
Chapter: **QUALITY IMPROVEMENT**
Title: **CONSUMERISM**

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Approved by: _____

Executive Director

Date

I. Abstract

This policy establishes the standards and procedures for consumer inclusion in the service delivery design and delivery process for Macomb County Community Mental Health (MCCMH). This policy ensures the goals of a consumer-driven system which gives consumers choices and decision-making roles. It is based on the active participation by primary consumers, family members and advocates in gathering consumer responses to meet these goals. This participation by consumers, family members and advocates is the basis of a provider's evaluation. Evaluation also includes how this information guides improvements.

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that:

- A. Services that advocate for and promote the needs, interests, and well-being of primary consumers shall be supported by MCCMH. It is essential that consumers become partners in creating and evaluating these programs and services. Involvement in treatment planning is also essential.
- B. Services provided by MCCMH need to be consumer-driven and may also be consumer-run. This policy supports the broadest range of options and choices for consumers in services. It also supports consumer-run programs which empower consumers in decision-making of their own services.
- C. All consumers need opportunities and choices to reach their fullest potential and live independently. They also have the right to be included and involved in all aspects of society.
- D. Accommodations shall be made available and tailored to the needs of consumers for their full and active participation as required by this policy.

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IV. Definitions

- A. Informed Choice
An individual receives information and understands his or her options.
- B. Primary Consumer
An individual who has received or is receiving services from MCCMH or services from the private sector equivalent to those offered by MCCMH.
- C. Consumerism
The active promotion of the interests, service needs, and rights of mental health consumers.
- D. Consumer-Driven
Any program or service focused and directed by participation from consumers
- E. Consumer-Run
Any program or service operated and controlled by consumers.
- F. Family Member
A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer. It is also any individual upon whom a primary consumer depends for 50 percent or more of his or her financial support.
- G. Minor
An individual under the age of 18 years.
- H. Family-Centered Services
Services for families with minors which emphasize family needs, strengths, and desires with goals and outcomes defined in partnership with families. Services are based on families' strengths and competencies with active participation in decision-making roles.
- I. Person-Centered Planning
The process for planning and supporting the individual receiving services. It builds upon the individual's capacity to engage in activities that promote community life. It honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.
- J. Person-First Language
The referencing of a person first before any description of his/her disability.
- K. Recovery
The process of personal change in developing a life of purpose, hope, and contribution. It includes positive expectations for all consumers served, emphasizing

abilities and potentials. Recovery is self determined and individualized with consumers' specific needs.

V. Standards

- A. All services shall be designed to include ways to accomplish each of these standards.
1. Person-first language shall be utilized in all publications, formal communications, and daily discussions.
 2. Provide informed choice through information about available options with accommodations to promote and assure understanding by consumers served.
 3. Respond to an individual's ethnic and cultural diversities. This includes the availability of staff and services that reflect the ethnic and cultural makeup of the service area. Interpreters needed in communicating with non-English and limited-English-speaking persons shall be provided. This includes the use of a qualified interpreter, provided free of charge to the consumer, and other language assistance. Assistive devices or interpreters will also be provided for persons with hearing and/or speech impairments. This includes the use of auxiliary aids, including, but not limited to, the following: qualified sign language interpreters, large print materials, text telephones (TTYs), captioning, screen reader software, and video remote interpreting services.
 4. Promote the efforts and achievements of consumers through special recognition of consumers.
 5. Through consumer satisfaction surveys and other appropriate consumer-related methods including direct input through focus groups, to gather ideas and responses from consumers concerning their experiences with services.
 6. Involve consumers and family members in evaluating the quality and effectiveness of services. Administrative mechanisms used to establish services must be evaluated. The evaluation is based upon what is important to consumers, as reported in consumer satisfaction surveys.
 7. Advance the employment of consumers within the mental health system and in the community at all levels of positions, including mental health service provision roles through the active recruitment of primary consumers.
 8. Services shall be designed in such a way as to promote the inclusion of consumers into the community.
 9. Person-centered planning approaches are required for all consumers in order to provide choice, control, independence, and integration.

