



Policy Title:	Parent/Guardian Monitoring Program
Policy #:	05-001-0060
Effective Date:	11/12/2024
Approved by:	SCCCMH Board
Functional Area:	Office of Recipient Rights
Responsible Leader:	Sandy O'Neill, Recipient Rights Director
Policy Owner:	Sandy O'Neill, Recipient Rights Director
Applies to:	SCCCMH Board of Directors, All Directly Operated Programs, All Contracted Network Providers, SCCCMH Staff

Purpose: To assist the SCCCMH Office of Recipient Rights with its monitoring requirement under Mental Health Code, 330.1755 to monitor each service site on an annual basis and to offer parents/guardians an opportunity to provide feedback regarding their level of satisfaction with the specialized residential services provided to their child/the individual they represent.

I. Policy Statement

It is the policy of the St. Clair County Community Mental Health (SCCCMH) Board of Directors that residents residing in specialized licensed residential *facilities* are provided with a safe, clean, and healthy living environment and are treated with dignity and respect. The *Parent/Guardian Monitoring Program* ensures parents and guardians have a reporting tool that enables them to provide feedback to SCCCMH regarding the care provided to their family member/ward in a specialized licensed residential facility.

II. Standards

- A. The *Recipient* Rights Advisory Committee oversees the Parent/Guardian Monitoring Program.
- B. The results of the Parent/Guardian Monitoring Program Questionnaires are confidential.

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
Recipient Rights Director	To provide oversight of the Parent/ Guardian Monitoring Program.
Recipient Rights Advisory Committee Member/designee	Inform the SCCCMH Board about the Parent/ Guardian Monitoring Program.

Actions – Initial Request

Action Number	Responsible Stakeholder	Details
1.0	Office of Recipient Rights (ORR)	<ol style="list-style-type: none"> 1. Develop and send the following information to the parents/guardians of <i>residents</i> residing in specialized licensed residential facilities on an annual basis: <ol style="list-style-type: none"> a) Memorandum, which explains the program. b) Parent/Guardian Monitoring Program Questionnaire. c) A postage paid envelope addressed to the St. Clair County Community Mental Health Authority-Office of Recipient Rights. 2. Review and summarize the data received from the Parent/Guardian Monitoring Program Questionnaires. 3. Forward all comments from the Parent/Guardian Monitoring Program Questionnaires to the appropriate caseholders, facilities, and contract providers. 4. Discuss negative comments/issues raised with the facility/caseholder in question. 5. Open Recipient Rights Complaints, as necessary, when feedback includes evidence that a recipient rights violation occurred/may have occurred. 6. Consult with the SCCCMH Chief Executive Officer, SCCCMH Chief Operating Officer, and/or SCCCMH Clinical Officer when systemic or other issues arise from the Parent/Guardian Monitoring Program Questionnaires. 7. Ensure the names of the parents/guardians are confidential and not included in reports or summaries affiliated with this program.

		8. Provide a summary report detailing the comments/issues raised from the questionnaires and action taken by the Office of Recipient Rights to the Recipient Rights Advisory Committee on an annual basis.
2.0	Recipient Rights Advisory Committee/designee	9. Update the SCCCMH Board of Directors, as warranted, on the operation/outcome of the annual Parent/Guardian Monitoring Program.

B. Related Policies

N/A

C. Definitions

1. *Facility*: Includes licensed facilities and foster care family homes for adults who are aged, mentally ill, intellectually/developmentally disabled, or physically disabled who require supervision on an ongoing basis, but who do not require continuous nursing care.
2. *Parent/Guardian Monitoring Program*: A questionnaire for the parents/guardians of residents residing in specialized licensed residential facilities when St. Clair County Community Mental Health Authority provides payment to a facility for services/supports provided by the facility.
3. *Recipient*: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility or from a provider that is under contract with the MDHHS or a community mental health services program.
4. *Resident*: Means an individual who receives services in a facility.

D. Forms

N/A

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

[Exhibit A. Parent/Guardian Monitoring Program Memorandum template](#)

[Exhibit B. Parent/Guardian Monitoring Program Questionnaire template](#)

F. References

N/A

IV. History

- Initial Approval Date: 09/1991
- Last Revision Date: 11/2023 BY: Telly Delor
- Last Reviewed Date: 10/2024 BY: Sandy O’Neill
- Non-Substantive Revisions: N/A
- Key Words: Monitoring Program, Parent