

THE CENTRAL CONNECTION

A newsletter for members of the Community Mental Health
for Central Michigan provider network



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Office of Recipient Rights Encourages Cooperation with US Census Takers

Many care and service providers have made inquiries about providing resident information to the US Census takers. Dianne Baker, Michigan Department of Community Health, Office of Recipient Rights (MDCH-ORR) has contacted the US Census Bureau Field Operations Manager who had asked for MDCH-ORR support to encourage licensees to cooperate in this effort.

Sharing information with US Census takers is important. It is the census that provides the statistics to determine the allocation of funding, services and representation for the next 10 years, and as you also know Michigan is in need of all the funding and services we can get. For these reasons MDCH ORR encourage all Michigan licensees to cooperate with the US Census takers when they come to their door and in filling out their forms.

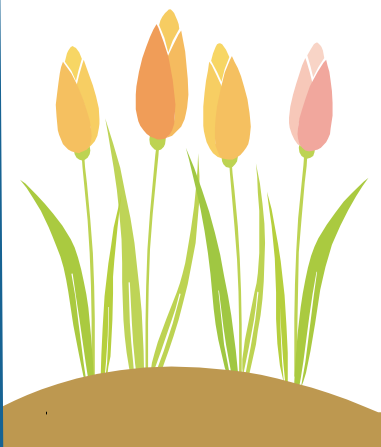
Although you may be concerned about confidentiality of resident information, the US Census Bureau has requirements for maintaining the confidentiality of the information they gather. None of the information gathered by US census takers would violate HIPAA requirements. Dianne Baker has determined that licensee or staff provision of required resident information would not be a violation of Act 218.

The state of Michigan Office of Recipient Rights has stated "It is ORR's position (and this happens every 10 years!) that AFC staff may give otherwise confidential information regarding residents to a census taker. Of course, they may give only that information necessary to fulfill the requirements of the US Census. If residents who do not have guardians agree to be interviewed, they may do so. The provider may get permission from guardians to have their ward interviewed as well. This is an excellent opportunity for residents to participate in a real community inclusive opportunity!"

Under recipient rights rules, a licensee or staff person can not prevent or interfere with a resident who wants to be interviewed by the US Census takers. Providers are encouraged to cooperate with the US Census takers. Cooperation with the US Census takers will benefit all of Michigan in the long-run.

For more information please see this link:

http://factfinder.census.gov/jsp/saff/SAFFInfo.jsp?_lang=en&_sse=on&_content=su5_confidentiality.html&_title=Confidentiality



Hospital Bed Safety Precautions

The Food and Drug Administration's (FDA) Center for Devices and Radiological Health (CDRH) has issued the following information and precautions regarding the use of hospital beds.

Beware of Entrapment

The main risk with the use of a hospital bed is entrapment, which occurs when a patient is caught in spaces in or around the bed rail, mattress, or bed frame. Entrapped individuals can become strangled. Although patient entrapment is uncommon, when it occurs, it's often fatal.

Between 1985 and 2009, FDA received reports of 803 incidents of patients caught, trapped, entangled, or strangled in hospital beds. The reports included 480 deaths, 138 nonfatal injuries, and 185 cases where staff intervened to prevent an injury. Most of the affected patients were frail, elderly, or confused.

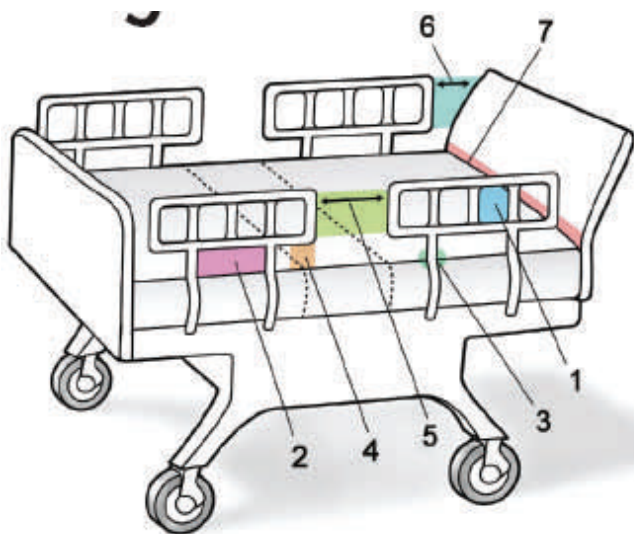
While not all patients are at risk for entrapment, and not all hospital beds pose an entrapment risk, health care facilities and caregivers are urged to take a careful look at any hospital beds in use in their home or facility. Providers need to determine if there are large openings that present an entrapment risk, and to take steps to minimize this risk. Any type of rail or grab bar attached to a bed, as well as the fit of the bed mattress, should be assessed for entrapment risks. The bed should be viewed as a system and that needs to have the proper components. An example is that not all mattresses or bed rails are suitable with any given bed frame.

