

Meeting Agenda
RECIPIENT RIGHTS ADVISORY COMMITTEE
Board Room – 12220 Fillmore Street, West Olive, MI
Friday, March 22, 2024 9:00 AM

[Join Zoom Meeting](#)

Dial: 1 (646) 876-9923

Meeting ID: 876 9491 2747

Passcode: 007978

1. Call to Order
2. Review/Approve Agenda: March 22, 2024
Suggested Motion: To approve the March 22, 2024, RRAC meeting agenda.
3. Review/Approve Minutes: December 18, 2023
Suggested Motion: To approve the December 18, 2023, RRAC meeting minutes.
4. Public Comment
5. New Business
 - a. CMHOC Recipient Rights Directors Quarterly Report 12/23 – 02/24 (*Attachment A*)
No Suggested Motion Needed
 - b. CMHOC – Recipient Rights Policy Review and Training
No Suggested Motion Needed
 - i. 1.01 – Recipient Rights Office and Staff (*Attachment B*)
 - ii. 1.05 – Recipient Rights Advisory Committee (*Attachment C*)
 - iii. 1.06 – Abuse and Neglect Reporting (*Attachment D*)
 - iv. 1.08 – Incident Reports (*Attachment E*)
 - v. 1.09 – Review of Death (*Attachment F*)
 - vi. 1.22 – Restraint, Seclusion and Emergency Interventions (*Attachment G*)
 - c. FY 2023/2024 Recipient Rights Budget (*Attachment H*)
Suggested Motion: To approve the FY24 CMHOC Recipient Rights budget as presented to assure sufficient funding and to assure the Recipient Rights Office does not have pressures which could interfere with the impartial, even-handed, and thorough performance of its duties.
 - d. Annual Training: Code Protected Rights, Role of the Recipient Rights Advisory Committee & the Recipient Rights Appeal Process (*Attachment I*)
No Suggested Motion Needed
6. Old Business
7. Public Comment
8. Adjournment

Meeting Minutes
Community Mental Health of Ottawa County
Recipient Rights Advisory Committee
12265 James Street, Holland, Michigan 49424
Monday, December 18, 2023 – 2:30 PM

In attendance: Donna Bunce, Gretchen Cosby, Terry Goldberg, Christian Kleinjans, Kyle Parcher, David Parnin, Sylvia Rhodea, Steven Savage, Vonnie VanderZwaag

Absent: Lucy Ebel

CALL TO ORDER

Ms. VanderZwaag, Committee Chair, called the December 18, 2023, CMHOC Recipient Rights Advisory Committee meeting to order at 2:30 p.m.

REVIEW/ APPROVE AGENDA

RRAC 23-006 Motion: To approve the December 18, 2023, RRAC meeting agenda.

Moved by: Parnin Support: Kleinjans

MOTION CARRIED

REVIEW/APPROVE MINUTES:

RRAC 23-007 Motion: To approve the September 25, 2023, RRAC meeting minutes.

Moved by: Goldberg Support: Bunce

MOTION CARRIED

PUBLIC COMMENT

No public comment offered.

NEW BUSINESS

Holland Hospital 2022/2023 Annual Report (Holland Hospital will present at the meeting)

RRAC 23-008 Motion: To approve Holland Hospital's 2022/2023 Annual Report and forward to the CMHOC Board of Directors for review and approval.

Moved by: Rhodea Support: Goldberg

MOTION CARRIED

CMHOC Quarterly Report 09/23 – 11/23

Ms. Fowler reviewed activity for the months of September through November. Mental Health Code requires that reports be completed within 90 days; all have met that requirement. Incident reports continue to be submitted to identify unusual occurrences. Significant medication errors require follow up with CMHOC Nurse to ensure appropriate education is provided and corrective action is taken. 49 provider site reviews were completed. Ms. Fowler continues to attend required meetings.

CMHOC 2022/2023 RR Annual Report (*Attachment B*)

RRAC 23-009 Motion: To accept the CMHOC 2022/2023 RR Annual Report as presented and forward to the CMHOC Board of Directors for review, with a recommendation for approval.

