



Policy Title:	Personal Involvement with Recipients
Policy #:	06-001-0005
Effective Date:	06/5/2025
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Human Resources and Services Delivery
Responsible Leader:	Kathleen Gallagher, Chief Clinical Officer
Policy Owners:	Stephanie Shank, Human Resources Director Heidi Fogarty, Child & Family Services Director Kristen Thompson, Adult Services Director Jason Marocco, Adult Services Director
Applies to:	SCCCMH Staff, SCCCMH Board Members, Direct Operated Programs, Contracted Network Providers, Community Agency Contractors, Specialized Residential Providers, collectively referred to as “staff” in this policy

Purpose:

- To identify personal involvement that contains a risk for misuse of the therapeutic relationship
- To set safeguards, including but not limited to prohibiting and monitoring staff actions
- To define expectations for determining permissible boundaries of therapeutic vs. personal involvement
- To encourage good judgment, common sense, and staff communication about appropriate boundaries

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to support the perspective that personal involvement beyond the scope of a *therapeutic relationship* between staff and individuals receiving services, contains a risk for misuse of the relationship and therefore, requires careful regulation of staff actions. Personal involvement beyond a therapeutic relationship, if not excluded from the approval requirement by this policy, must be approved by the staff’s supervisor, the individual’s guardian, if applicable, the Services Director (or counterpart at Contract Agency), and the Corporate Compliance Officer. Approved personal involvement should be

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documented in the individual plan of service (IPOS) when appropriate to support the individual's need for and goals related to the personal involvement.

SCCCMH embraces five guiding principles in implementing this policy concerning relationships between staff and individuals we serve (recipients), in light of the person-centered treatment model's emphasis on choice and SCCCMH's location in a small community, where individuals have numerous opportunities to interact in different roles within various community activities, settings, and situations. SCCCMH's goal is to use good judgment and common sense along with the following guiding principles when determining whether extra-therapeutic personal involvement is appropriate or is exploitative. The guiding principles:

- 1) Prevention of the exploitation of recipients by staff
- 2) The right of recipients to express preferences, make choices, maximize independence, and create community connections
- 3) Recognition that certain developmental stages, treatment settings, and pre-existing relationships increase a recipient's vulnerability to exploitation and call for more stringent regulation of staff actions
- 4) Acceptance of a spectrum of permissible relationships for staff and recipients outside of the therapeutic relationship dictated by the staff member's job description
- 5) Recognition of the difference between a relationship focused on treatment or service provision and other relationships between providers and current or former recipients

II. Standards

- A.** Any relationship that involves the misuse by staff of a therapeutic relationship with a recipient is explicitly prohibited as a violation of SCCCMH policy. In specific situations, personal involvement activity may not be considered a misuse of the therapeutic relationship, but only with documented approval using form #0799 Disclosure of Personal Involvement , or when the specific situation is excluded by this policy from being a misuse of the therapeutic relationship.

Examples of misuse of the therapeutic relationship include, but are not limited to:

1. A staff member in a therapeutic relationship with a recipient being involved in a *close personal relationship* with the recipient or their family members
2. A staff member in a therapeutic relationship with a recipient permitting the recipient to stay or visit in the staff member's home (temporarily or permanently)

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3. A staff member in a therapeutic relationship with a recipient accepting an invitation to reside for any length of time in the recipient's or their family member's home
 4. A staff member in a therapeutic relationship with a recipient borrowing from or lending money to the recipient
 5. A staff member receiving a *commercial advantage*, including lending, or borrowing personal property, from a recipient or a business in which they or their family members have an ownership interest
 6. A *commercial relationship* between a staff member in a therapeutic relationship and a recipient, with the exception of a pre-existing commercial relationship that does not involve ongoing negotiations or continued business dealings
 7. A staff member in a therapeutic relationship with a recipient obtaining guardianship, parental responsibility, or foster care of the recipient
 8. A staff member in a therapeutic relationship with a recipient communicating with the recipient or their family members, without the prior documented approval of the staff member's supervisor and, when applicable, the recipient's guardian, by any of the following methods:
 - Through any form of social media such as blogs, Facebook, Instagram, Snapchat, X (formerly Twitter), etc.
 - Sending personal text messages for social purposes
 - Completing personal telephone calls for social purposes
 - Sending e-mail communications for social purposes
 9. Any *sexual contact or sexual communication*, as defined in this policy, between **any** staff member and any recipient of services who is under the age of 18 years
 10. Any sexual contact or sexual communication between any staff member and recipient who have a therapeutic relationship
 11. Any sexual contact between **any** staff member and recipient, with the exception of staff and recipients who have a pre-existing spousal or domestic partner relationship
 12. The establishment of a therapeutic relationship between a staff member and a recipient who have pre-existing sexual contact
- B.** When staff are unsure about or needs guidance about the appropriateness of personal involvement with a recipient and whether such involvement would

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violate SCCCMH policy, the expectation is for staff to communicate their concerns to their supervisor to obtain guidance and direction.

