

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

POLICY AND PROCEDURE MANUAL

Section: Clinical
Policy Number: 10

Subject: **Supports Coordination Services**

Effective Date: 3/4/96

Last Revision Date: 10/15/08

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Policy

It will be the policy of Shiawassee County Community Mental Health authority (SCCMHA) that consumers determined to be in need of multiple services from the agency, from external resources, or to be in need of supportive services in order to maintain independent functioning will be assigned a Supports Coordinator who is responsible for coordinating various agency services, services provided by external sources, and natural supports. Consumers receiving only outpatient treatment will have Supports Coordinator Services provided as necessary by their outpatient therapist.

Purpose

To assure that Supports Coordination Services are afforded in accordance with agency policies, standards and accepted practices, and is in compliance with third party funding requirements, and the guidelines and directives of the Michigan Department of Community Health.

Application

All SCCMHA staff engaged in providing Supports Coordination Services.

Definitions

Supports Coordinator: An individual who is assigned the primary responsibility of carrying out the functions of assessment, service plan development, linking/coordination of services, reassessments/follow-up and monitoring of services

Assessment: A written comprehensive assessment of a consumer's desired outcomes, strengths, and barriers.

Person Centered Planning: A written plan of services which identifies a consumer's needs, desired outcomes, other needs to be addressed with natural supports and potential resources, and those needs that are not being addressed. The plan will be developed with the consumers and others the consumer wants to involve in the planning process. It will identify consumer's strengths and resources, barriers to achieving desired outcomes, and health and safety needs. It will identify specific tasks, the person(s) responsible for each task, the direct, indirect and consultative/collaborate

interactions, the frequency of those interactions, the measures to be used to evaluate progress, and the time frame for each step of each desired outcome as well as the frequency of the review of the plan.

Linking/Coordination of Services: Through negotiation and referrals the Supports Coordinator links the consumer to various providers of care. This may require the Supports Coordinator to act as advocate on the behalf of the consumer.

Reassessment/Follow-Up: A re-evaluation of the consumer's status and needs conducted on a periodic basis and at least once a year as determined by the Person Centered Plan.

Monitoring of Services: The Supports Coordinator conducts ongoing reviews of the services that have been provided, the response to those services and whether they are adequate to meet the needs of the consumer.

Person Centered Planning Team: Those individuals who the consumer wants to participate in the development of the Person Centered Plan.

Standards

1. Consumers will be provided a choice of Supports Coordinators who are available within the program area where they will receive services.
2. Supports Coordination Services will be based on proactive community based outreach interactions that assist a consumer with improving and maintaining competence in normal life activities.
3. Supports Coordination Services will be provided with knowledge and sensitivity to a consumer's culture, religious, and spiritual preferences.
4. Supports Coordination Services will assume that a consumer's needs and desired outcomes guide the type of intensity and length of services and that health and safety needs are continuously monitored and received.

Approved by: *Jerry Walden*
Board Chairperson

 10/15/08
Date

 Scott Gilman
Chief Executive Officer

 10/15/08
Date

