ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued <u>09/23</u>

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WRITTEN BY	REVISED BY		AUTH	AUTHORIZED BY	
Frank S. Bublitz	Latina K. Cates	Latina K. Cates		SCCCMHA Board	

I. <u>APPLICATION</u>:

- ☐ SCCCMHA Providers & Subcontractors
- ☑ Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) to provide the necessary and reasonable resources and supports to foster community inclusion and enable persons served to have an active role in creating, evaluating, and operating mental health, and substance use services.

III. DEFINITIONS:

- A. <u>Consumerism</u>: The active promotion of employment, interests, service needs, and rights of persons served by the mental health system.
- B. <u>Driven by Persons Served</u>: Any program or service focused upon and directed by participation from persons served.
- C. <u>Family Member</u>: A parent, stepparent, spouse, significant other, sibling, child or grandparent of a person served. It is also any individual upon whom a primary person served depends for 50% or more of his/her financial support.
- D. <u>Family Centered Services</u>: Services for families with minors that emphasize family needs and desires with goals and outcomes defined. Services are based on family's strengths and competencies with active participation in decision-making roles. (*Minor: Person under 18 years of age unless legally emancipated.*)
- E. <u>Inclusion</u>: To recognize and accept of people with mental health needs as valued members of their community.
- F. Operated by Persons Served: Any program or service operated and controlled by persons served.

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- G. <u>Person Centered Planning</u>: The process of planning with and supporting the individual who wishes to control his life by participating in services. This process builds upon the person's capacity to engage in activities that promote community life, and it honors the person's abilities, choices, and preferences.
- H. <u>Person First Language</u>: This is a verbal and written communication style that refers to a person first rather than a disability first. (Ex: Person with Intellectual/Developmental Disability).
- I. <u>Primary Recipient</u>: A person who participates in services from the Michigan Department of Health and Human Services (MDHHS) or a Community Mental Health Services Program (CMHSP). It also means a person who has received the equivalent mental health services from the private sector.
- J. <u>Recovery</u>: A deeply personal, unique process of changing ones' attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, contributing life even with barriers caused by illness. Recovery involves the development of a new meaning and purpose in one's life as one grows beyond the effects of mental illness.
- K. <u>Secondary Recipient</u>: A person who is a family member, significant other, or spouse of a primary recipient
- L. <u>Support Person</u>: A person who provides intangible or tangible resources (Activity of Daily Living Assistance, emotional support, financial management services, etc) to a primary or secondary recipient

IV. STANDARDS:

- A. SCCCMHA and its provider network shall promote the involvement of persons served and support persons in design, implementation, and evaluation of mental health services. Such promotion will be maintained in a variety of ways to make the most of the ability of persons served to have an impact upon policy and service design and delivery.
- B. SCCCMHA and its provider network shall utilize Person First and Recovery Language in all publications, formal communications such as newsletters, and daily discussions.
- C. SCCCMHA and its provider network shall advance the employment of persons with mental health disabilities within the mental health system and in the community at all levels of positions, including mental health service provision roles.
- D. SCCCMHA and its provider network shall make best, promising, and evidence based practices available as options of service and service planning.
- E. SCCCMHA and its provider network shall remain fully compliant with the best available practices in cultural competency. This includes the availability of staff and services that reflect the ethnic and cultural makeup of the service area and competency in specialized cultures such as, non-English and limited –English speaking, deaf culture and blind culture.

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- F. SCCCMHA and its provider network shall promote the achievement of persons served through integrating recognition of their abilities, accomplishments, and skills into recognition program(s).
- G. SCCCMHA, through surveys and other appropriate methods, shall gather ideas and responses from persons currently and formerly served, secondary supports, and their families concerning their experiences with services as well as, the community.
- H. SCCCMHA and its provider network will conduct comprehensive community education campaigns that aim to reduce stigma toward persons with a mental illness, intellectual/developmental disability and /or substance use disorder, educating the public about mental health and whole-health wellness, reaching out to underserved portions of the community and supporting community—integration and participation.
- I. SCCCMHA and its provider network shall ensure services to persons with developmental/intellectual disabilities are provided in compliance with positive behavioral supports and self-determination principles.
- J. SCCCMHA and its provider network shall ensure persons served of all ages and with all disabilities, and their families and guardians, are provided with organized roles to help make decisions in policies, programs, and services. This includes the design and implementation of person centered planning strategies and techniques. Proper training and resources will be devoted to increase the capacity of people to provide such input to SCCCMHA.
- K. SCCCMHA and its provider network shall ensure services to minors and their families are comprehensive and will be delivered with family-centered approaches. These services will be individualized and respectful of the family's choices of services and supports.
- L. SCCCMHA and its provider network shall ensure programs operated by people served receive the same consideration in business planning, contractual, fiscal, liaison, and all other business matters that is provided to other providers of mental health services.
- M. SCCCMHA and its provider network will base their programs and services upon integration and normative community resources before developing segregated resources that exclusively or predominately serve persons who participate in the mental health system.
- N. SCCCMHA and its provider network will collaborate with persons currently and formerly served, family members, and advocates in development and implementation of this guideline.

V. PROCEDURES:

SCCCMHA Administration

1. Cooperates to its fullest extent possible with the entire provider network in the implementation of this policy. Specific programs operated under this policy will vary in their procedures due to local circumstances.

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- 2. Provides training and technical assistance to persons served and person groups that wish to establish person driven and operated services.
- 3. Provides leadership and membership opportunities to persons served with intellectual/developmental and mental disabilities in its advisory committee and work group structure, and employment opportunities to persons served as possible or necessary to implement this guideline.
- 4. Monitors the development of segregated services to establish only those that are unable to be provided in integrated settings.

VI. REFERENCES:

- A. MDHHS/CMHSP contract FY 2023 Attachment C6.9.3.2 and C6.9.3.3
- B. PIHP/SCCCMH contract FY 2021Statement of Work Contract Activities General Requirements H.3.a

VII. <u>EXHIBITS</u>:

None available

VIII. <u>REVISION HISTORY:</u>

Dates issued 11/05, 05/08, 06/10, 09/12, 05/14, 05/15, 09/16, 09/17, 09/18, 09/19, 09/20, 09/21, 10/22.