Guidance

FDA regulates hospital beds through post-market activities such as analyzing reports of product problems and adverse events. The agency does not regulate the design of the beds, but offers safety guidance to industry. FDA is a member of the Hospital Bed Safety Workgroup (HBSW), a partnership among the medical bed industry, national health care organizations, patient advocacy groups, and federal agencies. For more information on hospital bed safety, please visit the following link:

<http://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/MedicalToolsandSupplies/HospitalBeds/UCM125857.pdf>

Please conduct a safety inspection of any hospital beds used in your home or facility. Carefully consider the following guide to entrapment zones and width of any gaps. Assure mattresses fit properly and were designed for the bed they are in use on.



Entrapment Zones

The guidance characterizes the head, neck, and chest as key body parts at risk of entrapment. It also identifies these seven potential "zones of entrapment" in hospital beds:

1. within the rail
2. under the rail, between the rail supports or next to a single rail support
3. between the rail and the mattress
4. between the rail, at the ends of the rail
5. between split bed rails
6. between the end of the rail and the side edge of the head or foot board
7. between the head or foot board and the mattress end

Recommendations for CPR Masks

Community Mental Health for Central Michigan strongly recommends that providers obtain CPR masks with a one-way valve. The one way valve is a safety feature that allows air to go into the unconscious persons lungs while preventing air and or fluids (saliva, blood, etc.) from getting on you or in your mouth.

When using the mask it is important to remember that if you accidentally put the mask on the person backwards, **do NOT** turn it around and put the contaminated side on your mouth.

Universal Precautions assume that everyone has a contagious disease until proven otherwise. Gloves should be worn during this procedure as well.

When purchasing a mask you should consider if the mask will be easy to assemble and use. You should purchase a mask that is made of pliable transparent material that is suitable for use in hot and cold conditions. Consider if the mask has a standard valve size, and an inlet for oxygen. These masks can be purchased from red cross for under \$14.00



Winter Home Safety

Portable heaters are not allowed in any licensed residential home! Remember that during a heat failure, you should keep people warm with extra layers of clothing or blankets until the heat is restored or you are relocated. Kitchen stoves or ovens should never be used as a supplemental heat source.

All heat sources, such as furnaces and hot water heaters must have adequate room to assure safety. These areas should be kept free of clutter and flammable or combustible items.

Do not use appliances to dry wet mittens or other clothing.

Candles are not recommended for use in any licensed residential home. Battery operated lanterns and flashlights are the safest source of light in a power outage. Keep an adequate amount of food, water and emergency supplies in case travel is not possible due to a winter storm.

A portable generator should never be operated inside a home, including the basement or garage. A generator should never be connected directly to the wiring of any home. Equipment should be powered by directly connecting to the outlets on the generator. Remember not to overload outlets and to secure exterior extension cords that could present a trip and fall hazard!

Learn more about home safety from your local American Red Cross or the fire department

Quality Improvement in Human Resources for Network Providers

As a Community Mental Health for Central Michigan residential contract provider you are required to demonstrate competence and compliance in several areas. Human resources is one of these areas. Human resources practices are reviewed annually during your site review. Following are the practices reviewed by our agency annually.

- Providers (with staff) are expected to complete performance appraisals on an annual basis.
- Providers must have evidence of required training. This includes CenTrain records to verify any required annual refreshers, and trainings in the areas of cultural competency, person centered planning, limited English proficiency, HIPAA, etc.
- Criminal background checks and fingerprinting must be completed on all staff as required by the State of Michigan. Verification must be available in the home.
- Providers have the responsibility to assure that only those staff who are appropriately licensed and insured, are permitted to operate vehicles used to transport consumers. All providers must develop a procedure describing what to do in an automobile accident. This must be a part of orientation for any staff driving vehicles.
- Providers must have knowledge of limited English proficiency that includes initial and on-going training of staff

CMHCM Employee Updates

Isabella County

Julie Rookard, Customer Service Coordinator
Pamela Flachs, Community Supports Technician
Tonya Bondale, Provider Network Manager
Robert Radaz, Supervisor

