

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>		
Department Clinical Services		# of Pages: 2		
Policy Name ASSESSMENT		Type of Policy: [] WCHO [<input checked="" type="checkbox"/>] Regional [] Network		
Policy Number 13.002		Effective Date	Revision Date	Approval Date
Administrative/Board of Directors Sign Off				
Administrative Signature:			Date:	
Board of Directors Signature:			Date:	

I. PURPOSE

To establish guidelines which insure that each recipient receives a comprehensive initial assessment that serves as the basis for the development of an Individual Plan of Service.

II. APPLICATION

All recipients while under the care of any Community Mental Health Partnership of Southeastern Michigan (CMHP) staff, students, volunteers and/or contractual agencies within the provider network.

III. DEFINITIONS

None

IV. POLICY

A comprehensive written initial assessment shall be completed for each recipient. The initial assessment shall include a diagnosis of physical and mental conditions and an initial plan of service for initial care, treatment and rehabilitation of the diagnosed conditions. In order to complete the initial assessment and determine a diagnosis, evaluation by a psychiatrist, psychologist or other professional discipline may be required utilizing assessment protocols established for these professional disciplines.

A copy of the initial assessment and plan of service along with reports obtained from other organizations shall be included in the clinical record.

At least annually there shall be a review and update of the initial assessment and plan of service.

V. EXHIBITS

None

VI. REFERENCES

Michigan Mental Health Code, Public Act 258 of 1986, as amended - 330.1710
DCH Administrative Rules - 330.7181

VII. PROCEDURES

None