Moved by: Cosby
MOTION CARRIED

Support: Parnin

Ms. Fowler reviewed data from the Annual ORR report. 3471 unduplicated recipients were served 10/1/2022 – 9/30/2023. There was a total of 44 complaints received; 36 allegations were investigated; 19 were substantiated. Definitions of Abuse and Neglect were reviewed. There were no requests for appeals in FY23.

Recipient Rights Training is offered virtually through Network180. All employees and contractual staff are required to complete an annual rights training update. Outcomes for FY24 are similar to those identified for FY23.

CMHOC – Recipient Rights Policy Review and Training

- i. 1.17 – Change in Type of Treatment (Attachment C)*
- ii. 1.20 – Freedom of Movement (Attachment D)*
- iii. 1.21 – Communication, Telephone and Visitors (Attachment E)*
- iv. 1.24 – Services Suited to Condition (Attachment F)*

ORR Policies are reviewed annually by the RRAC. All policies have been reviewed and approved by MDHHS ORR during the triannual assessment. No changes from previous versions.

OLD BUSINESS

No Old Business

PUBLIC COMMENT

No public comment offered.

ADJOURNMENT

Ms. VanderZwaag adjourned the December 18, 2023 CMHOC Recipient Rights Advisory Committee meeting at 2:59 p.m.

Recipient Rights Advisory Committee (RRAC)

March 22, 2024

ATTACHMENT A

INV= Investigation

S= Substantiated

NS = Not Substantiated

N/A=Not applicable

* = Status Report Sent (30 day and/or 60 day)

COMPLAINTS OPEN/CLOSED DECEMBER 2023

Complaint #	Date Opened	Service Site	Rights Category	Action	Decision	Outcome	Length in days
3688	9/18/23	Residential MI/DD	Safe Treatment Environment	INV	NS	N/A	88*
3693	12/7/23	Residential DD	Neglect Class III	INV			
3694	12/12/23	Residential MI/DD	Dignity and Respect	INV			
3695	12/20/23	Residential DD	Dignity and Respect	INV			

Opened: 3

Closed: 1

COMPLAINTS OPEN/CLOSED JANUARY 2024

Complaint #	Date Opened	Service Site	Rights Category	Action	Decision	Outcome	Length in days
3689	10/18/23	Outpatient	Mental Health Services Suited to Condition	INV	NS	N/A	90*
3690	10/19/23	Residential MI/DD	Safe Treatment Environment	INV	NS	N/A	88*
3696	1/4/24	Residential MI/DD	Abuse Class II – Exploitation	INV			
3697	1/16/24	Residential DD	Family Dignity and Respect	INV			
3698	1/16/24	Other	No Code/Outside Provider Jurisdiction	N/A	N/A	N/A	2
3699	1/16/24	Residential DD	Dignity and Respect	INV			
3700	1/23/24	CLS	No Code/Outside Provider Jurisdiction	N/A	N/A	N/A	1
3701	1/24/24	CLS	Disclosure of Confidential Information	INV			
3702	1/29/24	CLS	Dignity and Respect	INV			
3703	1/29/24	Other	Disclosure of Confidential Information	INV			
3704	1/30/24	Residential MI/DD	Dignity and Respect	INV			

Opened: 9

Closed: 4

COMPLAINTS OPEN/CLOSED FEBRUARY 2024

Complaint #	Date Opened	Service Site	Rights Category	Action	Decision	Outcome	Length in days
3692	11/16/23	Residential MI/DD	Dignity & Respect	INV	NS	N/A	90*
3694	12/12/23	Residential MI/DD	Dignity and Respect	INV	S	Written Counseling Training	59*
3697	1/16/24	Residential DD	Family Dignity and Respect	INV	NS	N/A	29
3699	1/16/24	Residential DD	Dignity and Respect	INV	S	Employment Termination	30
3701	1/24/24	CLS	Disclosure of Confidential Information	INV	S	Employment Termination	20

Opened: 0

Closed: 5

DECEMBER 2023 – FEBRUARY 2024 INCIDENT REPORTS:

