

INCLUSION PRACTICE GUIDELINE

I. SUMMARY

This guideline establishes policy and standards to be incorporated into the design and delivery of all public mental health services. Its purpose is to foster the inclusion and community integration of recipients of mental health service.

II. APPLICATION

- a. Psychiatric hospitals operated by the Michigan Department of Community Health (MDCH).
- b. Regional centers for developmental disabilities and community placement agencies operated by MDCH.
- c. Children's psychiatric hospitals operated by MDCH.
- d. Special facilities operated by MDCH.
- e. Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) as specified in their contracts with MDCH.

III. POLICY

It is the policy of the department to support inclusion of all recipients of public mental health services.

No matter where people live or what they do, all community members are entitled to fully exercise and enjoy the human, constitutional and civil rights which collectively are held in common. These rights are not conditional or situational; they are constant throughout our lives. Ideally they are also unaffected if a member receives services or supports from the public mental health system for a day, or over a lifetime. In addition, by virtue of an individual's membership in his or her community, he or she is entitled to fully share in all of the privileges and resources that the community has to offer.

IV. DEFINITIONS

Community: refers to both society in general, and the distinct cities, villages, townships and neighborhoods where people, under a local government structure, come together and establish a common identity, develop shared interests and share resources.

Inclusion: means recognizing and accepting people with mental health needs as valued members of their community.

Integration: means enabling mental health service recipients to become, or continue to be, participants and integral members of their community.

Normalization: means rendering services in an environment and under conditions that are culturally normative. This approach not only maximizes an individual's opportunities to learn, grow and

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function within generally accepted patterns of human behavior but it also serves to mitigate social stigma and foster inclusion.

Self-determination: means the right of a recipient to exercise his or her own free will in deciding to accept or reject, in whole or in part, the services which are being offered. Individuals can not develop a sense of dignity unless they are afforded the freedom and respect that comes from exercising opportunities for self-determination.

Self-representation: means encouraging recipients, including those who have guardians or employ the services of advocates, to express their own point of view and have input regarding the services that are being planned or provided by the RMHA.

V. STANDARDS

- a. Responsible PIHPs and CMHSPs shall design their programs and services to be congruent with the norms of their community.

This includes giving first consideration to using a community's established conventional resources before attempting to develop new ones that exclusively or predominantly serve only mental health recipients.

Some of the resources which can be used to foster inclusion, integration and acceptance include the use of the community's public transportation services, leisure and recreation facilities, general health care services, employment opportunities (real work for real pay), and traditional housing resources.

- b. PIHPs and CMHSPs shall organizationally promote inclusion by establishing internal mechanisms that:
 - i. assure all recipients of mental health services will be treated with dignity and respect.
 - ii. assure all recipients, including those who have advocates or guardians, have genuine opportunities for consumer choice and self-representation.
 - iii. provide for a review of recipient outcomes.
 - iv. provide opportunities for representation and membership on planning committees, work groups, and agency service evaluation committees.
 - v. invite and encourage recipient participation in sponsored events and activities of their choice.
- c. PIHPs and CMHSPs shall establish policies and procedures that support the principle of normalization through delivery of clinical services and supports that:

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- i. address the social, chronological, cultural, and ethnic aspects of services and outcomes of treatment.
 - ii. help recipients gain social integration skills and become more self reliant.
 - iii. encourage and assist adult recipients to obtain and maintain integrated, remunerative employment in the labor market(s) of their communities, irrespective of their disabilities. Such assistance may include but is not limited to helping them develop relationships with co-workers both at work and in non-work situations. It also includes making use of assistive technology to obtain or maintain employment.
 - iv. assist adult recipients to obtain/ maintain permanent, individual housing integrated in residential neighborhoods.
 - v. help families develop and utilize both informal interpersonal and community based networks of supports and resources.
 - vi. provide children with treatment services which preserve, support and, in some instances, create by means of adoption, a permanent, stable family.
- d. PIHP and CMHSPs shall establish procedures and mechanisms to provide recipients with the information and counsel they need to make informed treatment choices. This includes helping recipients examine and weigh their treatment and support options, financial resources, housing options, education and employment options. In some instances, this may also include helping recipients:
- i. learn how to make their own decisions and take responsibility for them.
 - ii. understand his or her social obligations.

VI. REFERENCES AND LEGAL AUTHORITY

MCL 330.116, et seq. MCL 330.1704, et seq.