New Mexico Consumer, Youth & Family Involvement Guidelines

Background

The New Mexico Behavioral Health Purchasing Collaborative has actively pursued its goals to ensure that consumers, youth and families are central to the mission of involving them in all aspects of the entire behavioral health delivery system. Two major goals are: (1) Recovery and resiliency is expected; and (2) Consumers are assisted in participating fully in the life of their communities. These two goals have been the underpinning of the New Mexico Behavioral Health Purchasing Collaborative’s mission. In New Mexico there have been statewide efforts to advance the New Freedom Commission goal that Mental Health Care is Consumer and Family Driven and how these guidelines are a reflection of that worthy goal.

The development of consumer, youth and family involvement guidelines is a major step in ensuring that the voice, involvement and strategic input of consumers, youth and families is incorporated in the planning, development and ongoing implementation of behavioral health delivery system. A statewide Ad Hoc Peer Subcommittee of the New Mexico Behavioral Health Planning Council was formed in the spring 2010 to actively engaged individuals and group participation in the development of consumer, youth and family standards. Model and draft standards which identified best practice approaches to consumer, youth and family involvement were researched to help frame the work of the Ad Hoc Peer Subcommittee. The result of this seven month process was the development of these guidelines by consumers, peers, youth and family participants from across the state. These guidelines were decided upon to help groups work towards a greater understanding and knowledge as to how to implement these guidelines over time rather than as requirements. The guidelines were subsequently reviewed and adopted by the Behavioral Health Planning Council and recommended to the New Mexico Behavioral Health Purchasing Collaborative for adoption.

Purpose

The purpose of these guidelines is to provide guidance to the New Mexico Behavioral Health Purchasing Collaborative state agencies, the Behavioral Health Planning Council, service providers, and their consumer, youth and family partners in designing and implementing policies and practices that promote the formal and meaningful involvement, recruitment, recovery, integration, advancement and retention of consumers/peers, families, and youth in key areas of the behavioral health systems.

These guidelines will serve as the basis for the following three groups: Collaborative state agencies including the Behavioral Health Planning Council; state funded community based service providers; and consumer, youth & family statewide organizations and networks to achieve effective involvement of consumers, youth and families in the behavioral health delivery system to include mental health, substance
abuse and co-occurring conditions. The quality indicators identified under each guideline provide examples on what methods, activities and action steps can be taken to show evidence how these guidelines are used and implemented.

These guidelines will be initially applied to three specific groups, however, they can concurrently help to guide and inform other existing or prospective state and state related bodies and committees whose behavioral health related can more effectively engage consumer, youth and families. This may include, for example, Office of Consumer Affairs Consumer Advisory Committee, Local Collaboratives, Core Service Agency advisory committees, Youth Advisory Committees, the Statewide Entity and its consumer, youth and family committees; FOCUS System of Care advisory bodies; and other state agency committees, task forces or appointed bodies.

For the exception of existing state or federal laws that identify specific methods of consumer, youth and family involvement, these guidelines can help inform all three specific groups on effective methods, strategies and action steps to help work towards a consumer, youth and family driven system.

Consumer, Youth and Family Involvement General Principles

These general principles shall guide and inform stakeholders as to effective methods of involving consumers, youth and families at all levels of the behavioral health system. Consistent use of these general principles helps develop the organizational competencies to ensure a consumer driven and youth & family centered system.

1. Establish and hold to standards for the meaningful involvement of consumers, youth, and family members in quality improvement activities at all levels of the system.

2. Ensure that consumers, youth, and family members are informed of the range of opportunities available for them to become involved in improving the quality of the system of care as a whole.

3. Value the contributions of consumers, youth, and family members to their quality improvement activities, make changes based on these contributions, and offer feedback to consumers, youth, and family members about changes made in response to their input.

4. Ensure that consumers, youth, and family members comprise at least 51% of representatives on all boards, steering and advisory councils, and workgroups making decisions about evaluations of the quality of care provided by the system.

5. Have a process in place that outlines what to do and who to contact when a complaint or concern is not addressed at the agency level in a timely manner.

6. Ensure that consumers, youth, and family members receive a respectful and timely response to any concerns they raise or grievances they file.
7. Ensure that consumers, youth, and family members will not suffer any consequences for offering their feedback or input regarding the quality of care received.

8. Invite consumers, youth, and family members to report their level of satisfaction with care on a regular and ongoing basis.