Mecosta County

Brian Totten, Registered Nurse
Kathy Wilson, Peer Support Specialist

Midland County

Rachel Fransee, Community Supports Technician

Transferring Employees

Kim Boulter, Program Director, Mecosta, Osceola
Bryan Krogman, Chief Financial Officer, Isabella

Retiring Employees

Kathy Comar, Mecosta
Bunny Easlick, Isabella
Linda Pifer, Isabella
Tom Rojeski, Program Director, Mecosta, Osceola

Provider Training Updates

CMHCM requires that all staff having a training record that is over five years old update their training by completing the CenTrain materials.

Providers without a formal training database to track trainings as required by CMHCM, must have a completed CenTrain training record for all staff prior to their next site review.

Remember to document consumer specific training! In-services that assist in improving care and services for consumers should be tracked. Staff participation in these in-services should be documented.



A Culture of Gentleness.....

Community Mental Health for Central Michigan (CMHCM) is committed to fostering a culture of gentleness. Gentleness will be one of the topics featured in each newsletter in 2010. Previous articles have reviewed the policies and goals of CMHCM to increase positive behavior supports and decrease/eliminate the use of physical force and restrictive techniques.

But, what does it all really mean? Many of you may have wondered how do I put the philosophy of gentleness into practice in my licensed residential setting or community living support program, how do I train the staff, what exactly does a culture of gentleness look like? If these are questions you have asked yourself you are not alone!

Let's start by defining gentleness; according to www.thesaurus.com

Gentleness is defined as intentional mildness and/or physical sensitivity. Other words which could be used are; carefulness, caution, mildness. Culture is defined as: ideas, values of a people, lifestyle, a way of life. We can interpret this to mean that we need to always remember that all people have value and that we should be very careful to assure that the supports and services that we are all providing are directed by the individual and should embrace maximum choice and control for the individual in all areas of their life.

An unconditional "culture of gentleness" means that positive supports and approaches are used regardless of the challenges an individual may present. Positive and supportive responses from staff are used to address resistance, frustration, pain, fear, and anger. Staff also need to be supported and encouraged to respond to individuals with understanding and compassion and to provide positive support for those who must express their needs through challenging behavior. Here are a few key points to remember:

When investigating the cause of a challenging behavior don't forget to rule out physical, medical, environmental, and trauma based conditions that may be the cause of the behaviors.

All behavior is communication

"Behavior" is what people do to get what they want or need, or to get away from something or someone they do not want. People use behavior for very specific reasons, and the behavior communicates how they are feeling or thinking. Positive behavior support is a way to help people get what they want or to get away from what they do not want, in a way that is helpful and safe for them and others. The goal is to create environments and patterns of support around people so the problem behaviors are no longer necessary. The main purpose of a positive behavior support plan is to listen to what the person is saying with their behavior and then to respond to their communication in a way that uses their strengths and personal preferences to meet their needs and is not harmful to them or others.

A good positive behavior support strategy may be as simple as changing where a person is sitting in a vehicle, or at the dining room table. Another strategy to remember is that we all learn differently. Some people learn best by seeing, others by doing, others by hearing. Getting to know the individuals you work with, including likes, dislikes, communication styles, what or who causes stress/triggers a challenging behavior will help you to begin to build a positive relationship with the individual. Remember too, that we all have bad days, feel grumpy for no particular reason, or get angry and sometimes it helps to have someone who will listen without judging, laughing or making a plan to fix it. Sometimes we just want someone to listen..... A positive behavior support plan addresses and supports the person not just the behavior!!

We would like to hear what you are doing! Please send us, or call us and tell us your success stories with gentleness and positive behavior supports. We would like to recognize CMH providers who are living, learning, teaching, and supporting positive change which will lead to higher quality of life and greater choice and independence for all!

**Contact Karen Bressette, Customer Service Coordinator at 989-772-5930 X 1384
kbressette@cmhcm.org**

Services Update

Crisis Mobilization and Intervention Team (CMIT) Expansion - CMIT now includes Mecosta and Osceola Counties effective January 11, 2010! This team now provides emergent and urgent crisis services to residents in our 6 county coverage area. This service is available 24 hours a day 7 days a week. Services include assessment, diagnosis, crisis counseling, treatment and/or referral during crisis interventions and preadmission screening to ensure rapid referral and linkage to appropriate interventions. For additional information on the CMIT, please see the October, 2009 issue of the Provider Newsletter located on the CMHCM website.

