is entered into the record. The plan describes how the individual and their family will be actively involved in solving his/her problem.

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Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 7.4.(b)

Contractual service provider's policies and procedures adhere to standards set forth in board policy.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 2.10

III. TREATMENT PLANNING

- A The program maintains a complete, written description of the policies and procedures its staff uses in service planning.

Reference: Michigan Standards for Michigan CMH Services, 7/76, Section 7.

These policies at a minimum include:

A description of the procedures staff will use in service planning which includes provisions for written individual assessments, and developing an individual plan of service which includes goals, measurable objectives, individualized time frames, and specific methodologies.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 7.2(a)

A description of the procedures and time frames for preparing progress notes and monthly/quarterly reviews.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 7.2(c)

A description of the procedures and time frames for preparing termination reports.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 7.2(e)

A description of the contents of the case record and how the case record should be organized.

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Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 7.3(f)

The program places emphasis on the involvement of the recipient and on significant others in developing and carrying out the individual plan of service.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 7.2(b)

- B. A case record is maintained for each individual receiving services through the program.

The record contains the following information:

- the individual's name, address and telephone number;
- date of entry; place and date of birth; marital status;
- and, unless prohibited by law, social security number;
- sex, race, height, weight, color of hair, color of eyes, identifying marks;
- name, address, and telephone number of parents, guardian, advocate, parent's marital status;
- reason for entry, referral, or other disposition (the individual record indicates that entry into the program was made as a result of the documented disability of the recipient);
- legal competency status;
- language(s) spoken or understood, and language(s) used in the individual's home environment;
- sources of financial support, including social security, veteran's benefits, and insurance;

- provisions for clothing and other personal needs;
- reports of previous services, evaluations, or observations;
- age at onset of disability;
- name, address, and telephone number of physician or health facility providing medical care;
- medical history;
- allergies.

Reference: Michigan Standards for Michigan CMH Services, 7/76, Section 9.2

C. Case records contain the individual plan of service.

An individual plan of service contains a complete set of clearly stated service goals and measurable objectives which are derived from the assessment of the individual's/family's strengths and needs.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 9, pg. 73.

Each goal is stated in terms of specific, observable changes in behavior, skills attitudes, or circumstances.

Reference: Michigan Standards for Michigan CMH Services, 7/76, Section 9, Pg. 73.

Each goal is described in terms of attaining a more satisfactory state with the individual and family rather than just alleviating undesirable conditions.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 9, Pg. 73.

There is evidence that the recipient's/family's input was considered in identifying goals.

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Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 9, Pg. 73.

The plan describes how the individual and their family will be actively involved in solving his/her problems.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 9.5(d)

Each goal and objectives has a measurable time frame for attainment.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 9.4(e)

The individual plan of service contains specific intervention plans/methodologies which describe each service to be provided in order to attain service goals.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 9.5(a)

The written plan is signed and filed in the case record within five weeks of the first recipient contact.

Reference: Michigan Standards for Michigan CMH Services, 7/76, Section 9.5(e)

A date upon which the initial plan will be reviewed and modified, if necessary, is indicated. The date must be within three months from the date of the IPOS.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 9.5(f)

IV. RANGE OF SERVICE

A. The program has developed mechanisms for coordinating the delivery of a necessary range of services specifically oriented to meet the needs of minors and their families.

Reference: R 330.2120

R 330.2005 Minimum Services to be Provided: A community mental health board shall ensure that the following minimum types and scopes of mental health services are provided directly by the board, by contract, or by formal agreement with public or private agencies of 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) Public information services.
- (F) Inpatient services.
- (G) Community/care giver services.

**NOTE:** Exception to this are accompanied by a waiver granted by the Department of Mental Health which is based on documentation 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.

Reference: R 330.2115

B. The program coordinates the delivery of diagnostic services.

Reference: R 330.2120

Diagnostic services are provide which are sufficient to develop a plan to service.

Reference: R 330.2120

- C. The program provides emergency intervention services, including crisis stabilization and response.

Reference: R 330.2120, R 330.2205

Definition: Crisis intervention services are unscheduled activities used in resolving a crisis situation. Services may include assessment of a situation, direct service provision, or referral.

Crisis intervention services include crisis stabilization and response activities such as crisis line and crisis care programs.

Crisis intervention service is available 24 hours a day, seven days a week.

Crisis stabilization and response includes those activities which reduce acute emotional disabilities and their physical and social manifestations in order to ensure the safety of the individual and society. The objective of stabilization is the emotional and/or physical equilibrium of the individual. Crisis stabilization and response services are serviced intended to achieve that objective.