9. Invite consumers, youth, and family members to assist in designing the methods and measures the agency will use to determine satisfaction with care.

10. Ensure that consumers, youth, and family members are partners in the development and review of new policies and legislative initiatives.

11. Ensure that consumers, youth, and family members are partners in strategic planning, needs assessments, priority setting, and resource allocation decisions.

12. Ensure that consumers, youth, and family members are partners in establishing expectations for system performance.

13. Ensure that consumers, youth, and family members are partners in evaluating and monitoring the effectiveness of care and of efforts to promote awareness, health, and wellness.

14. Recruit diverse groups of consumers, youth, and family members who are representative of the populations served to take active parts in both ongoing and focused agency quality improvement activities. Diversity includes ethnicity, race, cultural minorities; sexual orientation, age, gender, geography, and disability.

15. Prepare and support consumers, youth, and family members in the various roles they play in both ongoing and focused quality improvement activities.

16. Demonstrate the value they place on the contributions of consumers, youth, and family members to their quality improvement activities by reimbursing them financially and otherwise for their time.

17. Demonstrate culturally and linguistically appropriate principles and practices across the behavioral health system to ensure that all diverse populations receive quality services that reduce disparities.
Guidelines for State Agencies

Guideline 1: The Behavioral Health Planning Council (BHPC) will work as an advisory body to the New Mexico Behavioral Health Purchasing Collaborative to ensure the Collaborative’s success through a range of statutory duties. (State Statute) The vision of the Planning Council is “to be a potent voice for children, adults and families and providers that serve them in New Mexico’s consumer-centered, recovery and resiliency-focused, coordinated, and quality behavioral health care system.” There are five statutory subcommittees including the Adult Subcommittee, Child & Adolescent Subcommittee, Medicaid Subcommittee, Native American Subcommittee and the Substance Abuse Subcommittee.

Rationale

This body was created to meet federal and state advisory council requirements and to provide input to the behavioral health service delivery system in New Mexico and to ensure that consumers, advocates and families have a formal standing and involvement in advising state leadership. The BHPC operates through established by-laws and operating policies and procedures adopted by its appointed members.

Quality Indicators

The BHPC is required to:

(1) Advocate for adults, children and adolescent with serious mental illness or severe emotional, neurobiological and behavioral disorders, as well as those with mental illness or emotional problems, including substance abuse and co-occurring disorders;

(2) Report to the Governor and Legislature on the adequacy and allocation of mental health services throughout the state;

(3) Encourage and support the development of a comprehensive, integrated, community-based behavioral health system of care including mental health, substance abuse services, and services for persons with co-occurring disorders;

(4) Advise state agencies responsible for behavioral health services for children and adults;

(5) Review and make recommendations on various plans and applications for the comprehensive mental health state block grant and the substance abuse block grant applications, the state plan for Medicaid services, and any other plan or application for federal or foundation funding for behavioral health services.

Guideline 2: Employment of Consumers, Youth and Family members in State Agencies - Consumers, family members, and youth are employed in all levels of state government including key staff and management positions
Rationale

The employment of consumers, family members, and youth diversifies the workplace and enhances opportunities for the sharing of diverse viewpoints and ideas. Consumers, family members, and youth report that leadership training and mentorship relationships are critical to their ability to become integrated into the workplace and to establish meaningful relationships with colleagues.

Quality Indicators

(1) Formal policies and practices promoting the recruitment, hiring, integration, advancement, and integration of consumer, family, and youth staff in the workplace.

(2) Apprise consumers, youth and family members of existing collective bargaining agreements which state staff are unionized.

(3) Human Resources division or unit has formal and actionable plans to recruit and hire consumers, youth and family members in agency positions.

(4) Qualifications are directly related to the performance of essential job functions and, specify preference for life experience and experience with the mental health system which can substitute for educational requirements under State Personnel rules.

(5) Consumers, family members, and youth (who meet age and other eligibility requirements) are encouraged to apply for all open positions.

(6) Consumer, family, and youth networks and organizations will be directed to the New Mexico State Personnel Office website for state job postings.

(7) Implementation of innovative strategies such as job sharing.

(8) Consumer, family member and youth staff receive competitive and comparable wages and benefits commensurate to staff in similar positions based on job performance.

(9) Consumers, families, and youth staff are represented on hiring committees to the highest extent possible.

(10) Training to include knowledge of serious mental illness (such as mental Health First Aid) is provided to the state workforce and diversity goals incorporated into mentoring efforts and leadership training.