<p style="text-align: center;">Incident Reports: Physical Management, Harm to Self, Harm to Others, Unusual Behavior (i.e., canceled appointments, fecal smearing, exposing self, kissing a peer, touching a peer/staff, refusing meds, not showering, feeling suicidal, left the property, left the program against medical/clinical advice, hit peer/staff, altercation with peer, property damage, smoking indoors, etc.), Emergency Medical Treatment, Hospitalization, Medication Error, Significant Medication Error, Death, Fall, Injury, Environmental Emergency, Police Assistance, Car Accident, etc.</p>	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024
Total IR's	191	298	246

ONGOING MEETINGS/COMMITTEES (RR Director):

Human Resources Committee (quarterly)	X	Compliance Committee (monthly)	X	Recipient Rights Advisory Committee (quarterly)	X
Behavior Treatment Review Committee (monthly)	X	Pharmacology and Therapeutic/Medication Committee (quarterly)	X	Leadership Group (weekly)	X

2024 SITE REVIEWS:

Residential: 6

January 2024: 0

February 2024: 6

Licensed Psychiatric Hospital: 0

Crisis Stabilization/Partial Hospitalization Program: 0


TRAINING:

Class	Date	# of Participants
In person classes cancelled. New hires are encouraged to take a 4-hour training course online through Network 180. The new hire training is offered multiple times a month, and one evening each month. RR training for new hires is also provided electronically through Improving MI Practices (training developed by MDHHS-ORR) for staff/new hires.	Ongoing October 1, 2023 – January 31, 2024	Training is online through: Network 180/Improving MI Practices 11 CMH Staff 123 Contractual Staff 15 Self Determination/CV
2023 Recipient Rights Annual Update (online)	Ongoing	130 CMH Staff 774 Contractual Staff 111 Self Determination/CV
2024 Recipient Rights Annual Update (online)	Ongoing	Assigned to CMHOC Staff by the Training Center on 03/2024 Available to Contractual Staff on 01/2024 223 Contractual Staff 25 Self Determination/CV

Submitted by: Briana Fowler, Director of RR

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

RECIPIENT RIGHTS

CHAPTER: 1	SECTION: 1	SUBJECT: RECIPIENT RIGHTS
TITLE: RECIPIENT RIGHTS OFFICE AND STAFF		
DATE OF ORIGIN: 9/5/1984	REVIEWED DATES: 12/15/1995, 7/29/1999, 3/14/2002, 6/20/05, 5/7/08, 3/1/10, 3/28/11, 7/23/12, 3/25/13, 3/17/14, 3/23/15, 3/28/16, 3/20/17, 6/25/18, 6/24/19, 3/23/20, 3/22/21, 3/28/22, 3/27/23, 3/22/24	
LAST REVISED/EFFECTIVE DATE: 03/23/2020		
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

- I. PURPOSE:**
To establish policy and procedure concerning recipient rights of recipients of Agency services.
- II. APPLICATION:**
All Community Mental Health of Ottawa County (CMHOC) staff and contract agency staff as specified by contract.
- III. DEFINITIONS:**
N/A
- IV. POLICY:**
It is the policy of CMHOC to uphold and protect the rights of all recipients of Agency operated and contracted programs as mandated by the Michigan Mental Health Code, Administrative Rules, and the Michigan Department of Health and Human Services (MDHHS) policies.
- V. PROCEDURE:**
 - A. A representative from the Office of Recipient Rights will be available to staff and recipients by email and cell phone as needed for emergency consultation (i.e., reporting abuse, neglect, or death).
 - B. In matters of apparent violations of rights, guaranteed by Chapter 7 of the Michigan Mental Health Code, the office will do the following: receive reports/complaints; conduct investigations or interventions; act to resolve disputes relating to apparent violations; act on behalf of recipients of mental health services to obtain remedy for any apparent violations; and otherwise endeavor to safeguard these rights.
 - C. The Office of Recipient Rights will have unimpeded access to all of the following:
 - a. All programs and services operated by or under contract with CMHOC.
 - b. All staff, interns and/or volunteers employed by or under contract with CMHOC.
 - c. All staff who are employed by recipients/guardians through self-determination.
 - d. All evidence necessary to conduct a thorough investigation or to fulfill its monitoring function, including being able to interview recipients from other counties.
 - D. The Director of Recipient Rights and the Recipient Rights Officer (if applicable) shall:

