ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

CHAPTER Service Delivery		CHAPTER 03	SECTION 003	SUBJECT 0005
SECTION Client Services	SUBJECT Input from Individuals Served			
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I.   APPLICATION:

    ☒ SCCCMHA Board
    ☒ SCCCMHA Providers & Subcontractors
    ☒ Direct-Operated Programs
    ☒ Community Agency Contractors
    ☒ Residential Programs
    ☒ Specialized Foster Care

II.   PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall obtain and consider comments from individuals served (and other stakeholders) on its operations and services.

III.   DEFINITIONS:

A.   Inclusion: Recognizing and accepting individuals with mental health needs as valued members of their community.

B.   Input Mechanisms: Processes that encourage and demonstrate participation from individuals served in the CMH system. Examples include: Person - Centered Planning meetings; individuals served and family surveys; program meetings with individuals served; interviews with individuals served; public hearings; representation on the Board and Advisory Council, Quality Improvement Council (QIC), Committees and boards in affiliation with Region 10 and St. Clair County Community Mental Health Authority, etc.

C.   Integration: Enabling individuals served to become, or continue to be, participants and integral members of their community.

D.   Normalization: Rendering services in an environment and under conditions that are culturally normative. This approach not only maximizes an individual's opportunities to learn, grow and function within generally accepted patterns of human behavior, but also serves to mitigate social stigma and foster inclusion.

IV.   STANDARDS:

A.   Individuals served shall be involved in the planning, decision - making, implementation and evaluation of the services they receive. Services shall always be designed to enhance the independence, self-sufficiency, self-esteem, and quality of life of individuals served. Based upon the informed choices of the individual served (and their guardian/representative, as applicable),

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CMH-funded services shall always be coordinated, individualized, goal-oriented and lead to desired outcomes.

B. SCCCMHA Board / Administration shall be empowered to develop and implement specific mechanisms, including written policies and procedures, that ensure input and involvement from individuals served at all levels of the organization, including the following:

1. System-level procedures
2. Program-level procedures
3. Service-level procedures

C. SCCCMHA Board / Administration shall implement a written system that identifies how the organization obtains input from individuals served.

D. SCCCMHA Board / Administration, through satisfaction surveys and other appropriate methods, shall gather ideas and responses from individuals served (and their guardians/family) at least annually, regarding their experiences with services. The input will be reviewed and used, if appropriate, to change the practices and/or policies of the organization.

E. SCCCMHA Board / Administration will conduct comprehensive community education campaigns designed to reduce stigma toward individuals diagnosed with intellectual/developmental and mental disabilities, educate the community about mental wellness, and reach out to underserved portions of the community. The education strategies will be designed to promote inclusion, relieve disabling circumstances, actively work to prevent occurrence of increased disability, and promote individual abilities.

F. Results shall be made known to the SCCCMHA Board, SCCCMHA Leadership Team, Agency/Program Directors and Supervisors, Provider Panel members, and the community, when appropriate.

G. SCCCMHA Board / Administration shall consider such input in making its overall policy, programmatic and budgetary/funding decisions at least annually.

V. PROCEDURES:

A. **System-Level Procedures**

SCCCMHA Board/Leadership Team

1. Implements and reviews reports from various advisory and governing bodies/committees, as necessary, and considers membership by individual(s) being served, as applicable (e.g., Recipient Rights Advisory Committee, Advisory Council, Board of Directors).

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B. <u>**Program-Level Procedures**</u>

SCCCMHA Board / Administration

1. Oversees and receives feedback to obtain parent, guardian, and significant other input from various resources (e.g. surveys, interviews, etc.).

2. Aggregates survey results and submits to SCCCMHA Board for review and consideration.

Utilization Management (UM) Staff

3. Conducts at least two (2) comprehensive "concurrent or retrospective" studies to evaluate the utilization of SCCCMHA services on an annual basis. Submits results of these reviews to QIC.

Quality Improvement (QI) Staff

4. Develops Customer Satisfaction Rating/ Performance Indicators as part of the annual agency key indicators, evaluation and Quality Improvement (QI) Plan.

   a. Develops and utilizes Customer Satisfaction surveys as specified in SCCCMHA policy #03-003-0065, Satisfaction Surveys.

   b. Aggregates results; submits results to SCCCMHA Leadership Team and other interested parties.

   c. Incorporates input results into annual QI evaluation of agency indicators, and submits to:

      (1) SCCCMHA Board
      (2) SCCCMHA Leadership Team
      (3) SCCCMHA Supervisory/Management Staff

Division Directors

5. Division Director receives and designs programs based on feedback obtained from:

   a. Surveys
   b. Focus Groups
   c. Peer run service programs, i.e. drop in center
   d. Comment box located in lobby
   e. Newsletter

C. <u>**Service-Level Procedures**</u>

SCCCMHA Policy Committee

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1. Develops specific policy and procedures that ensure services are individualized, coordinated, goal-oriented, and are based upon informed individual choice, utilizing the SCCCMHA policy #03-001-0005, Person - Centered Planning Process/ Individual Plan of Service.

Treatment Teams

2. Ensure all program services are designed to enhance any or all of the following outcomes: independence, self-sufficiency, symptom management, quality of life, and health and safety.

3. Ensure that individuals served are involved in the planning, decision- making, implementation and evaluation of services they receive.

4. Follow SCCCMHA policies: Person- Centered Planning Process /Individual Plan of Service (policy #03-001-0005), Grievance Process (policy #02-001-0040), and Appeal Process and Second Opinion (policy #02-001-0045).

5. Conduct periodic reviews, evaluating progress on goals and modify goals to reflect current needs /desires of the individual served.

VI.   REFERENCES:

None Available

VII.   EXHIBITS:

None Available

VIII.   REVISION HISTORY:

Dates issued 08/95, 11/98, 10/00, 10/02, 10/04, 10/06, 10/08, 10/10, 08/12, 05/13, 05/14, 05/15, 09/16, 11/17, 01/19, 01/20, 05/21, 09/22.