

POLICIES AND PROCEDURE MANUAL

Chapter:	Customer Service		
Title:	Regional Consumer Advisory Council		
Policy: ☒ Procedure: ☐ Page: 1 of 5	Review Cycle: Biennial Author: Chief Compliance and Quality Officer, Customer Service Committee	Adopted Date: 12.03.2013 Review Date: 07.05.2022 Revision Eff. Date:	Related Policies: Customer Service Policy

Purpose

To ensure Mid-State Health Network (MSHN) integrates consumerism into policy development, service delivery provision, service delivery system evaluation, and quality assurance/performance improvement practices.

Policy

MSHN shall facilitate meaningful, region-wide consumer involvement in its policy development, service development, service delivery, service evaluation, and quality improvement activities by establishing a MSHN Regional Consumer Advisory Council (RCAC) for Prepaid Inpatient Health Plan (PIHP) operations that links to local Community Mental Health Service Program (CMHSP) Participant Consumer Advisory Councils to facilitate consumer participation.

A. Charter

1. The MSHN RCAC is an advisory group of MSHN primary and secondary consumers. This group assists MSHN in identifying issues and areas of concern related to regional service delivery and managed care operations. It is a primary source of consumer input into the development of policies, procedures and operations where recipients of service may make recommendations for quality improvement.
2. The MSHN RCAC will also focus on region-wide political and advocacy issues to ensure there is a public basis for management of the mental health and substance use disorder delivery system.
3. The MSHN RCAC will also focus on region-wide opportunities for stigma reduction related to mental health and substance use disorder issues.

B. Membership

1. The RCAC shall be comprised of 24-36 voting members made up of primary and secondary consumers. RCAC shall also include 12 non-voting CMHSP Participant staff liaisons and staff support from the MSHN Customer Service and Rights Manager. The RCAC shall report directly to the MSHN Board of Directors through the MSHN Deputy Director.
2. RCAC Primary and Secondary Consumer Membership:
 - i. Each CMHSP Participant shall be represented on the RCAC with 2-3 consumer representatives. Each CMHSP Participant shall independently choose the method to appoint its members to the RCAC.
 - ii. The RCAC shall have a diverse and proportional membership representing the following populations: Adults with mental illness, adults with developmental

disabilities, children with mental illness, children with developmental disabilities, and individuals with substance use disorders. Further, at least half of RCAC membership shall be primary consumers. Thus, it shall be necessary for MSHN to coordinate CMHSP's appointees to the RCAC to ensure that it represents the populations served.

- iii. For issues that require a vote, each voting member shall have one vote. The outcome of a vote is determined by the majority of those present.
3. RCAC Leadership:
- i. The RCAC shall elect officers, including a chairperson and vice-chairperson from within its voting membership. The MSHN Customer Service and Rights Manager will provide staff support to the RCAC; however, he/she shall not be a voting member. MSHN staff will assist in developing RCAC meeting agendas, facilitation of meetings, and any needed follow-up.
4. RCAC-CMHSP Participant Staff Liaisons:
- i. Each CMHSP Participant shall choose a staff liaison to maximize linkages to local CMHSP consumer advisory councils, performance improvement processes and administrative bodies, and other CMHSP staff for any necessary problem resolution.

C. Responsibilities

1. RCAC Member Responsibilities

- i. Regularly attend RCAC meetings to be held bi-monthly. The meetings may be held by a combination of in-person, teleconference, or other technology. MSHN staff and CMHSP Participant staff liaisons shall monitor attendance and will address the membership with any identified issues.
- ii. MSHN will reimburse RCAC members for pre-approved travel expenses for each meeting attended and a reasonable stipend for meeting attendance per protocols developed by MSHN.
- iii. Members will actively participate in RCAC discussions.
- iv. Members will provide input and make informed decisions as a representative of all the individuals served at their local CMHSP rather than act as a representative of themselves (i.e. avoid personal agendas).
- v. Review aggregate reports received from the Quality Assessment and Performance Improvement Program (QAPIP), provide recommendations, and give guidance and suggestions regarding consumer-related managed care processes.
- vi. Serve as the link between the RCAC and the local CMHSP Participant Consumer Advisory Council. Each member shall represent and vote in the best interests of the local consumers in a manner that embodies the local majority opinion.
- vii. Share ideas and activities that occur at the local CMHSP level and create an environment that fosters networking, idea sharing, peer support, best practices, and resource sharing.
- viii. Provide feedback for regional initiatives designed to encourage person-centered planning, self-determination, independent facilitation, anti-stigma initiatives, community integration, recovery and other consumer-directed goals.