- Be an employee of CMHOC or under contract to the Community Mental Health Board.
 - Have no direct service responsibilities.
 - Be subordinate only to the Community Mental Health Executive Director.
 - Have the education, training, and experience to fulfill the responsibilities of the office, as specified in the specific job descriptions.
- E. All recipient rights staff (i.e., rights director, rights officer, alternate) will attend and successfully complete ORR Basic Skills Training programs offered by the Michigan Department of Health and Human Services – Office of Recipient Rights within three (3) months of hire (including those contractual agencies/hospitals allowed/required to establish their own rights system).
- F. The Office of Recipient Rights staff will receive annual training in recipient rights protection, new laws, policies, and procedures.
- The Office of Recipient Rights will ensure agency and contractual staff are kept informed of such updates.
- G. The Recipient Rights Officers will comply with the continuing education requirements identified in the contract attachment. Recipient Rights Officer will acquire at least three (3) continuing education credits each calendar year.
- H. A minimum of twelve of the required thirty-six hours of continuing education requirements will be approved as either Category I or II.
- I. Administrative functions of the Office of Recipient Rights involve assuring that adequate policies and procedures are in place to guarantee rights of recipients are not violated.
- J. Training for staff/contractual staff in the Community Mental Health system will be provided to help ensure all persons who work with recipients are aware of these rights.
- K. The Office of Recipient Rights will serve as a resource for educating the public concerning the rights of mental health recipients.
- L. Recipients, parents of minors, guardians or other legal representatives are notified of their rights guaranteed by Chapter 7 and 7A of the Mental Health Code in an understandable manner, both at the time services are initiated and annually thereafter. This will be accomplished by way of a verbal explanation as well as offering/providing written summaries of Chapter 7 and 7A.
- M. The Office of Recipient Rights will be funded adequately to assure these mandates are accomplished. The funding will be reviewed annually by the Recipient Rights Advisory Committee.


VI. ATTACHMENT:

N/A

VII. REFERENCE:

Michigan Department of Community Health Standards for Mental Health: Section 1, Chapter 8
 MDHHS Administrative Rules
 Michigan Mental Health Code
 MDHHS-ORR Attachment B
 MDHHS/CMHSP Contract Attachment C.6.3.2.3A

RECIPIENT RIGHTS

CHAPTER: 1	SECTION: 5	SUBJECT: RECIPIENT RIGHTS
TITLE: RECIPIENT RIGHTS ADVISORY COMMITTEE		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE(S): 8/31/99, 3/15/02, 9/25/02, 6/20/05, 10/5/10, 2/18/11, 7/23/12, 3/25/13, 3/17/14, 3/23/15, 3/28/16, 3/20/17, 6/25/18, 6/24/19, 3/23/20, 3/22/21, 3/28/22, 3/27/23, 3/22/24	
LAST REVISED/EFFECTIVE DATE: 06/24/2019		
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To establish a Recipient Rights Advisory Committee and define the committee’s responsibilities.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) staff and contract agency staff as specified by contract, and the CMHOC Recipient Rights Advisory Committee.

III. DEFINITIONS:

- Family Member – as defined in MHC 330.1100a, Sec. 100b(3) means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50 percent of his or her financial support.
- Primary Consumer – as defined in MHC 330.1100c means an individual who has received or is receiving services from the department or a community mental health service program from the private sector equivalent to those offered by the department or a CMH service program.

IV. POLICY:

It is the policy of CMHOC to establish a Recipient Rights Advisory Committee consistent with Section 757 of the Michigan Mental Health Code.

V. PROCEDURE:

The Recipient Rights Advisory Committee shall serve to advise the Board, County Director, and the Rights Director/Officer(s) in areas relating to recipient rights, consistent with the Michigan Mental Health Code. More specifically the Recipient Rights Advisory Committee shall:

1. Consist of a minimum of six (6) members. The membership of the committee shall be broadly based so as to best represent the varied perspectives of the community mental health service program’s geographic area. At least 1/3 of the membership will be primary recipients or family members, and of that 1/3, at least ½ shall be primary recipients.
2. The term of office for a Recipient Rights Advisory Committee member shall coincide with the time frames of the appointment to the CMHOC Board of Directors.
3. The CMHOC Board of Directors maintains its authority to dismiss a member for reasons determined by the Recipient Rights Advisory Committee.