(11) Formal and easily accessed reasonable accommodations including wrap around services as available.

(12) State Personnel Office will plan and monitor diversity and equal employment opportunities.

(13) State agencies have policies promoting the wellness of all staff.
(14) Agencies have Employee Assistance Programs.
(15) Agency Employee Assistance Program provides confidential support and referrals to staff.
(16) State staff made aware of career skills necessary for advancement, and these skills communicated to consumers, family, and youth staff.

Guideline 3: Media and Marketing Campaigns funded by State or federally funds will establish ways to co-design and carry out information and community educational activities based on using the input and needs of local consumers for prevention, mental health, substance abuse, and/or other recovery services.

Rationale:

The involvement of consumers, youth and families in media and marketing campaigns ensures that their voice and language articulates the message that recovery, self-help, resiliency and wellness is communicated broadly by the users of behavioral health services. The media and marketing messaging helps speak to social inclusion and anti-stigma content; places emphasis on the significance of consumer, youth and family driven and guided behavioral health delivery system; and empowers users of services by their active participation in communicating across diverse sectors and members of the community across the state by, for and with consumers, youth and families.

Quality Indicators:

(1) Community workgroups involved consumer, youth and family members to ensure rural/urban/tribal/border specific community content and messages are user friendly and easily understood.
(2) Have consumer, youth and family members help with scripts, planning campaigns, identify local resources, vet materials and language for cultural and linguistic appropriateness and media links and other outlets and local networking links.
(3) Recruit, support and engage consumers, youth and families using multiple modes of meeting methods (teleconference, videoconference, web conference, in person meetings, conference calls, hard copies, text messages, emails, faxes and other means of communicating) at each stage/level of state program development.
(4) Ensure that campaign work groups are representative of the audience, population and communities which will be marketed and solicit diverse members of consumers, youth and family members from different consumer advocacy organizations, community groups, state staff, and appropriate media participation.
   • Group has regional/statewide representation
   • Rural/urban/tribal/border/frontier representation
   • All diverse groups: culturally/ethnically, age, gender, sexual orientation, disability, and other groups as identified
   • Representative of Substance Abuse and Mental Health
• Establishes a statewide theme operating with a unified voice including grassroots consumer-run messages.
• Use public service announcements and locally produced radio/TV programs and news.

(5) Ensure that materials, publications, messages and languages used are culturally and linguistically appropriate to the diverse communities being served.

(6) Ensure language access between community members, consumers, youth and families in communicating campaign and outreach activities by providing contact names of staff, volunteers or consultants or community resources which can provide bilingual speakers or trained language interpreters or ASL interpreters.
Guidelines for Community Based Service Providers

Guideline 4: Community Based Agency Governance: Consumers receiving services as well as representatives from consumer operated services shall be sitting and voting members of agency Board of Directors, Advisory Boards and other bodies providing leadership to the agency.

**Rationale:** Membership on these bodies ensures formal consumer voice in agency leadership. Membership also provides significant opportunities for consumers to participate on policy making bodies preparing them for future leadership positions on local, state and national policymaking initiatives.

**Quality Indicators**

(1) The By Laws, Articles of Incorporation or other organizational guidance documents shall require membership of consumers, family members and youth as or representatives of consumer, family and youth networks and organizations.

(2) Permanent positions on these bodies are designated for consumers and representatives of consumers, family and youth networks.

(3) Agency board development plan includes strategies for recruiting, training and retaining consumer, family members and youth board members as well as its advisory or ad hoc committees.

(4) Consumers, family members and youth and representatives of consumer, family and youth networks and organizations are provided an orientation while sitting on these bodies.

(5) Agencies have formal policies inviting consumers, youth and families who receive services from the agency to open board meetings, retreats and similar activities.

(6) Agencies provide on-going support for meaningful participation.

Guideline 5: Community-based providers that are state funded shall employ consumers, youth and family members. The agency or company recruit, hires, integrates and provides opportunities for career advancement for consumers, youth and family members. These positions include all staff positions and not just limited to non-certified and Certified Peer, Youth and Family Specialists.

**Rationale**

The recruitment, hiring, retention and advancement of consumer, youth and family member staff in the workplace must be a core value of the agency or company. The employment of consumers, youth and family members as staff increases positive service and life domain outcomes; reduces disparities in employment; provides role
models for service recipients and educates other staff about recovery and recovery oriented practices; improves self-esteem; places significant value in employment and self-reliance; and establishes employment as a critical outcome to the recovery process.