- C.** Examples of personal involvement that are not typically considered to provoke the risk of misuse of the therapeutic relationship, include:
1. Random, unsolicited, social contact as described in Standard G.
 2. A casual acquaintance known to a staff person from community interaction but with whom the staff does not have a *close personal relationship*, as defined in this policy, e.g., not a best friend relationship, a strong bond with a childhood friend, etc.
- D.** This policy prohibits extra-therapeutic personal involvement and relationships that originate as a result of the therapeutic treatment process. Staff with pre-existing personal involvement with a potential recipient and/or their family members must receive the approval required by this policy before entering into a therapeutic relationship with the recipient.
- E.** When a staff member in a therapeutic relationship with a recipient 18 years or older identifies the potential for a nonexploitive *close personal relationship* to arise, the staff member and the recipient should mutually determine which of the two relationships will be continued. If the therapeutic relationship is to be terminated, the burden of proof remains with the staff member to demonstrate that the termination is done in a manner that does not injure the recipient or compromise their access to services, that the choice was made in a noncoercive and nonexploitive manner, and that the staff member maintains the recipient's right of confidentiality.
- F.** Staff are explicitly prohibited from having any sexual contact or a close personal relationship with any recipient under the age of 18 years. This prohibition applies both to the time services are provided and to any future involvement between the staff member and such former recipient of services.
- G.** Random, unsolicited, social contact, e.g., at a grocery store, a sporting event, a restaurant, etc., with recipients or their family members is unavoidable and is not considered within the confines of this policy. Usually, staff members should not interact with recipients or their family members in the general public, unless the recipient or their family member approaches the staff member. In line with confidentiality requirements of federal and state law, staff must not disclose how they know the recipient while in a public setting, even if the recipient or their family member approaches the staff member. It is the right and choice of the recipient to disclose this information during any public interaction.

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- H. For further guidance about personal involvement with recipients, staff members should reference and adhere to their specific professional code of ethics, when applicable.
- I. Accepting gifts from recipients, their guardians, family members, or any other person associated with the recipient, is generally considered inappropriate. However, gifts that are nominal in value, and in the nature of greeting cards, small perishable items such as baked goods, or handmade items of nominal value may be accepted, especially when refusing the gift would be detrimental to the therapeutic relationship. When staff is offered any other type of gift, including any amount in cash or a gift card, and staff cannot refuse the gift without a detriment to the therapeutic relationship, the gift must be immediately reported to the staff member's supervisor, and the supervisor must contact Corporate Compliance to coordinate and determine how to proceed with the offered gift.
- Gifts to recipients from a staff member should be infrequent and uncommon, of nominal value, and offered as an engagement tool. Nominal value is under \$15 per instance, and no more than \$75 in one calendar year. Staff should use or be reimbursed from SCCCMH funds (petty cash).
- J. Staff members must disclose personal involvement with a recipient and/or their family members, as required by this policy, as soon as it is discovered, by completing form [#0799 Disclosure of Personal Involvement](#) and submitting the form to their supervisor. Form #0799 Disclosure of Personal Involvement must be reviewed and if a therapeutic relationship is approved to begin or the personal involvement is approved to continue, a plan to mitigate potential risk to the recipient will be developed and approved. If a therapeutic relationship or extra-therapeutic personal involvement is determined to contain an unacceptable risk to the recipient, a remediation plan will be developed and implemented. #0799 Disclosure of Personal Involvement will be stored securely and will not be placed in the staff member's personnel file or the recipient's case record. The recipient's case record will include the need for, and goals of, the personal involvement in the recipient's IPOS, when appropriate.
- K. Nothing in this policy creates an obstacle to providing care to any person in an emergency situation, including health and medical, fire, natural disasters, active shooter, or other emergency situations.
- L. Personal involvement of Qualified Providers in the context of Self-Directed and Choice Voucher arrangements should be evaluated by referencing [Board Policy #03-001-0010, Self-Direction \(Self-Directed Arrangements\) and Choice Voucher](#). The meaning of Qualified Provider, Self-Directed arrangement, and Choice Voucher are defined as set forth in policy #03-001-0010.