4. The Recipient Rights Advisory Committee will do the following:
 - a. Meet quarterly, or as often as is necessary to carry out the responsibilities required by the MDHHS Administrative Rules (7037.1). However, the committee will not meet less than semiannually.
 - b. Elect a chairperson and a vice-chair.
 - c. Maintain a current list of committee members' names to be made available to individuals upon request.
 - d. Maintain a current list of the categories/interests represented to be made available to individuals upon request.
 - e. The Recipient Rights Advisory Committee will protect the Office of Recipient Rights from pressures which could interfere with impartial, even-handed, and thorough performance of its functions/duties.
 - f. Recommend candidates for Director of the Office of Recipient Rights to the Executive Director when a vacancy occurs. The Committee will consult with the Executive Director regarding any proposed dismissal of the Director of the Office of Recipient Rights.
 - g. Serve in an advisory capacity to the Executive Director and the Director of the Office of Recipient Rights and help educate the general community about recipient rights protection.
 - h. Review and provide comment on the operation and funding of the Office of Recipient Rights on an annual basis to assure compliance with rights protection requirements throughout the Board's service delivery system.
 - i. Review and provide comments on the Semi Annual and Annual Report prior to it being submitted to the Department of Health and Human Services – Office of Recipient Rights. Noting trends, areas needing performance improvement, and recommending action to be taken.
 - j. Review new and revised policies and procedures that pertain to rights protection and make recommendations as needed.
5. Members of the Recipient Rights Advisory Committee will serve as the appeals committee for a recipient's/complainant's/parent's/guardian's appeal under Section 784 of the Michigan Mental Health Code.
 - a. Recipient Rights Summary Reports will direct all written appeals to the CMHOC Recipient Rights Appeals Committee.
6. The Recipient Rights Advisory Committee will conduct business consistent with Section 757 of the Michigan Mental Health Code and DCH Administrative Rules which are outlined in Recipient Rights Policy 1.7 – Recipient Rights Complaints.
7. Recipient Rights Advisory Committee meetings are subject to the Open Meetings Act (Act No. 267 of the Public Acts of 1976, begin sections 15.261 to 15.275 of the Michigan Compiled Laws). The committee will maintain minutes. The minutes will be made available to individuals upon their request.

VI. ATTACHMENT:

None Applicable

VII. REFERENCE:

Michigan Mental Health Code, Section 757
CARF Behavioral Health Standards Manual
MDHHS-ORR Attachment B

CHAPTER: 1	SECTION: 6	SUBJECT: RECIPIENT RIGHTS
TITLE: ABUSE & NEGLECT REPORTING		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE(S): 8/31/1999, 3/12/2002, 6/20/05, 4/30/08, 8/3/09, 4/12/10, 3/28/11, 3/26/12, 3/25/13, 3/17/14, 3/23/15, 3/28/16, 3/20/17, 6/25/18, 6/24/19, 3/23/20, 3/22/21, 3/28/22, 3/27/23, 3/22/24	
LAST REVISED/EFFECTIVE DATE: 03/22/2021		
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To assure the timely reporting and investigation of allegations of abuse and neglect.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) staff and contract agency staff as specified by contract. This includes all interns, and volunteers.

III. DEFINITIONS:

Abuse: a non-accidental physical or emotional harm to a recipient, or sexual contact with or without sexual penetration of a recipient as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

Abuse Class I: a non-accidental act, or provocation of another to act, by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.

Abuse Class II: means any of the following:

- a. a non-accidental act, or provocation of another to act, by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
- b. the use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
- c. any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
- d. an action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
- e. exploitation of a recipient by an employee, volunteer or agent of a provider.

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

Abuse Class III: the use of language, or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.

Abuse (DHHS): All suspected cases or incidents of individuals, not less than 18 years of age, who are at risk because of harm or threatened harm to adult's health or welfare caused by another person. This includes but is not limited to non-accidental physical or mental injury, sexual abuse, or maltreatment.