**Quality Indicators:**

1. Agency has a formal policy regarding the recruitment, hiring, retention, integration and advancement of consumer staff in the workplace.
2. Agency collaborates with consumer networks and consumer operated services in advertising the availability of open positions.
3. Consumers, family members and youth are encouraged to apply for all open positions.
4. Life experience is recognized as a bona fide occupational qualification.
5. Agency offers tuition reimbursement and other benefits to assist consumer, family and youth in career advancement.
6. Agency has policy that addresses applicants with misdemeanor and felony convictions and where appropriate employment opportunities may exist.
7. Consumer, family member and youth staff receive competitive and comparable wages and benefits commensurate to staff in similar positions based on job performance.
8. Agency accurately tracks the recruitment, hiring, retention and advancement of consumer, family member and youth staff (except where prohibited by law).
10. Agency has policies promoting the wellness of all staff.
11. Agency has an Employee Assistance Program.
12. Agency Employee Assistance Program provides confidential support and referrals to staff.
13. Work opportunities for employment in the private, non-profit sector and other state agencies as evidenced by the number of positions held by consumers, youth and family members outside of the behavioral health delivery system.
Guidelines for both State Agencies and Community Based Service Providers

Guideline 6: Staff Employment -: Hiring consumer, youth and family members receiving services are part of formal process of recruiting, selecting and hiring of new agency staff at state agencies and community based providers who contract with state government.

Rationale

The recruitment and hiring of all agency staff that are committed to recovery and recovery oriented services is critical to ensuring that treatment and other services are consumer & family driven and youth guided. The recruitment, hiring, retention and advancement of consumer, youth and family member staff in the workplace must be a core value of the agency or company. The employment of consumers, youth and family members as staff increases positive service and life domain outcomes; reduces disparities in employment; provides role models for service recipients and educates other staff about recovery and recover oriented practices; improves self-esteem; places significant value in employment and self-reliance; and establishes employment as a critical outcome to the recovery process.

Quality Indicators

(1) Agency has formal process for the recruitment and hiring of new staff and the promotion of current staff.
(2) Agency has formal orientation process for consumer participating in the hiring process.
(3) Consumers select their own representatives to group(s) engaged in the hiring process.
(4) Consumers receiving services are included in all phases of the hiring process included but not limited to the screening of candidates, interviewing and the offering of employment
(5) Consumers comprise a majority of the members of the group(s) responsible for making decisions described above.
(6) Agency has a formal orientation process for all new staff.
(7) The principles and values of recovery and recovery oriented services are part of the orientation program.
(8) Consumers collaborate with human resources and other key staff in developing and implementing orientation program on a permanent basis .
(9) Supervisors who supervise Certified and non-Certified Peer Specialists are trained in peer to peer and recovery oriented principles and practices.
Guideline 7: Establish Roles and Responsibilities - Consumers, family members, and youth are represented in diverse roles of the organization and have a wide range of responsibilities.

Rationale
Consumers, youth and family members employed as staff in mental health care centers, who volunteer or intern will be engaged in roles and activities that represent the breadth of agency functions. These roles and activities are important; however, consumers, families, and youth who are interested in participating in a wider range of roles and activities shall be solicited, supported and engaged to make broader contributions to the overall operation and functions of the agency’s mission.

Quality Indicators:

1. Identify all potential roles and activities for consumers, youth and families.
2. Skill and competency assessment for each role or activity to match consumer, youth and family to their skills and strengths.
3. Leadership training to facilitate effective participation in workgroups and other activities.
4. Well-defined job and task descriptions.
5. Regular supervision and support, e.g., wrap around services.
6. Consumers, family members, and youth chair or co-chair workgroups and all other meetings.
7. Active recruitment of consumer, family, and youth staff and volunteers for roles and activities.
8. Actively and regularly knowledge the efforts of consumer, youth and family volunteers.
9. Training offered to transition consumers, youth and family members into new roles and responsibilities.
10. Promote and encourage mentorships for consumer, youth and families.
11. Availability of flexible hours and reasonable accommodations.
12. Comparable salaries, wages, and other forms of compensation.
13. Satisfaction assessed with roles and responsibilities of consumer, youth and families on a regular basis.
14. Integration of Certified and non-Certified Peer specialists into mental health provider teams to determine level of inclusion, value as a team member and
areas for improvement.