The clinic should have written procedures available to staff for emergency medical and psychiatric care, voluntary and involuntary psychiatric hospitalization, and other hospitalization. The written procedures should also address transportation for individuals. The clinic should maintain a list of available referral services which are accessible 24 hours per day.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 2.8

R 330.2006. (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.
- (1) Emergency care includes all of the following:
- (a) Evaluations to determine the client's mental status, medical status and need for treatment, and, when indicated, medication status and family, job, or housing situations;
  - (b) Intervention that include face-to-face counseling and initiation and monitoring of medication when indicated;
  - (c) The ability to provide or make referral for the following:
    - (i) Hospital emergency department services;
    - (ii) Psychiatric inpatient services;
    - (ii) Specific community-based services, such as the following examples:
      - (A) Respite care placement;
      - (B) Outpatient care;
      - (C) Home visits;
      - (D) Aftercare;

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- (E) Drug or alcohol programming;
  - (F) Problem pregnancy help;
  - (G) Spouse and child abuse help;
  - (H) Services for the mentally retarded (includes developmentally disabled);
  - (I) Social services
- (4) 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.
- (5) 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 case management issues.
  - (c) That all mental health emergency contacts, whether they be by telephone or walk-in contact are deemed confidential.

- (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.

D. The program provides prevention services.

Reference: R 330.2005

**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 the individuals to become recipients of mental health services.

Prevention services may be provided through individualized service, time-limited recipient training, or community/care giver services.

Prevention services include both provisions for responding to the mental health dimensions of community catastrophes and attention to the needs of children living with severely mentally impaired adult recipients.

Prevention services also includes one of the following:

- infant mental health services;
- services to increase life-coping skills of children and adolescents;
- services to increase life-coping skills of adults/family members;
- services to reduce the stressful impact of life crises.

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- E. The program coordinates the delivery of case management by a child mental health professional.

Reference: R 330.2120

Reference: R 330.2007

Client case management is provided by a child mental health professional (see Section V) and provides for development, coordination, implementation, and monitoring of the plan of service. The case manager attends all interagency case conferences relating to the minor. Client case management services assure that services are timely, appropriate, and updated in accordance with the minor's needs.

The case manager completes both on-site reviews of the minor's progress and record reviews at a frequency which ensures the provision of appropriate services; however, at a minimum these reviews are completed quarterly.

Case management includes those services which assist the recipient in gaining access to needed medical, social, educational, and other services. CORE ELEMENTS of case management include ASSESSMENT, SERVICE PLAN DEVELOPMENT, LINKING/COORDINATION OF SERVICES, REASSESSMENT/FOLLOW-UP, and MONITORING OF SERVICES.

Case management is a coordinating and problem-solving function designed to ensure continuity of care and services and to overcome system rigidity, fragmentation, mis-utilization, and inaccessibility. It is an array of services which link the recipient to services and coordinates the various services to achieve a successful outcome. The case management system initiates the process through which the individual's program plan is established. If two or more agencies provide services to an individual, one agency must be designated as the case management agency responsible for coordinating the individual's overall program plan.

A single case manager is designated for each recipient and is identified to the recipient and, as appropriate, the recipient's family and service providers. The case manager may be the individual's primary therapist or an individual who is assigned the case management functions.

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Reference: Michigan DMH Standards for Michigan  
CMH Services, 7/76, Section 7

F. The program coordinates the delivery of specialized mental health training and treatment.

Reference: R 330.2120

G. The program coordinates the delivery of out-of-home treatment.

Reference: R 330.2120

The program provides specialized mental health training and treatment which includes both:

- (1) A range of clinical therapies which can be provided to individuals, groups, and families.
- (2) Opportunities to learn, improve, and demonstrate specific skills which may include problem solving, communication, and acceptable social interactions, which are appropriate to the needs of the minor.

The program provides out-of-home treatment which includes outpatient, inpatient, and community residential treatment, as appropriate.

Outpatient services include diagnostic and evaluation service, referral service, counseling service, service to families of individuals in mental hospitals and residential facilities, life consultation and planning for the developmentally disabled, and treatment service to individuals in mental hospitals and residential facilities. Outpatient services are available at times of the day and week appropriate to meet the needs of the population being served.

Reference: R 330.2008

Inpatient services means care, diagnosis, and therapeutic services for persons with a mentally illness in a psychiatric hospital or unit which is licensed or operated by the department and for persons with development disabilities in a center for developmental disabilities.

Reference: R 330.2013

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H. The program provides aftercare services.

Reference: R 330.2005

Aftercare services are only provided with the prior consent of an individual over the age of 18, a parent if the individual is under 18, or a legally empowered guardian.

Aftercare services include both follow-up services to assist individuals released from a hospital or facility or who have received other services from a community mental health program and mental health services for individuals placed in foster care, family care, or community placement in the service area, unless otherwise provided.

Reference: R 330.2009

I. The program provides Community/care giver services.

Reference: R 330.2005

Community/care giver 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 the following:

- consultation relating to agency organization, program delivery, effectiveness of staff, or mental health needs of at-risk and treatment populations;
- education and training of staff;
- collaboration and planning and service development.