Assault: An intentional act to physically injure another person by force, or forces unlawfully directed toward the person of another, under such circumstances as creates a well-founded fear of imminent peril, coupled with the apparent present ability to effectuate the attempt, if not presented.

Degrade: Means any of the following:

- a. treat humiliatingly – to cause somebody or something a humiliating loss of status or reputation, or cause somebody a humiliating loss of self-esteem
- b. make worthless – to cause people to feel that they or other people are worthless and do not have the respect or good opinion of others. Degrade is synonymous with terms such as abase, debase, demean, humble, humiliate . . . these verbs mean to deprive self-esteem or self-worth, to shame or disgrace.
- c. Any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.
- d. Examples of behavior that is degrading; and must be reported as abuse includes, but is not limited to the following:
 - Swearing at recipients
 - Using foul language at recipients
 - Using racial or ethnic slurs toward or about recipients
 - Making emotionally harmful remarks toward recipients
 - Causing or promoting others to commit the actions listed above

Emotional Harm: Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

Employee: Means an individual who works for compensation or a volunteer, including a student, who works without compensation for a CMHOC program or for an agency or service under contract with CMHOC.

Exploitation: Means an action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.

Humiliation: The action of humiliating someone or the state of being humiliated (i.e. embarrassment, mortification, shame, indignity, disgrace, discredit, belittlement, loss of face, put down, etc.).

Immediate: present, at once, without delay; action is or must be taken either instantly or without any considerable loss of time.

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

Intimate Parts: The genitalia, buttock, or breast of a person as well as the groin, inner thigh and rectum.

Neglect: an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under contract with the department, community mental health services program, or licensed hospital; or an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital, that denies a recipient the standard of care or treatment to which he or she is entitled under this act.

Neglect Class I: means either of the following:

- a. Acts of commission or omission by an employee, volunteer, or agent of a provider that result in noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, procedures, written directives, or Individual Plan of Service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.
- b. The failure to report apparent or suspected Abuse Class I or Neglect Class I of a recipient.

Neglect Class II: means either of the following:

- a. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, procedures, written directives, or plan of service and that cause or contribute to non-serious physical harm or emotional harm to the recipient.
- b. The failure to report apparent or suspected Abuse Class II or Neglect Class II of a recipient.

Neglect Class III: means either of the following:

- a. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, procedures, written directives, or plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.
- b. The failure to report apparent or suspected Abuse Class III or Neglect Class III of a recipient.

Neglect (DHHS): All suspected cases of incidents of individuals who are at risk because of harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation (self-neglect) or by the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare.

Non-Serious Physical Harm: Means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not to have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

Recipient: Any person for whom Community Mental Health of Ottawa County is responsible for arranging, contracting for and/or coordinating the provision of services.

Serious Physical Harm: Means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

Sexual Abuse: Means any of the following:

- i) Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving employee, volunteer, or agent of a provider and recipient.
- ii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and a recipient.
- iii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a recipient for whom the employee, volunteer, or agent provides direct services.

Sexual Contact: The intentional touching of the recipient's or employee's intimate parts or the touching of clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for sexual purpose, or in a sexual manner for any of the following:

- i) revenge
- ii) to inflict humiliation
- iii) out of anger.

Sexual Harassment: Sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient as defined in title VII of the civil rights act of 1991.

Sexual Penetration: Sexual intercourse, cunnilingus, fellatio, and intercourse (vaginal or anal), or intercourse, cunnilingus, fellatio, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

Therapeutic De-Escalation: An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Threaten: means any of the following:

- a. to utter intentions of injury or punishment against

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

- b. to express a deliberate intention to deny the well-being, safety, or happiness of somebody unless the person does what is being demanded.

Unreasonable Force: Physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:

- i) There is no imminent risk of serious or non-serious physical harm to the recipient, staff, or others.
- ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
- iii) The physical management used is not in compliance with emergency interventions authorized in the recipient's individual plan of service.
- iv) The physical management or force is used when other less restrictive measures were possible, but not attempted immediately before the use of physical management or force.

IV. POLICY:

It is the policy of CMHOC that all recipients of mental health services are free from abuse and neglect. Alleged violations of abuse or neglect (apparent or suspected) will be immediately reported to the Office of Recipient Rights. Investigations will be consistent with the requirements of the Michigan Mental Health Code.