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- M. This policy applies equally to volunteers.
- N. This policy applies equally to staff members who are also recipients of SCCCMH services.
 1. As set out in [Administrative Policy # 08-002-0005 Protected Health Information-Privacy Measures](#), all staff are prohibited from intentionally accessing the electronic health record, confidential information, or Protected Health Information (PHI) of any individual who receives services, unless the staff has a need to know the information to perform a defined responsibility of their job. This includes a recipient who is a SCCCMH employee, and who must not access any records, including their own, without a need to know related to their job responsibilities.
 2. Data Management and Corporate Compliance departments will coordinate to perform frequent routine monitoring of accesses to the case records of recipients who are employees, to deter and identify unauthorized or inappropriate access by any staff.
 3. Staff in a prior or current therapeutic relationship with a recipient who becomes an employee, must not be the direct supervisor or be in the direct reporting chain of the employee, up to and including Director of Services (i.e., excluding the Chief Clinical Officer and Medical Director).
- O. Violations of this policy are strictly prohibited and subject to disciplinary action in accordance with SCCCMH [Administrative Policy #06-001-0055, Personnel: Corrective/Disciplinary Action](#).

III. Procedures, Definitions, and Other Resources

A. Procedures

Actions

Action Number	Responsible Stakeholder	Details
1.0	All Staff	1. Report suspected inappropriate personal involvement between any staff and any recipient to Recipient Rights Office and/or Corporate Compliance Office.
2.0	Staff Member	2. Discuss with immediate Supervisor questions or concerns about personal involvement with a recipient or recipient's family member. 3. Complete form #0799 Disclosure of Personal Involvement to disclose personal involvement or anticipated personal

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Action Number	Responsible Stakeholder	Details
		involvement 4. Submit completed form #0799 to Supervisor to request approval for acceptable personal involvement
3.0	Supervisor	5. Request guidance from Services Director, Corporate Compliance Officer, Chief Clinical Officer, etc., about concerns related to observed or reported personal involvement between staff and recipients. Receive, review, and forward form #0799 to Services Directors/ Contract Agency counterparts, and Corporate Compliance Officer/ Chief Clinical Officer/designee.
4.0	Services Director/ Chief Compliance Officer	6. Receive and review form #0799, and determine appropriate action. Instances involving Leadership Team members shall be determined by next superior or the SCCCMH Board of Directors. 7. Notify Supervisor of decision related to disclosures of personal involvement and next actions.
	Supervisor	8. Obtain decision from Services Director/ Contract Agency counterpart/designee. 9. Ensure inclusion of approved personal involvement is included in the recipient's IPOS.
5.0	Any Individual, including Staff	10. Notify SCCCMH Office of Recipient Rights of any apparent or suspected violation of a recipient's rights.
6.0	Office of Recipient Rights	11. Record complaint and follow complaint investigation process as outlined in the Mental Health Code.

B. Related Policies

[#03-001-0010, Self-Direction \(Self-Directed Arrangements\) and Choice Voucher](#)

[#06-001-0055, Personnel: Corrective/Disciplinary Action](#)

[#08-002-0005, Access, Use, and Disclosure of Confidential and Protected Health Information \(PHI\)](#)

C. Definitions

1. *Close personal relationship*: Spending substantial amounts of time together outside of the provision of services that constitute a recipient's treatment plan, but excluding sexual contact, e.g., a relationship where the primary focus is emotional support, shared interests and/or life experiences; a best friend relationship; a strong bond with a childhood friend; a mentor-mentee

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connection; a student-teacher connection; a religious leader-congregation member connection

2. *Commercial advantage*: The purchase, lending, borrowing, or provision of goods or services at other than fair market value

Example: It would be impermissible for a staff providing services at a recipient's home to ask to borrow a lawnmower the staff sees at the home or to accept an offer from recipient to borrow the lawnmower

3. *Commercial relationship*: The purchase or provision of goods or services (other than behavioral and mental health services) at fair market value
4. *Exploitation*: The use by staff of a recipient's person or property, or of the provision of the therapeutic relationship or services, in a manner that results in or is intended to result in personal profit or gain (beyond the employee's authorized compensation) or personal advantage for staff
5. *Recipients of Services, Recipients*:
 - a. Any person 18 years or older, whether their case is open or closed, who has actively received services from SCCCMH within the last 24 months
 - b. Any child under the age of 18 years who has ever received services from SCCCMH
6. *Sexual contact*: Any touching of the sexual or other intimate parts of a person for the purpose of gratifying the desire of either party, including verbal, written, or other communication that is, or may be interpreted as, to promote or produce such physical contact or gratification of such desire
7. *Therapeutic Relationship*: The provision of behavioral and mental health services, counseling, and clinical treatment, or participation in the specific planning or provision of such services for an individual recipient. This relationship involves but is not necessarily limited to members of the recipient's treatment team and includes staff who have any direct contact with the recipient at any locations where services are provided or related to planning or providing services.

D. Forms

[#0799 Disclosure of Personal Involvement](#)

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

N/A

F. References

N/A

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IV. History

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- BY: Personal Involvement Work Group (Telly Delor, Stephanie Shank, Kristen Thompson, Heidi Fogarty, Michelle Measel-Morris, Sandy O'Neill, Megan DeStefanis, Joy Vittone, Kim Prowse)