



Policy Title:	Input from Individuals Served
Policy #:	03-003-0005
Effective Date:	01/29/2025
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Client Services
Responsible Leader:	Kathleen Gallagher, Chief Clinical Officer
Policy Owner:	Services Directors
Applies to:	SCCCMH Staff, Network Contract Providers, Contractors, Interns, Volunteers

Purpose: To ensure that individuals served are active participants in services received. This includes but is not limited to planning, implementation, and evaluation of services.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to obtain and consider comments from individuals served (and other stakeholders) on its operations and services.

II. 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), SCCCMH-funded services shall always be coordinated, individualized, goal-oriented and lead to desired outcomes.
- B.** SCCCMH Board / Administration shall be empowered to develop and implement specific mechanisms, including written policies and procedures, which 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. SCCCMH Board / Administration shall implement a written system that identifies how the organization obtains input from individuals served.
- D. SCCCMH 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. SCCCMH 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 SCCCMH Board, SCCCMH Leadership Team, Agency/Program Directors and Supervisors, Provider Panel members, and the community, when appropriate.
- G. SCCCMH Board/Administration shall consider such input in making its overall policy, programmatic and budgetary/funding decisions at least annually.

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
QI staff	Develop and implement satisfaction survey and provide results to staff
UM staff	Completes retrospective to evaluate current services
Clinical Directors	Review data and design programs based on feedback

Actions – System-Level Procedures

Action Number	Responsible Stakeholder	Details
1.0	SCCCMH Board/Leadership Team	1. Review reports from various advisory and governing bodies/committees, as necessary, and consider membership by individual(s) being served, as applicable (e.g., Recipient Rights Advisory Committee, Advisory

Action Number	Responsible Stakeholder	Details
		Council, Board of Directors).

Actions – Program-Level Procedures

Action Number	Responsible Stakeholder	Details
1.0	Quality Improvement (QI) Department/Staff	<ol style="list-style-type: none"> 1. Develop and administer an annual Customer Satisfaction survey, requesting individuals served or their parent/guardian's input on services received. 2. Provide a draft report/finding to Leadership, the Advisory Council and the SCCCMH Board. 3. Finalize the draft report to include input from Leadership, Advisory Council and the SCCCMH Board. 4. Post the final report to the SCCCMH website. Include the final survey finding in the SCCCMH Quality Improvement Annual Report (i.e., program PI Tables). 5. Annually reviews the Board Policy #03-003-0065, Satisfaction Survey, which details the administration process.
2.0	Utilization Management (UM) Staff	<ol style="list-style-type: none"> 6. Conduct comprehensive “concurrent or retrospective” studies to evaluate the utilization of SCCCMH services on an annual basis. Submit results of these review to the Quality Improvement Committee (QIC).
3.0	Clinical Directors	<ol style="list-style-type: none"> 7. Receive and design programs based on feedback obtained from: <ol style="list-style-type: none"> a. Surveys b. Focus Groups c. Peer run service programs, i.e., drop in center d. Comment box located in the lobby e. Newsletter

Actions – Service-Level Procedures

Action Number	Responsible Stakeholder	Details
1.0	SCCCMH Policy Committee	<ol style="list-style-type: none"> 1. Develop specific policy and procedures that ensure services are individualized, coordinated, goal-oriented, and are based upon informed individual choice, utilizing the SCCCMH Board Policy #03-001-0005, Person - Centered Planning Process/ Individual Plan of Service.
2.0	Treatment Teams	<ol style="list-style-type: none"> 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

Action Number	Responsible Stakeholder	Details
		<p>health and safety.</p> <ol style="list-style-type: none"> 3. Ensure that individuals served are involved in the planning, decision- making, implementation and evaluation of services they receive. 4. Follow SCCCMH Policies: Person- Centered Planning Process/Individual Plan of Service (policy #03-001-0005), Administrative Policy #02-001-0040, Grievance Process, and Administrative Policy #02-001-0045, Appeal Process and Second Opinion. 5. Conduct periodic reviews, evaluating progress on goals and modify goals to reflect current needs/desires of the individual served.

B. Related Policies

[Administrative Policy #02-001-0040 Grievance Process](#)

[Administrative Policy #02-001-0045 Appeal Process & Second Opinion](#)

[Board Policy #03-001-0005 Person-Centered Planning Process/Individual Plan of Service](#)

[Board Policy #03-003-0065 Satisfaction Surveys](#)

C. Definitions

1. *Inclusion:* Recognizing and accepting individuals with mental health needs as valued members of their community.
2. *Input Mechanisms:* Processes that encourage and demonstrate participation from individuals served in the SCCCMH 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, etc.
3. *Integration:* Enabling individuals served to become, or continue to be, participants and integral members of their community.
4. *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.

D. Forms

N/A

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

N/A

F. References

N/A

IV. History

- Initial Approval Date: 08/1995
- Last Revision Date: 09/2023 BY: Dorothy Molnar-MacAuley
- Last Reviewed Date: 09/2023
- Non-Substantive Revisions: N/A
- Key Words: Individuals served, input, services received, involvement, planning, participation