**Guideline 8: Diversity - Recruitment and involvement of consumers, family members, and youth includes diverse groups in terms of race, cultural identity, ethnicity, geography, socioeconomic status, age, disability, gender, and sexual orientation.**

**Rationale**

Consumers, family members, and youth may be formally or informally involved in a wide range of community-based organizations or agencies whose focus is other than mental health or related issues. Examples of such organizations are churches, civic organizations, educational groups, trade organizations, and sports clubs. Their involvement as employees, employers, volunteers, student internships shall be diverse to reflect the public, private and non profit sectors of the community. Consumers, youth and family members from diverse communities will be representative of the communities where they reside to ensure equal opportunities for involvement and community inclusion.

**Quality Indicators:**

(1) Advisory boards use community mapping to identify and locate community-based organizations.

(2) Funding allocated for these recruitment and engagement activities.

(3) Potential Champions identified and used to help identify potential challenges and strategies to overcome them.

(4) Mentorships are made available to help individuals become comfortable and empowered to participate fully.

(5) Recruitment materials culturally and linguistically appropriate.

(6) Regular visits to these communities and organizations.

(7) Meetings and activities conducted in communities.

(8) Consumer, family, and youth networks and organizations assist in community organizing efforts.

(9) Representation in all behavioral health committees in equal number at minimum to the local demographic population.

(10) Make available Interpreters and translation of materials to monolingual and Limited English Proficiency (LEP) persons as required by Title VI of agencies who receive federal funds.
Guideline 9: Traditionally Unrepresented or Underrepresented Groups. Consumers, family members, and youth who are homebound or in institutional settings, such as shelters, residential programs, adult homes, hospitals, long-term care facilities, jails, and prisons are involved in behavioral health systems planning, implementation and evaluation activities as appropriate.

**Rationale**

Members of these groups are often excluded from organized activities such as focus groups community based activities and town hall meetings because they are unwilling, restricted from or unable to leave their premises. People living in institutions and other facilities in communities need access to information, and accommodations must be made to ensure their participation and involvement. Identification of barriers and the elimination or mitigation of these barriers is essential to meaningful involvement.

**Quality Indicators:**

1. Formal Plan to engage these individuals and groups.
2. Resources dedicated to outreach and engagement.
3. Materials and presentations accessible and relevant.
4. Collaboration with consumer, family, and youth advisory boards and councils.
5. Use of technology for meetings and activities.
6. Review and elimination of unreasonable barriers to participation.
7. Meetings and activities held in accessible locations.
8. Opportunities for continued involvement upon return to the community.
9. Mentorships are made available to help individuals become comfortable and empowered to participate fully.

Guideline 10: Outreach – Outreach activities are developed with involvement from consumers, youth and family members to ensure that information and access points to behavioral health services are made available to consumers, youth and families in a timely fashion.

**Rationale**

The ability to access to behavioral health services is related to the knowledge about community resources, the experiences individuals have had in accessing services, public information available to persons in different publications, written or oral formats, and how proactive agencies are in mobilizing their resources to reach out
and link consumers, youth and families to behavioral health services that is cultural and linguistically appropriate to the diverse communities in New Mexico.

**Quality Indicators:**

(1) Utilize cultural brokers including peers, family and youth specialists to help facilitate local contact with members of diverse communities.

(2) All entities receiving Federal financial assistance in accordance with Title VI including health care organizations, take steps to ensure that LEP persons have meaningful access to the health services that they provide. 4

(3) Have a point of contact that is bilingual and can provide immediate language access to members of diverse communities seeking information, services, assistance or referrals to other resources. Disseminate program and service information translated in other languages especially where there are a high percentage of other languages spoken besides English.

(4) Establish trusting local relationships with community entities such as schools, faith organizations, ABE/ESL literacy programs, and other local groups to help reach out to consumers, youth and families.

(5) Have a visible and consistent presence at the local community level, promote, support and participate actively in community events, fairs, and to disseminate information about programs and services; engage consumers, youth, peers and family members as organizers, coordinators, brokers and ambassadors at these community events.

(6) Maintain multiple modes of communications with outside groups, identify a staff liaison(s) to community, consumer, youth and family groups and provide updated information on community behavioral health resources.

(7) Coordinate outreach efforts with existing and established community groups and organizations that provide services or assistance to community members such as food banks, Head Start, community action agencies, public assistance programs, courts, juvenile and adult probation, health centers/promotoras, parenting groups, faith communities, grocery stores, self-help and support groups.

