

# Hope Network

## Behavioral Health – East

### Program Description – Outpatient Services (Adults)

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#### **Mission Statement**

In Christian service, Hope Network empowers people to overcome challenges and achieve their highest level of independence.

#### **Program Goal**

The overall goal of the Outpatient treatment services is to enhance the functioning of persons served and their families through the provision of individual, family, or group treatment.

#### **Program Description / Program Philosophy**

Outpatient Treatment Services provide individual, group, and family counseling, medication management and family psycho-education services. Outpatient Programs offer comprehensive and coordinated services that may vary in level of intensity from person to person. Outpatient Programs address a variety of needs including, but not limited to: situational stressors, family relationships, interpersonal relationships, mental and physical health issues, life span issues, psychiatric illnesses, addiction issues, eating disorders, sexual disorders, and the special needs of victims of abuse, domestic violence, and other types of stress and trauma. Outpatient Treatment Services are based on the principles of recovery and person-centered planning practices and services are individually tailored to meet the needs of the persons served. Persons served by Outpatient Treatment Programs, may have co-occurring issues such as substance use, IV drug use, HIV, AIDS, homelessness, criminal justice system obligations, sexual offenses, and/or chronic medical conditions. Hope Network welcomes persons with co-occurring (mental health and substance use) disorders. Persons with co-occurring issues will receive an integrated care plan to address care needs and relevant health, safety, and risk issues. At no time will an individual presenting for mental health services be told that they must/should address substance use issues first before accessing mental health services. There will be no arbitrary imposition of a length of sobriety requirement before accessing mental health or substance use services. At no time will individuals presenting for substance use services be told that they must/should address mental health issues before accessing substance use services. At no time should an individual presenting for substance or mental health services be arbitrarily excluded based on class of medicine used. When special populations are served, the persons served specific needs are addressed in the psychiatric assessment and treatment planning processes as well as through on-going service provisions.

An intake assessment within 7 – 14 days of a request for services is offered. Following the assessment, persons served and/or families work with a therapist to jointly develop a treatment plan that represents their needs, goals, and desires. The need for and use of supports from possibly family and friends, and the community, as well as considerations of health and safety are routinely discussed in the development of the plan. The treatment plan guides the type and intensity of services to be provided and is reviewed related to progress being made and possible revisions during the course of treatment. Treatment is coordinated with persons served health care and/or other service providers.

Workforce members providing services include master's level licensed professionals, psychiatrists, psychologists, counselors, and social workers. Workforce members are clinically supervised by fully licensed master's licensed professional and Medical Director. Every attempt possible will be made to match workforce members demographic characteristics to those of the persons served. Workforce members will be culturally and linguistically competent relative to the current person served caseload. Team members will promote recovery and/or well-being, provide services consistent with the needs of

each persons served implement and monitor the treatment plan, and react to service provisions, as persons served needs change.

### **Days & Hours of Services**

Genesee County Outpatient Treatment office hours (Eldon Baker):

- Monday: 8:00 am – 5:00 pm
- Tuesday: 8:00 am – 5:00 pm
- Wednesday: 8:00 am – 5:00 pm
- Thursday: 8:00 am – 5:00 pm
- Friday: 8:00 am – 5:00 pm
- Saturday and evening hours upon request.

Macomb County Outpatient Treatment office hours (Mt Clemens):

- Monday: 9:00 am – 5:00 pm
- Tuesday: 9:00 am – 5:00 pm
- Wednesday: 9:00 am – 6:00 pm
- Thursday: 9:00 am – 5:00 pm
- Friday: 9:00 am – 4:00 pm
- Saturday and evening hours upon request.

There is an answering service for after office hour inquiries. Critical after hour situations are to be directed to emergency services unless otherwise stated in the person-centered treatment plan.

### **Service Locations**

Services are provided in Outpatient Treatment facilities located in Macomb and Genesee Counties. The Outpatient Treatment facilities are located in accessible areas. Additionally, Outpatient Therapy services can be provided throughout the State of Michigan via telehealth services.

### **Frequency of Services**

Services are individually tailored to meet the needs of the person served. The amount, scope, and expected duration of services are outlined in each persons served treatment plan.

### **Target Population**

- Individuals, couples, and/or families experiencing situational stressors.
- Individuals, couples, and/or families experience mental health and/or addictions related issues.
- Individuals, couples, and/or families experiencing trauma.
- Individuals, couples, and/or families requiring medication services in conjunction with therapy services.

