

## Consumer Participation/Leadership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Tell us about yourself, and why you would like to be involved in leadership. \_\_\_\_\_

\_\_\_\_\_

### Which opportunities are you interested in?

Name of Opportunity	Frequency of Meetings
<input type="checkbox"/> Citizen's Advisory Committee**	Monthly
<input type="checkbox"/> Consumer Leaders and Advocates Committee**	Monthly
<input type="checkbox"/> Continuing Education Committee	Quarterly
<input type="checkbox"/> Environment of Care Committee	Quarterly
<input type="checkbox"/> First Choice – Volunteer, not paid	Monthly
<input type="checkbox"/> Improving Practices Leadership Team (Evidence-Based Practices)*	Quarterly
<input type="checkbox"/> MAX System of Care (multiple committees, call for more information)	Monthly
<input type="checkbox"/> Network Services Provider Auditing	As Needed
<input type="checkbox"/> Network Services Provider Quality of Life Visits	As Needed
<input type="checkbox"/> Quality Improvement Committee	Quarterly
<input type="checkbox"/> Quality of Life Work Group	Every Other Month
<input type="checkbox"/> Quality Team	Quarterly
<input type="checkbox"/> Recipient Rights Advisory Committee	Every Other Month
<input type="checkbox"/> Self-Determination Budget Committee	As Needed
<input type="checkbox"/> Self-Determination Implementation Committee	Monthly
<input type="checkbox"/> Skill Build Redesign Committee	Monthly
<input type="checkbox"/> Ad-Hoc Committees (Not a regular committee)	As Needed

People participating in most consumer leadership committees and programs will be paid a stipend for attendance and work.

\*Involvement in the Improving Practices Leadership Team requires a person to be a participant in an Evidence-Based Practice.

\*\*Participation in these committees is by special nomination after successful involvement in another committee or opportunity.

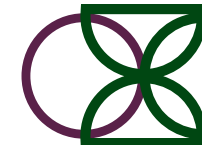
Signature \_\_\_\_\_

Date \_\_\_\_\_

Take this opportunity to help us design better programs for our success ... and yours.



*Sandra M. Lindsey*  
Sandra M. Lindsey, CEO



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

500 Hancock  
Saginaw, Michigan 48602

SCCMHA General Information/Switchboard  
(989) 797-3400 • Toll Free 1-800-258-8678

[www.SCCMHA.org](http://www.SCCMHA.org)

AMPM CMH100 6/12

Consumer  
Leadership  
OPPORTUNITIES

We need your advice.



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

# Consumer Leadership

## OPPORTUNITIES

In order to more effectively implement the principles of self-determination and make sure the consumer is at the center of everything we do, Saginaw County Community Mental Health Authority has a variety of opportunities for consumers to participate in leadership positions. We would ask that you consider one of them.

As a member of one of these teams, you would be working with our skilled and dedicated staff, other service providers and partners and current and former consumers of SCCMHA services.

For more information about these opportunities please contact us at **(989) 797-3452** or **cservice@sccmha.org**.

**Be a leader and influence SCCMHA's direction by serving on one of these committees or opportunities.**

### **Citizen's Advisory Committee**

Input to the Board from interested citizens and consumers for planning and implementing mental health services.

### **Consumer Leaders and Advocates Committee**

Training and guidance for community leaders.

### **Continuing Education Committee**

Review of training requirements and reports.

### **Environment of Care Committee**

Reviews information to provide a functional and safe environment for people in SCCMHA facilities.

### **First Choice**

Determines fund raiser events, reviews funding, plans for holiday gift card giveaways.

### **Improving Practices Leadership Team (Evidence-Based Practices)**

Reviews the use of EBP within SCCMHA programs and the Provider Network.

### **MAX (System of Care)**

Saginaw MAX System of Care coordinates this multi-system initiative which provides children and youth with complex emotional challenges (between the ages of 6 and 17) and their families with leadership development and training opportunities, and a forum to address challenges and barriers to receiving individualized and meaningful service from community mental health service providers.

### **Network Services Provider Auditing**

Review consumer chart records in the homes, staff charts and health and safety of the homes. You will assist the auditors with the audits in various settings such as homes, program settings, clubhouse, hospitals and case management settings.

### **Network Services Provider Quality of Life Visits**

Speaking with consumers in the home regarding any issues they may have, activities they are involved in and review health and safety in the home.

### **Office of Recipient Rights (ORR) Advisory Committee**

Trains in ORR policies and reviews work completed by ORR staff including review of ORR Annual Report.

### **Quality Improvement Committee**

Reviews data and reports on functioning of SCCMHA-operated services.

### **Quality of Life Work Group**

Addresses quality-of-life issues for consumers living in specialized residential programs.

### **Quality Team**

Discusses consumer concerns about quality and suggests improvements and reviews network-wide performance indicators and process improvement projects.

### **Self-Determination Budget Committee**

Reviews all self-determination budgets and makes accounting recommendations.

### **Self-Determination Implementation Committee**

Provides ongoing input and oversight of activities, policies and procedures that ensure that consumers take a lead role in planning and managing their care.

### **Skill Build Redesign Committee**

Reviews program curriculum and community partnerships and makes recommendations.

### **Ad-Hoc Committees (Not regular committees)**

Addresses special opportunities needed by SCCMHA not already met in a standing committee.

### **Get Involved**

The end products of these committees and panels are the recommendations that lead to the evolution of our policies and programs. These are not volunteer positions. You will be compensated for your time and effort through a meeting stipend. Your participation is vital.

Please complete, tear off and mail the attached response card to SCCMHA Customer Service; 500 Hancock; Saginaw, MI 48602. You may call Customer Service with any questions at (989) 797-3452 or Toll Free 1-800-258-8678.

Start getting more involved in your own treatment programs and help lead SCCMHA's continuing development as a crucial health provider to thousands of consumers in Saginaw County.

Thank you.

### **We need your advice.**

No one knows better than you what works for you and what doesn't. That's the thought behind what has become an important part of our philosophy: giving people we serve "an opportunity to achieve." We're trying to put added conviction in those words by involving you more deeply — not only in improving your own care but in designing new treatment programs and strengthening existing ones.

Saginaw County Community Mental Health Authority (SCCMHA) needs your input when critical treatment policy decisions are developed and recommended to the SCCMHA Board of Directors. We do this through a variety of committees and advisory panels, and those panels need fresh opinions and viewpoints from the people we serve. From people like you.

Please consider one of our consumer leadership opportunities. Because your experience, and your input, helps make us all that much more successful.

  
Sandra M. Lindsey, CEO