(8) Native American consumers, youth and families are provided services in accordance with the Indian Welfare Act to ensure that they receive culturally and linguistically appropriate services.

(9) Demonstrate the use of local and community based outreach practices unique to New Mexico’s diverse populations along the border, colonias, rural, frontier, remote, tribal, inner urban neighborhoods. Incorporate longstanding, traditional, and grassroots outreach strategies commonly practiced in communities, villages, pueblos, tribes, and other community sites.
Guideline 11: Continuous Quality Improvement (CQI) - Evaluation of progress in meeting these standards, as well as taking corrective action needed to address difficulties in meeting one or more of these standards, must be integrated into each agency's formal continuous quality improvement activities.

**Rationale**

Adherence to these standards and any other standards developed to increase the involvement of consumers, family members, and youth are incorporated in the agency’s continuous quality improvement activities and plans. The outcome sought in continuous quality improvement is to improve the service outcomes for consumers, youth and families and it is vital that the input, voice, involvement and their consistent feedback to the quality of services is a standard practice in agencies across the state.

**Quality Indicators:**

1. Agency has a formal continuous quality improvement (CQI) program.
2. Consumers, family, and youth are members of continuous quality improvement teams, for example, Quality Service Review (QSR) teams.
3. Formal plans are developed to recruit and engage members from unrepresented or underrepresented groups.
4. CQI team has formal orientation for members.
5. Reasonable accommodations are made for members.
6. Translation and interpretation services are provided.
7. Consumers and family members not attending the meeting “on company time” are eligible for reimbursement.
8. Accommodations are made regarding the time, location, and duration of meetings to meet the needs of caregivers and students.
9. Membership organizations collaborate in the design and delivery of ongoing training and support to develop the skills and competencies needed by members to meet the objectives and the goals of the body.
10. CQI team has structure consistent with equalizing power of members and providing opportunities for periodic changes in membership.
11. CQI team submits annual progress report on implement of consumer, youth and family involvement standards to constituencies and stakeholders to include posting annual reports on the state agency website.
12. Formal recognition of appreciation to individuals while an active participant and upon leaving the position or assignment.

Guideline 12: Consumer Choice and Involvement in Recovery Oriented Services – Consumers are actively involved in all aspects of their care and the services that they receive. Individual consumers have the information to choose/select their support systems and or treatment options.
Rationale
The fidelity of a consumer driven process and system is achieved in part when the consumers, youth and families when they voluntarily consent to treatment and other services which substantively and result in positive and quality outcomes in their care and services. Their success in their treatment and service experience can be demonstrated and attributed to their full, self-directed and personal decision-making in achieving their goals supported by the agencies that serve them.

Quality Indicators:

(1) Agency collaborates with consumers in uses recognized tools to measure tools and assessment measuring recovery.

(2) Individuals are given all information on tests, assessments, and diagnosis.

(3) Information received is presented in a strengths based clear and understandable manner.

(4) Consumers, youth and family support group strategies and service delivery are based on continuous consumer involvement in forming support groups.

(5) Individuals are given all information about availability of treatment options, resources, and or recovery tools.

(6) Informed Consent - Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time. Ensure that consumer, youth and family confidentiality and protection policy and requirements are in place at all levels of the behavioral health delivery system in accordance with state statutes governing informed consent.

(7) Advance Directive – An adult or emancipated has the right to make their own mental health treatment decisions and instructions in accordance with state statutes provision under 24-7B04. Advance Directive for mental health treatment.

Guideline 13: Consumer, Youth and Family Concerns and Grievances–Individuals know who to contact about concerns and complaints and how to resolve these issues.

Rationale
Consumers, youth and families are fully informed as to their rights, the process steps, the contact information, the methods available to them to air, file, report and document their concerns or grievances without fear of reprisal for initiating, making or pursuing such steps to ensure their experiences are protected from abuse, harm, neglect,
inappropriate treatment, unfair service practices or have their local, state, and federal rights violated.

**Quality Indicators:**

1. Public service announcements – design input given by individuals who have received those services.
2. The intake process will include accounting for receiving information relating to advocacy, legal, contact information.
3. All Americans with Disabilities Act and/or all other applicable laws followed.
4. Confidential (survey monkey) survey question.
5. Must sign receipt of information (unless incapacitated, then treatment advocate signs).
6. Must sign and make a selection for treatment advocate or sign that they decline same.