Chronically Homeless Grant - Community Mental Health for Central Michigan received a Chronically Homeless grant January 1, 2010 through the Michigan Department of Community Health. The program is available to individuals with a serious mental illness and/or those who are dually diagnosed with a substance abuse disorder that we serve in all six counties that meet the definition of chronic homelessness. The definition of chronic homelessness is: an unaccompanied (by children) homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. The amount of rent the individual is responsible for is based on their income. The grant funds cover the balance of the rental amount. A total of six individuals can be served per month. CMHCM is responsible for providing in kind services to the participants of the program to match the rental dollars funded by the grant. The primary goal of the grant is to provide long-term housing assistance to this population. For additional information please contact Steven Lundsted with Community Mental Health for Central Michigan at (989) 631-5140.

Access to Services at CMHCM - Today, when you call any Community Mental Health for Central Michigan (CMHCM) office, you will hear a voice **welcoming** you and asking "how may we help you?" If you are experiencing a crisis the call will likely be handed off to one of the Crisis Mobilization and Intervention Team members. This team of eleven crisis workers and their supervisor comprise our day time and after hours crisis staff. They are ready to assist with any mental health emergency and to follow-up with ongoing services until the situation is stabilized.

If you are a caller requesting routine services you will be transferred to an Access Manager. The Access Manager will **screen** individuals by listening to what people have to say and assisting them in determining whether our services match their needs. In addition eligibility is **determined** based on whether they have a serious mental illness or developmental disability and financial eligibility.

For those individuals meeting technical and financial eligibility, the last step in the Access process is meeting with the Assessment Specialist. They meet with the individual, complete a psycho-social assessment, and a preliminary person-centered plan. During the assessment interview the Assessment Specialist utilizes a standardized assessment tool, their clinical diagnostic knowledge along with the individual's preferences to help determine the best evidence-based practices to meet their needs. At the conclusion of the assessment interview the individual is provided with a copy of their assessment and plan and scheduled (within 14 days) with the clinician they will be working with.

Rights Training Schedule 2010

Date	Time	Location
Mar. 9	1-3:30	Midland
Apr. 5	1-3:30	MP
Apr. 13	1-3:30	Midland
Apr. 16	1-3:30	RC
May 3	1-3:30	MP
May 11	1-3:30	Midland
Jun 2	1-3:30	BR
Jun 7	1-3:30	MP
Jun 8	1-3:30	Midland
Jul 6	1-3:30	MP
Jul 13	1-3:30	Midland
Jul 16	1-3:30	RC
Aug. 2	1-3:30	MP
Aug. 10	1-3:30	Midland
Sep. 1	1-3:30	BR
Sep. 7	1-3:30	MP
Sep. 14	1-3:30	Midland
Oct. 4	1-3:30	MP
Oct. 12	1-3:30	Midland
Oct. 12	1-3:30	RC
Nov. 1	1-3:30	MP
Nov. 9	1-3:30	Midland
Dec. 1	1-3:30	BR
Dec. 6	1-3:30	MP
Dec. 14	1-3:30	Midland

To register for recipient rights training in Mt. Pleasant, Big Rapids or Reed City call 989-772-5938.

To register for training in Midland contact Phyllis Kchodl (at 989-837-0726).

All rights trainings offered by the CMHCM Office of Recipient Rights start at 1 p.m. and end at 3:30 p.m. Staff must be preregistered for rights training. Call Rights Officer Kris Stableford (989-772-5938) with any questions or concerns.

Mission Statement

To provide and support a wide range of mental health solutions to help the members of our communities gain control over their lives, achieve dignity and respect, realize their potential, and become full participants in community life.

Vision Statement

To be a leader in the provision of quality mental health solutions in collaboration with consumers and community partners

Statement of Values

Community Mental Health for Central Michigan values:

- *The dignity and worth of each individual served*
- *Person centered planning and self determination*
- *Inclusion of every individual in the community*
- *Quality services that are affordable, accessible, and available*
- *Creativity, Best Practice, and innovation*
- *Diversity*
- *Education for advocacy and prevention*
- *Consumer involvement in policy development and program decision*
- *Responsiveness to local community needs*
- *Collaboration with community partners*
- *Ethical practices*
- *Competence among staff and providers*
- *Continuous Quality Improvement*
- *Participative Management*
- *Efficient management that maximizes resources*
- *Fiscal integrity*