

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **BOARD POLICY**

Date Issued **11/22**

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<b>CHAPTER</b> Recipient Rights		<b>CHAPTER</b> 05	<b>SECTION</b> 001	<b>SUBJECT</b> 0060
<b>SECTION</b> Recipient Rights		<b>SUBJECT</b> Parent/Guardian Monitoring Program		
<b>WRITTEN BY</b> Mike Caza	<b>REVISED BY</b> Telly Delor		<b>AUTHORIZED BY</b> SCCCMHA Board	

### **I. APPLICATION:**

- ☒ SCCCMA Board
- ☐ SCCCMA 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) 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 SCCCMA regarding the care provided to their family member/ward in a specialized licensed residential facility.

### **III. DEFINITIONS:**

- A. 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.
- B. 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.
- C. 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.
- D. Resident: Means an individual who receives services in a facility.

### **IV. STANDARDS:**

- A. The Recipient Rights Advisory Committee oversees the Parent/Guardian Monitoring Program.

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- B. The results of the Parent/Guardian Monitoring Program Questionnaires (Exhibit A) are confidential.

V. PROCEDURES:

**Office of Recipient Rights (ORR)**

1. Develops and sends the following information to the parents/guardians of residents residing in specialized licensed residential facilities on an annual basis:
  - a. Memorandum (Exhibit A) which explains the program.
  - b. Parent/Guardian Monitoring Program Questionnaire (Exhibit B).
  - c. A postage paid envelope addressed to the St. Clair County Community Mental Health Authority-Office of Recipient Rights.
2. Reviews and summarizes the data received from the Parent/Guardian Monitoring Program Questionnaires.
3. Forwards all comments from the Parent/Guardian Monitoring Program Questionnaires to the appropriate case holders, facilities, and contract providers.
4. Discusses negative comments/issues raised with the facility/case holder in question.
5. Opens Recipient Rights Complaints, as necessary, when feedback includes evidence that a recipient rights violation occurred/may have occurred.
6. Consults with the SCCCMHA Chief Executive Officer, SCCCMHA Chief Operating Officer, and/or SCCCMHA Program Director when systemic or other issues arise from the Parent/Guardian Monitoring Program Questionnaires.
7. Ensures the names of the parents/guardians are confidential and not included in reports or summaries affiliated with this program.
8. Provides 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.

**Recipient Rights Advisory Committee/designee**

9. Updates the SCCCMHA Board of Directors, as warranted, on the operation/outcome of the annual Parent/Guardian Monitoring Program.

VI. REFERENCES:

None Available

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VII. EXHIBITS:

- A. Parent/Guardian Monitoring Program Memorandum template
- B. Parent/Guardian Monitoring Program Questionnaire template

VIII. REVISION HISTORY

Dates issued 09/91, 02/92, 04/94, 09/98, 10/00, 12/06, 12/08, 12/10, 09/12, 07/13, 07/14, 07/15, 07/16, 07/17, 07/18, 07/19, 07/20, 12/21.

St. Clair County Community Mental Health Authority

# OFFICE OF RECIPIENT RIGHTS

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## MEMORANDUM

**TO:** Parents/Guardians of Individuals Residing in  
Specialized Licensed Residential Settings

**FROM:** Telly Delor, Recipient Rights Director

**DATE:** <ENTER HERE>

**SUBJECT:** Parent/Guardian Monitoring Program & Rights Champion Awards Program

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### **Parent/Guardian Monitoring Program**

The St. Clair County Community Mental Health Authority (SCCCMHA) Parent/Guardian Monitoring Program assists the SCCCMA Office of Recipient Rights with its monitoring requirement (Mental Health Code, 330.1755...monitor each service site on an annual basis), and offers 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.

**To participate, please complete and return the Parent/Guardian Monitoring Program Questionnaire in the enclosed self-addressed, stamped envelope by <Date Here>.**

Please note: Your participation in this program is completely voluntary, though highly encouraged. Be assured that the results of the enclosed questionnaire, to include participant comments, will be reviewed by the SCCCMA Office of Recipient Rights and the SCCCMA Recipient Rights Advisory Committee. Positive comments will be shared with home supervisors/designees, and comments identifying opportunities for improvement will be shared with management team members; however, the names of the participants who provide comments will remain confidential.

### **“Rights Champion” Awards Program**

The SCCCMA Recipient Rights Advisory Committee initiated this program to acknowledge staff members/volunteers for their extraordinary contributions to the Rights Protection System. If you know of someone who has done an exceptional job promoting the rights of the individuals served by the SCCCMA system, please nominate them for this award. A nomination form is enclosed for your review, and can be returned with the Parent/Guardian Monitoring Program Questionnaire in the enclosed self-addressed, stamped envelope.

Thank you, in advance, for your participation. If you have any questions, please contact me at (810) 966-3743.

Enclosures: Parent/Guardian Monitoring Program Questionnaire  
“Rights Champion” Awards Program – Nomination Form  
Self-Addressed, Stamped Envelope

St. Clair County Community Mental Health Authority

# OFFICE OF RECIPIENT RIGHTS

## PARENT/GUARDIAN MONITORING PROGRAM

### Questionnaire – Fiscal Year **<Enter Year>**

NAME of RECIPIENT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

NAME of HOME: \_\_\_\_\_

YOUR NAME (optional): \_\_\_\_\_

How often are you able to visit your child/the individual you represent in their home? (check one)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Once a week         | <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Once every 3 months | <input type="checkbox"/> Once every 6 months  | <input type="checkbox"/> Once a year  |

PERSONAL CARE, COMMUNITY LIVING SUPPORTS, & COMMUNICATION	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with the personal care provided by home staff.					
I am satisfied with the physical appearance of my child/the individual I represent.					
I am satisfied with the overall hygiene of my child/the individual I represent.					
My child/The individual I represent is able to participate in a variety of activities.					
My child/The individual I represent is treated with dignity and respect.					
I am satisfied with the level of communication provided by home staff.					
APPEARANCE OF THE LICENSED RESIDENTIAL HOME	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with the exterior appearance of the home.					
I am satisfied with the interior appearance/décor of the home.					
I am satisfied with the overall cleanliness of the home.					
I am satisfied with the cleanliness of the restrooms in the home.					
I am satisfied with the bedroom décor for my child/the individual I represent.					
I am satisfied with the bedroom temperature for my child/the individual I represent.					

FOOD & MEAL PREPARATION	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with the quality of food served/available in the home.					
I am satisfied with the quantity of food served/available in the home.					
My child/The individual I represent is able to provide input into the development of the weekly meal/snack menu.					
I am satisfied with the cleanliness of the food preparation area in the home.					
I am satisfied with the dining area in the home.					
TRANSPORTATION	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am satisfied with the cleanliness of the vehicle used to transport my child/the individual I represent.					
The vehicle used to transport my child/the individual I represent is in good-working order.					
Staff members follow all traffic laws when transporting my child/the individual I represent.					

<p><b>In the space below, please list any qualities about this home and/or its staff members that deserve special praise AND/OR any concerns about this home and/or its staff members that need follow-up. Please Note: Your comments will be shared with the home supervisor/licensee; however, your name will remain confidential.</b></p>

If you would like the Office of Recipient Rights to contact you regarding a potential recipient rights concern/violation, please provide your telephone number in the space below:

\_\_\_\_\_

**Thank you for your participation! Your feedback is greatly appreciated.**