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**Guideline 14: Advocacy – Individual consumers, youth and families know what advocacy organizations will represent them to address their needs, concerns and complaints and how to contact those agencies to resolve their issues.**

**Rationale**

Full disclosure to consumers, youth and families as to their right to be informed, apprised, and notified as to advocacy organizations in their communities or available to their communities which are accessible and affordable will provide assurances that they have support, assistance and ombudsman resources which can help them address their concerns and grievances including those within the agencies that serve them and advocacy agencies outside of the agency as needed, requested and appropriate.

**Quality Indicators:**

1. ALL behavioral health state funded or state contracted providers in New Mexico will publicly display as a service to the community brochures, flyers, fact sheets, from ALL advocacy agencies civil, military, drug court, mental health - substance abuse court, liaison and defense in clear accessible areas.
2. Resources will be located again in the individual’s personal intake materials folder/packet.
3. Reviewed evidence of receipts during certification site visits.
4. Consumer satisfaction surveys will ask and determine effectiveness of the site’s accessibility to advocacy information.

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**Guideline 15: Service Providers – All service providers co-design service delivery plans at the agency and consumer level, how they are carried out and evaluated by using the input and needs of local consumers.**
Rationale

Consumer and family driven and youth guided services involves a higher degree of participation and commitment by agencies and users of services. The active pursuit of this standard requires a higher level of collaboration and engagement than traditional models of dependency or reliance on experts and professional service strategies that reduce or minimize consumer, youth and family participation in the planning, evaluation, and delivery of their services. Self-directed and full participation is demonstrated when service providers modify and restructure their models to increase the level of engagement of consumers, youth and families in their service plans.

Quality Indicators:

1. Annual reviews of services/programs including the multiple forms of input from statewide.
2. The agency’s mission should reflect the value of involving consumers, youth and family members in order to improve outcomes.
3. Consumers, youth and family members should be involved in substantial numbers in the conceptualization of initiatives, including identification of community needs, goals and objectives; identification of innovative approaches to address those needs; and development of budgets to be submitted with applications. Approaches should incorporate peer support methods.
4. Agency staff should have substantive training in, and be familiar with, consumer and family-related issues, for example, recovery-oriented and resiliency and benefits of hiring consumers, youth and family members. Attention should be placed on staffing the initiative with people who are themselves consumers or family members.
5. Cultural and linguistic access needs of consumers and families are met through bilingual staff, translation and interpreter services.
6. Cultural and linguistic competency plans are in place that help meet the unique needs of diverse communities designed to reduce disparities in access and treatment outcomes.

Guideline 16: Early Intervention, Prevention and Health Services– Standard 17: Health Services – Mental health, substance abuse, and/or other addictive disorder services with consumer involvement are developed as a part of the overall healthcare system.

Rationale

Behavioral health care is seen as essential to overall healthcare. Integrated models of care that develop a broader system of care are seen as more responsive to the needs of consumers, youth and families; and that barriers to access and service availability across service areas are reduced to ensure improved service outcomes that improve
the level of functioning and reduction of disparities affecting consumers, youth and families.

**Quality Indicators:**

(1) Establishment and support for Consumer Run Wellness Centers
(2) Wellness programs and support groups are accessible throughout the service area (e.g., Screening, Brief Intervention Referral or Treatment, Question Persuade and Refer, Wellness Recovery Action Plan, et al).
(3) Primary caregivers will be educated and provided with the opportunity to network and strategize to encourage early intervention in mental health, substance abuse, and other addictive disorder services.
(4) Behavioral health providers including peer, youth and family specialists will be trained in physical health interventions, screening and preventative care.
(5) Hospitals, Urgent Care, Home Health, Nursing Homes, providers and agencies who receive state behavioral health funding demonstrate consumer participation in planning, implementation, monitoring and evaluation of behavioral health services rendered in their programs and agencies.

| Guideline 17: Consumer, Youth and Family Satisfaction Surveys – Agencies annually seek documented feedback from consumers to measure the effectiveness of agency programs in their recovery. |

**Rationale**

The input and feedback of consumers, youth and families is sought frequently, repeatedly and consistently to inform and advise agencies as to areas of improvement and areas of success. The results of surveys are reported, communicated and share to demonstrate how information is gathered, disseminated and used to make improvements to the delivery system that incorporates consumer, youth and family input from surveys.