- B. Services, programs, and contracts concerning persons with mental illness and related disorders shall actively strive to accomplish these goals by:
1. Providing information to reduce the stigma of mental illness that exists within communities, service agencies, and among consumers;
 2. Creating environments for all consumers in which the process of recovery can occur. This is shown by an expressed awareness of recovery by consumers and staff; and
 3. Providing basic information about mental illness, recovery, and wellness to consumers and the public.
- C. Services, programs, and contracts concerning persons with developmental disabilities shall be based upon these elements:
1. The provision of personal preferences and meaningful choices with consumers in control over the choice of services and supports;
 2. The provision of roles for consumers to make decisions in policies, programs, and services that affect their lives; and
 3. Educational strategies; the promotion of inclusion, both personal and in the community; endeavors to relieve disabling circumstances; actively working to prevent occurrence of increased disability; and promoting individuals in exercising their abilities to their highest potential.
- D. Services, programs, and contracts concerning minors and their families shall be based upon these elements:
1. Services shall be delivered in a family-centered approach, implementing comprehensive services that address the needs of the minor and his/her family;
 2. Services shall be individualized and respectful of the minor and family's choice of services and supports; and
 3. Families shall assist in making decisions in policies, programs and services that affect their lives and their minor's life.
- E. Consumer-run programs shall receive the same consideration as all other providers of mental health services. This includes these considerations:
1. Clear contract performance standards.
 2. Fiscal resources to meet performance expectations.
 3. A contract liaison person to address the concerns of either party.

4. Inclusion in provider coordination meetings and planning processes.
5. Access to information and supports to ensure sound business decisions.

F. Evaluation

1. MCCMH shall involve contract service agencies, consumers, family members, advocates and other mental health/developmental disability professionals in evaluating compliance with this policy.
2. The MCCMH Board shall provide technical assistance to evaluate compliance with this policy.
3. This policy shall be part of the MCCMH Board's Continuous Quality Improvement by using evaluation methods which provide MCCMH with constructive feedback toward improving implementation of this policy.

VI. Procedures

- A. MCCMH shall invite current and former consumers, family members, and advocates to participate in the implementation of this policy.
- B. Contract service agencies shall develop collaborative approaches for ensuring continued participation.

VII. References / Legal Authority

A. Federal Laws

1. Section 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794
2. Americans with Disabilities Act of 1990, 42 USC 12101 et seq.

B. Michigan Mental Health Code

1. MCL 330.1206(g); MSA 14.800(206)(g)
2. MCL 330.1704; MSA 14.800(704)
3. MCL 330.1708; MSA 14.800(708)

C. MDHHS/MCCMH Specialty Services Contracts

D. MCCMH MCO Policies

1. MCCMH MCO Policy 2-001, "Person-Centered Planning Practice Guidelines"
2. MCCMH MCO Policy 2-012, "Input from Persons Served"
3. MCCMH MCO Policy 5-001, "Accessibility"
4. MCCMH MCO Policy 5-002, "Cultural and Linguistic Competency"

4. MCCMH MCO Policy 5-004, "Board By-Laws"
5. MCCMH MCO Policy 5-006, "Mission Statement"
6. MCCMH MCO Policy 5-007, "Vision Statement"
7. MCCMH MCO Policy 5-010, "Compliance with Laws and Regulations"
8. MCCMH MCO Policy 9-405, "Recipient Rights Protection Plan Standards."
9. MCCMH MCO Policy 9-670, "Services for Recipients Affected by Physical Barriers"
10. MCCMH MCO Policy 10-001, "Adoption of Macomb County Personnel Policies"
11. MCCMH MCO Policy 10-002, "Human Resources Management and Diversity"
12. MCCMH MCO Policy 10-003, "Anti-Discrimination and Harassment"

VIII. EXHIBITS

- A. None.