

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Developmental Disabilities Administration

CONSUMERISM PRACTICE GUIDELINE

I. SUMMARY

This guideline sets policy and standards for consumer inclusion in the service delivery design and delivery process for all public mental health services. This guideline 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

- A. Psychiatric hospitals operated by the Michigan Department of Health and Human Services (MDHHS).
- B. Centers for individuals with developmental disabilities (DD) and community placement agencies operated by the MDHHS.
- C. Children's psychiatric hospitals operated by the MDHHS.
- D. Special facilities operated by the MDHHS.
- E. Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) under contract with the MDHHS.
- F. All providers of mental health services who receive public funds, either directly or by contract, grant, or third-party payers including managed care organizations (MCOs) or other reimbursements.

III. POLICY

This guideline supports services that advocate for and promote the needs, interests, and well-being of primary consumers. It is essential that consumers become partners in creating and evaluating these programs and services. Involvement in treatment planning is also essential.

Services need to be consumer-driven and may also be consumer-run. This guideline 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.

All consumers need opportunities and choices to reach their fullest potential and live independently. They also have the rights to be included and involved in all aspects of society.

Accommodations shall be made available and tailored to the needs of consumers as specified by consumers for their full and active participation as required by this guideline.

IV. DEFINITIONS

Informed Choice: an individual receives information and understands his/her options.

Primary Consumer: an individual who receives services from the MDHHS, the PIHP, or the CMHSP and an individual who has received the equivalent mental health services from the private sector.

Consumerism: active promotion of the interests, service needs, and rights of mental health consumers.

Consumer-Driven: any program or service focused and directed by participation from consumers.

Consumer-Run: any program or service operated and controlled exclusively by consumers.

Family Member: a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer and any individual upon whom a primary consumer depends for 50 percent or more of his/her financial support.

Minor: an individual under the age of 18 years.

Family Centered Services: services for families with minors which emphasize family needs and desires with goals and outcomes defined. Services are based on families' strengths and competencies with active participation in decision-making roles.

Person-Centered Planning (PCP): 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.

Person-First Language: refers to an individual first before any description of disability.

Recovery: means the process of personal change in developing a life of purpose, hope, and contribution. The emphasis is on abilities and potentials. Recovery includes positive expectations for all consumers. Learning self-responsibility is a major element to recovery.

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 choices through information about available options.
 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 consumers shall be provided.
 4. Promote the efforts and achievements of consumers through special recognition of consumers.
 5. Through customer satisfaction surveys and other appropriate individual related methods, gather ideas and responses from consumers concerning their experiences with services.
 6. Involve consumers and family members in evaluating the quality and effectiveness of service. Administrative mechanisms used to establish service must also be evaluated. The evaluation is based upon what is important to consumers, as reported in customer 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.
- B. Services, programs, and contracts concerning consumers with mental illness and related disorders shall actively strive to accomplish these goals.
1. Provide information to reduce the stigma of mental illness that exists within communities, service agencies, and among consumers.
 2. Create 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.
 3. Provide basic information about mental illness, recovery, and wellness to consumers and the public.
- C. Services, programs, and contracts concerning individuals with DD shall be based upon these elements.
1. Provide personal preferences and meaningful choices with consumers in control over the choice of services and supports.
 2. Through educational strategies: promote inclusion, both personal and in the community; strive to relieve disabling circumstances; actively work to prevent occurrence of increased disability; and promote consumers in exercising their abilities to their highest potentials.

3. Provide roles for consumers to make decisions in policies, programs, and services that affect their lives including PCP processes.
- 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.
 3. Roles for families to make decisions in policies, programs, and services that affect their lives and the 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 individual 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. Current and former consumers, family members, and advocates must be invited to participate in implementing this guideline. Provider organizations must develop collaborative approaches for ensuring continued participation.

Organizations' compliance with this guideline shall be locally evaluated. Foremost, this must involve consumers, family members, and advocates. Providers, professionals, and administrators must be also included. The CMHSP shall provide technical assistance. Evaluation methods shall provide constructive feedback about improving the use of this guideline. This guideline requires that it be part of the organization's Continuous Quality Improvement.

VI. REFERENCES AND LEGAL AUTHORITY

Act 258, Section 116(e), Public Acts of 1974 as amended, being MCL 330.1116, 1704, 1708.