**Quality Indicators:**

(1) Agencies will conduct an annual survey to determine consumer attitudes about the services provided during the year.
(2) Agencies will provide a suggested enhancement, remediation, or correction plan based on the results of the annual survey.
(3) Standardized (Recovery and Resiliency seal of approval) rating given to agencies reframing the treatment enterprise from the professional’s perspective to the person’s perspective for consumer choice and self-determination.

| Guideline 18: Ethics and Rights Protection – The state requires the formal involvement of consumers, family members and youth in Protective Rights agencies in the development, review and maintenance of the legal protection of individual rights and grievance procedures. |
**Rationale**

The state shall ensure that the rights of consumers, youth and families are protected at all times and that protective rights organizations are effectively serving and meeting the needs of consumers, youth and families who may experience circumstances which cause them to be aggrieved.

**Quality Indicators:**

1. Provider has formal Grievance Procedure for consumers to file complaints regarding their treatment or the services provided.
2. Consumers and providers collaborate on the development and implementation of the Grievance Procedure
3. Employment assistance programs utilize Certified Peer and Family Specialists to enhance and help mitigate grievances where possible.
4. Rights Protection — Consumer and family members must be fully informed of all of their rights including those related to information disclosure, release of information, advance directives, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.
5. A comprehensive process exists that includes consumers in the development, review and maintenance for the legal protection of individual rights and grievance procedures.
Guidelines for Statewide, Regional or Local Networks and Organizations

Guideline 19: Increase the capacity of Statewide Networks and Organizations - Consumer, family, youth networks and organizations are funded to perform tasks and services required to effectively partner with state agencies and other stakeholder groups. These networks and organizations shall receive technical assistance and support to address their developmental and emerging needs.

Rationale

Many consumer, family, and youth networks and organizations have particular expertise in areas essential to successful systems transformation and change; however, state leadership may be unaware of particular areas of interest, strength, and expertise of many organizations. There is a disparity between funding for peer services and more traditional services such as case management. These organizations are frequently unfunded or under funded given the scope and breadth of the community organizing and training tasks they are charged with performing. Inadequate funding makes it difficult to successfully perform tasks and to meet performance measures. As states move to more performance-based contracting, consumer-, family-, and youth-operated programs must receive funding commensurate with the services they provide.

Quality Indicators:

(1) Consumer, family, and youth networks and organizations aided in assessing their capacity to engage in consumer, youth and family driven or provided activities.

(2) Fiscal and administrative resources provided commensurate with scope of activity and expected outcomes.

(3) Technical assistance and support provided to learn new tasks and/or assume additional responsibilities such as developing budgets, reporting, and accounting practices.

(4) Consumer, family, and youth networks and organizations, consultants, and private businesses encouraged to participate in bidding or procurement processes.

(5) State bidding and procurement policies and processes promote the involvement of consumer, family, and youth networks and organizations.

(6) Requests for proposals for services provided by consumer, youth or family-operated programs are widely disseminated to such organizations.

(7) State bidding and procurement policies are transparent and made public.

(8) Consumer, youth and family annual conferences are given technical assistance and commensurate funding such as provider conferences.
(9) Consumer, youth and family networks governance bodies are comprised by a minimum of 51% consumers, youth and family representatives and board membership.

(10) Networks receive free standing funding streams not directed to service providers for services.
Reference Documents


State of Connecticut Draft QuIC Standards for Involvement of Consumers, Youth and Family Members in Mental Health Quality Improvement Activities, 2009

State of Oklahoma Standards: Consumer Involvement in Transformation, 2009

New Mexico Regional Care Coordination, Chapter 10 – Consumer Involvement Guidelines, 2004

SAMHSA Guidelines for Consumer and Family Participation

Footnotes


2 Akabas, Sheila & Gates, Lauren (2007). Developing Strategies to Integrate Peer Providers into the Staff of Mental Health Agencies. Springer Science and Business Media, LLC, page 4

3 Executive directors of several statewide consumer networks reported that tasks most frequently delegated to them via contract or other less formal means involved fieldwork, travel, communications, and other community organizing activities. Most felt that resources provided were inadequate given the range and scope of proposed services. Several networks expended organizational funds to support consumer involvement in many MH-TSIG statewide activities.

4 Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d, 45 C.F.R. §80.1 et seq. (including Office for Civil Rights Guidance on Title VI of the Civil Rights Act of 1964, with respect to services for (LEP) individuals (65 Fed. Reg. 52762-52774, August 30, 2000)