The purpose of community/care giver services are the facilitation of non-mental health services for person with developmental disabilities and chronic mental illness and the reduction of service demands on the county program.

V. STAFFING AND TRAINING

A. Children's diagnostic and treatment services are provided by qualified staff.

Definition: **MENTAL HEALTH PROFESSIONAL** means a person who is trained and experienced in the areas of mental illness or mental retardation and who is any one of the following:

- (I) A physician who is licensed to practice or osteopathic medicine in Michigan and who has had substantial experience with mentally ill or developmentally disabled recipients for one year immediately preceding his or her involvement with a recipient under these rules;
- (II) A psychologist;
- (III) A certified social worker;
- (IV) A registered nurse;
- (V) A professional person, other than those defined in these rules, who is designated by the director in written policies and procedures. This mental health professional shall have a degree in his or her profession and shall be recognized by his or her respective professional association as being trained and experienced in the field of mental health.

Reference: R 330.1001

Definition: **CHILD MENTAL HEALTH PROFESSIONAL** means any of the following:

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

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- (A) A physician;
- (B) A psychologist;
- (C) A certified social worker or social worker;
- (D) A registered nurse;

OR

- (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 three (3) years of supervised experience, in the examination evaluation, and treatment of minors and their families.

OR

- (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 one year of experience, in the examination, evaluation, and treatment of minors and their families.

Reference: R 330.2105

**NOTE:** For persons hired after July 19, 1990, the program is clinically supervised by a child mental health professional who has at least a master's degree in a mental health related field and three years of clinical experience working with minors and their families.

Reference: R 330.2125

Definition: **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.

Reference: R 330.2105

Definition: **TRAINED MENTAL HEALTH WORKER** means a person who has completed a special training program in mental health

- B. The program provides for a formalized staff development program which includes training in identifying and treating the needs of minors and their families.

Reference: R 330.2125

VI Administration

- A. The community mental health board has contracts with all individuals and agencies which provide services for each component of the certified program outside of the community mental health board.

Reference: R 330.2130

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services which is approved by the department of community mental health board and who is working under the direct supervision of a mental health professional.

Reference: R 330.1001

Each full-time staff member in the program completes a minimum of 24 clock hours of formalized professional development and training annually.

Reference: R 330.2125

Contracts provide for coordinated program planning and continuity of service delivery and clearly identify the responsibilities of both parties.

Reference: R 330.2130

The certified program has designated a child mental health professional to act as liaison with all out-of-home treatment facilities to which minors are referred for care.

Reference: R 330.2130

B. The community mental health board plan and budget delineates a separate and distinct part designated for the program.

Reference: R 330.2130

C. The community mental health board has implemented a public information program to facilitate community awareness of the children's diagnostic and treatment service program which provides all of the following information:

- (1) The services that are available
- (2) hours of operation
- (3) location
- (4) access to public transportation, if any
- (5) telephone numbers

Services are provided pursuant to R 330.2011 and R 330.2005

Reference: R 330.2130

D. The board has established procedures for evaluating its children's diagnostic and treatment service program on an annual basis. The evaluation includes:

- (1) client and consumer agency evaluations of services
- (2) opportunity for client and consumer agency input

The method and results of the evaluation are available for departmental review at the time of certification renewal.

Reference: R 330.2130

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of mental health needs of the population served.

The community mental health board plan and budget include distinct sections designated for children's diagnostic and treatment services.

The program has established procedures and implemented an evaluation system which is adequate to determine the degree to which service activities meet current program goals and objectives. The following should be incorporated into the evaluation system:

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

- (a) Systematic monitoring of quantitative characteristics;
- (b) Systematic monitoring of qualitative characteristics;
- (c) Data collection procedures which are minimally disruptive to the program's operations;
- (d) Opportunities for users of the program monitoring system to make input into the planning and ongoing refinement of the evaluation system.

Reference: R 330.2130

E. The agencies under contract to the community mental health board which comprise the children's diagnostic and treatment service program have the capacity to share confidential client information in order to coordinate services for a minor or for the transition of the minor from one agency to another.

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Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 6.12

The program produces evaluation reports which clearly describe the outcome of the evaluation. Reports are based on data which are current, accurate, and relevant to the goals and objectives being monitored. Data are interpreted and summarized into useful information. Evaluation reports include recommendations for re-remediation action when necessary.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 6.13

Information to be shared with agencies having cooperative arrangements with the certified program shall be provided through appropriate releases of information.

Reference: R 330.2130

The program maintains a complete set of written policies and procedures with respect to protecting, communicating, and acquiring client information. These policies and procedures are implemented by the program and address areas including:

- (a) A description of the conditions under which client information may and may not be released;
- (b) Procedures for securing information about clients from other agencies;
- (c) Provisions governing the protection of client information which ensures the security of records and client information at all times.

Reference: Michigan DMH Standards for Michigan CMH Services, 7/76, Section 7.1