

NORTHCARE NETWORK

POLICY TITLE: Collaboration with Community Organizations	CATEGORY: Quality Assessment & Performance Improvement	
EFFECTIVE DATE: 4/23/03 (old policy) 3/1/16 new separated policy	BOARD APPROVAL DATE: 3/9/16	
REVIEW DATE: 12/21/21	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: QI Coordinator	CEO APPROVAL DATE: 1/4/22 Dr. Tim Kangas, CEO	

APPLIES TO

NorthCare Network Personnel
Member CMHSPs
SUD Providers

POLICY

NorthCare Network, directly and/or through Network Providers, works closely with local public and private community-based organizations and providers to address prevalent human conditions and issues that relate to a shared customer base to provide a more holistic health care experience for the consumer. Collaboration with local community-based organizations is expected of all Network Providers as applicable and with proper consent.

PURPOSE

The purpose of this policy is to outline expectations of network providers for the function of collaboration with local community agencies such as local health departments, local MDHHS human service offices, law enforcement agencies, the judicial system, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), community and migrant health centers, nursing homes, Area Agency and Commissions on Aging, Medicaid Waiver agents for the Home Community Based Waiver (HCBW) program, school systems, Michigan Rehabilitation Services, Departments of Corrections (DOC), Suicide Prevention Council, Mental Health Advisory Committee, the Medicaid Health Plan(s), etc. Local coordination and collaboration with these entities will make a wider range of essential supports and services available in all communities of the Upper Peninsula and eliminate duplication.

DEFINITIONS

N/A

REFERENCES

- Balanced Budget Act (BBA), Subpart D, 438.208
- MDHHS/PIHP Contract
- Michigan Mental Health Code, PA 258 of 1974 as amended
- PIHP-MHP Model Agreement (MDHHS)

HISTORY

REVISION DATE: 7/2/08, 7/9/09, 1/27/14, 3/5/14, 3/3/15, 3/1/16, 1/18/17, 11/20/17, 5/18/20, 2/17/21, 12/21/21

REVIEW DATE: 8/9/04, 9/14/05, 1/19/07, 3/15/07, 8/26/10, 3/20/13, 1/15/13, 1/27/14, 3/5/14, 3/3/15, 3/1/16, 1/18/17, 11/20/17, 9/25/18, 7/30/19, 5/18/20, 2/17/21, 12/21/21

CEO APPROVAL DATE: 3/20/13, 1/27/14, 3/5/14, 3/3/15, 3/1/16, 2/7/17, 12/11/17, 10/2/18, 8/6/19, 6/2/20, 3/2/21, 1/4/22

BOARD APPROVAL DATE: 10/6/04, 11/2/05, 1/29/14, 3/12/14, 3/9/16

PROCEDURES

NorthCare Network supports the philosophical construct by which a behavioral health system (SUD and mental health) shapes its perspective on how they will address recovery. Recovery oriented systems of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families, and communities. NorthCare Network requires evidence of collaboration among key community agencies, including the Medicaid Health Plan, whose practices directly impact the individuals served by NorthCare Network Providers. Because available resources and agencies differ in each community, NorthCare Network delegates collaborative agreements to the local service level as applicable.

A. COORDINATION WITH HEALTH PLAN AND COMMUNITY AGENCIES

1. Medicaid Health Plan - NorthCare Network has a written coordination agreement with the single Medicaid Health Plan, Upper Peninsula Health Plan (UPHP).
2. Local Agencies - Member CMHSPs/SUD Providers shall have a written collaborative agreement with relevant agencies in their community(ies), including but not limited to the family courts/juvenile justice system, child welfare system, local education system, Michigan Rehabilitation Services, nursing homes, and local district health offices. These agreements must describe the collaborative arrangements that are in place and how potential disputes between the agencies will be resolved.
3. Collaborative Entities - Member CMHSPs/SUD Providers are required to work closely with local public and private community-based organizations and providers to address issues that relate to a shared consumer base. This work can be accomplished through representation at meetings, Formal linkages, pooled funding arrangements, and/or joint-service ventures.
 - a. Member CMHSPs will have consistent participation in community collaborative agencies such as the Multi-Purpose Human Service Collaborative Body, Early-On, Strong Families/Safe Children and any other local human services collaborative.
 - b. The agency director or his/her designee who is able to make commitments for the organization shall attend at least eighty percent (80%) of the local MHSCB meetings and Early On and SF/SC meetings and/or other multi-collaborative meetings.
 - c. Involvement will be evident in attendance records and meeting minutes; and, must be provided to NorthCare upon request.