2. MSHN Responsibilities

- i. Reimburse MSHN RCAC members for approved mileage and meeting attendance stipend as determined by a developed protocol.
- ii. Provide initial orientation and on-going education to MSHN RCAC members to foster informed decision making.
- iii. Facilitate the development of an open, non-judgmental environment in which RCAC members are comfortable in sharing opinions and ideas.
- iv. Provide pertinent reports and information to MSHN RCAC members.
- v. Share MSHN RCAC's minutes, recommendations/actions and suggestions with pertinent MSHN Councils and the MSHN Board of Directors. MSHN will develop a routine feedback loop to RCAC members on how feedback was used or the reasons that feedback was not used.
- vi. Ensure that the communication/links between the RCAC and the local CMHSP Consumer Advisory Council are effective and beneficial. MSHN will also ensure that immediate, CMHSP-specific needs or problems are brought to the attention of the local CMHSP Chief Executive Officers (CEOs) in a timely manner.
- vii. Promote the efforts and achievements of MSHN RCAC through special recognition and appreciation.

3. CMHSP Participant Staff Liaison to RCAC Responsibilities

- i. Assist RCAC CMHSP member representatives with the communication of pertinent regional information to local CMHSP Participant Consumer Advisory Councils, obtain feedback, and assure attendance of its CMHSP representatives to MSHN RCAC.
- ii. Each CMHSP Participant staff liaison will assist its RCAC CMHSP member representatives in linking to local processes that ensure consumers' voices are heard, considered, and acted upon as appropriate.
- iii. CMHSP Participant staff liaisons will assist MSHN staff with problem-solving immediate local issues that are introduced by its representatives at the MSHN RCAC.

4. Council Process

- i. The RCAC shall receive and review reports from MSHN staff or their designee(s) on a regular basis.
- ii. The RCAC will report quarterly to the MSHN Board of Directors and identify RCAC recommendations for Board consideration.
- iii. The RCAC shall make recommendations to the MSHN Board of Directors based on simple majority vote of RCAC members.
- iv. The MSHN staff representative and officers will communicate decisions and recommendations of the MSHN Board of Directors to RCAC members.

Applies to:

- ☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☒ Policy Only ☐ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions/Acronyms:

CEO: Chief Executive Officer

CMHSP: Community Mental Health Service Program

CMHSP Consumer Advisory Council: The advisory council established to serve in an advisory capacity to CMHSP Boards

Consumerism: Means active promotion of the interests, service needs, and rights of consumers receiving mental health and/or substance use disorder services

Consumer/Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably

Informed Choice: Providing information to individuals to ensure understanding of their options that will inform their decision-making related to service provision

Local Consumer Advisory Council: Local CMHSP advisory group of primary and secondary consumers providing input into local CMHSP Participant service delivery, service evaluation, advocacy efforts, and performance improvement opportunities. The Local Consumer Advisory Councils are connected to the Regional Consumer Advisory Council to maximize local input into service delivery, service evaluation, advocacy efforts, and performance improvement opportunities within the region

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

Primary Consumer: An individual who receives or has received services from MDHHS or CMHSP Participant(s). This includes those who receive or have received the equivalent mental health services from the private sector

PIHP: Prepaid Inpatient Health Plan

QAPIP: Quality Assessment and Performance Improvement Plan

RCAC/Regional Consumer Advisory Council: Region-wide advisory group of primary and secondary consumers from all CMHSP Participants to provide input into MSHN PIHP service delivery, service evaluation, advocacy efforts, and performance improvement opportunities. The Regional Consumer Advisory Council (RCAC) is connected to the CMHSP Local Consumer Advisory Councils to maximize local input into PIHP service delivery, service evaluation, advocacy efforts, and performance improvement opportunities

Secondary Consumer: A family member, guardian, or advocate of an individual who receives or has received services from the MDHHS or a CMHSP. This includes family members, guardians, or advocates of a person who has received the equivalent mental health services from the private sector

References/Legal Authority:

1. Michigan Department of Health and Human Services Medicaid Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19, including the "Consumerism Practice Guideline".
2. Act 258, Section 116(e), Public Acts of 1974 as amended, being MCL 330.1116, 1704, 1708.

Change Log:

Date of Change	Description of Change	Responsible Party
12.03.2013	New Policy	Customer Service Committee
11.2015	Annual Review	Director of Compliance, Customer Services and QI
11.21.2016	Annual Review	Customer Service Committee
12.18.2017	Annual Review	Customer Service Committee
12.03.2018	Annual Review	Customer Service Committee
03.16.2020	Annual Review	Customer Service Committee
11.15.2021	Bi-annual Review	Customer Service Committee