### **Credentialing & Training**

- Workforce members will be trained in First Aid, CPR, OSHA, Recipient Rights, Trauma Informed Care, Crisis Intervention, Zero Suicide initiative techniques, HIPAA, LEP, Cultural Competency, Compliance and Integrity, related issues.
- Continuing education/orientation will include at least an additional 14 continuing education hours annually, covering:
  - Assessment and Referral
  - Person-Centered Planning and Self-Determination

- Treatment and Service
- Relapse and Recovery
- Medication administration, monitoring, and education
- Addiction counseling and prevention
- Crisis management and intervention
- Clinical Documentation
- Co-Occurring Disorders
- Zero Suicide initiative with training in AMSR and the CSSRS training
- Other areas as needed to provide high quality services.
- On-going professional and clinical supervision
- Workforce members will be supervised by a medical doctor or by a fully licensed master's level qualified mental health professional (or as defined as appropriate by specific insurance reimbursement guidelines)

### **Service Approach/Modality**

- Cognitive Behavioral Approach
- Person Centered Planning
- Self Determination
- Illness Management and Recovery
- Multidisciplinary Team
- Access to needed services—service continuum
- Stage-Wise Interventions
- Outreach
- Motivational Interviewing
- Individual and group treatment
- Family Psychoeducation
- Pharmacological treatment
- Interventions to promote overall health
- Secondary interventions for non-IDDT responders
- Relapse Prevention
- Family Psycho-education

### **Services Provided**

- Assessment
- Psychiatric evaluation
- Psychiatric testing services
- Treatment planning
- Service reviews
- Pharmacological
- Medication management and support
- Individual therapy
- Group therapy
- Family/conjoint therapy
- Integrated Dual Diagnosis Treatment
- Family Psycho-education
- Skill development related to community living, social skills and supports
- Community/natural supports
- Coordination of care with primary care physician and health plan
- Transition services
- 30-Day post service follow-up
- Arranges for crisis intervention services

## **Service Outcomes**

- Support, recovery, or a better quality of life
- Greater self-determination
- Reduces
  - Relapse of substance abuse and mental illness
  - Hospitalization
  - Arrest
  - Incarceration
  - Duplication of services
  - Service Costs
  - Utilization of high-cost services
- Increases
  - Continuity of care
  - Person served quality of life outcomes
  - Stable housing
  - Independent Living
- Reduction of symptoms or needs
- Restoration or improvement in levels of functioning
- Community integration
- Greater use of natural supports

## **Program Access**

Persons served are referred to Outpatient services through the local CMH, private insurance, or individuals. A person served may also contact Hope Network and engage in services independently if they have an ability to privately pay for the services available. An intake assessment will be completed for the access center and for other agencies as required by the by contracts.

## **Admission and Readmission Criteria**

- Admission is defined by the authorizing reimbursement source.
- May be private pay.

The referring agency, insurance provider, and Hope Network Behavioral Health Services - East work together in making access, referral, transition, and/or discharge decisions.

## **Exclusionary Criteria**

- A. Person served is in an institution or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and is not expected to be discharged within the next 180 days.
- B. The Person Served has a mental illness but does not meet the criteria for severity of illness/intensity of service to be admitted for Targeted Case Management.

## **Transition/Discharge Criteria**

- Achieves/obtains treatment goals.
- Ability to maintain adequate physical, mental, and emotional health and stability.
- Moves outside of geographic area of the therapist's responsibility.
- When the person served requests termination of services.

- Requires higher level of care.
- When the therapists cannot locate the person served.

When services are denied, persons served will be informed as to the reason for the service denial. Recommendations for alternative services will be summarized with the person served. Where appropriate, service denials and/or service recommendations will be communicated to the referring agency.

When services are transitioned and/or discharged, persons served will be provided a transition/discharge summary and a copy of the summary will be provided to the persons served designated representative and responsible agency.

When services are denied, reduced, and/or suspended, persons served will be provided due process notices including but not limited to adequate notice, advanced notice, Office of Recipient Rights Complaint Form, and/or internal grievance procedures and associated forms.

### **Payer Sources/Fees**

Generally, this service is paid for by Medicare and/or Medicaid. This service provision may be covered by commercial insurance. The insurance card/number will indicate the reimbursement source. Fees associated with this program.

### **Funding Source**

These programs are generally funded through various contracts with Community Mental Health and Commercial Health Plans and persons served contribution, which is based upon the person's served ability to pay. Persons served may be private pay.

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