V. PROCEDURE:

- A. All CMHOC employees, contract employees, interns, and volunteers will report any suspicion or allegation of abuse or neglect of a recipient immediately either in person, by phone, voicemail, cell phone, fax, or e-mail to the following agencies as required:
1. CMHOC Office of Recipient Rights.
 2. Administration
 3. Ottawa County Department of Health and Human Services
 - Adult or Child Protective Services in accordance with their definition of abuse and neglect reporting.
 4. LARA – Department of Licensing and Regulatory Affairs, if applicable.
 5. Law Enforcement
 - Local law enforcement will be notified if the suspected abuse involves assault, criminal homicide or criminal sexual conduct, vulnerable adult abuse, child abuse, and/or exploitation.
 6. Any other agency as required by law.
- B. Any employee, contract employee, intern, or volunteer making such a report of suspected abuse or neglect shall not be dismissed or penalized for making the report and will be protected by the Michigan Whistleblower's Protection Act.
- C. Within 72 hours after making the oral report, the reporting individual shall file a written report with the law enforcement agency to which the oral report was made, and with the chief administrator of the facility or agency responsible for the recipient (Section 330.1723(2)).

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS


- D. Investigations of abuse and neglect allegations will be conducted by the Recipient Rights Office.
- E. If an allegation is found to be substantiated, the agency will take firm and fair disciplinary action or remedial action as appropriate.
- F. All CMHOC employees, contract employees, interns, and volunteers are required to cooperate with recipient rights investigations.
- G. All ensuing investigations will be in compliance with CMHOC's policy 1.7 Recipient Rights Complaints.

VI. ATTACHMENT:
None Applicable

VII. REFERENCE:
Michigan Mental Health Code
Administrative Rules
MDHHS-ORR Attachment B/Policy Review Standards

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

Page 1 of 3

CHAPTER: 1	SECTION: 8	SUBJECT: RECIPIENT RIGHTS
TITLE: INCIDENT REPORTS		
DATE OF ORIGIN: 12/31/86	REVIEWED DATE: 9/9/1999, 3/15/2002, 6/20/05, 10/5/10, 12/19/11, 3/26/12, 9/23/13, 3/17/14, 3/23/15, 3/28/16, 3/20/17, 6/25/18, 6/24/19, 3/23/20, 3/22/21, 3/28/22, 3/27/23, 3/22/24	
LAST REVISED/EFFECTIVE DATE: 03/22/2021		
ISSUED AND APPROVED BY: 		
EXECUTIVE DIRECTOR		

I. PURPOSE:

To assure timely review, uniformity, and consistency in reporting unusual incidents involving a recipient of mental health services that adversely disrupts the normal routine or program administration.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) staff, volunteers/interns, and contract agency staff as specified by contract.

III. DEFINITIONS:

Extraordinary/Unusual Incident: means an out-of-the-ordinary occurrence, including but not limited to the following:

- Death of a consumer
- Serious and non-serious physical injury explained or unexplained (i.e., cuts, broken bones, sprains, falls, bruises, etc.)
- Emergency medical treatment (i.e., hospital admission, ambulance transport, injury or illness requiring urgent care or emergency room services, etc.)
- Repeated maladaptive behaviors which are not addressed in the plan of service
- Sexual misconduct by a consumer, not addressed by the plan of service
- Medication errors, or untoward drug reactions
- Use of physical management (i.e., MANDT, CPI, SATORI, QBS, etc.)
- Consumer-to-employee and consumer-to-consumer aggression and/or injury
- Behavior episode (i.e., property damage, harm to self or others, elopement/wandering, verbal aggression, police called to assist during a behavior episode, etc.)
- Incidents involving drugs and/or weapons
- Car accident when a consumer is present in the vehicle
- Biohazard accident
- Arrest and/or conviction
- Other incidents that seriously disrupt or adversely affect the course of treatment or care of a consumer within a service setting, or the management of a service setting when the occurrence includes a consumer
- Duty to warn disclosure
- Search of a consumer's property or person
- Any significant event in the community involving a consumer

- Fire evaluation (i.e., smoke detector or carbon monoxide detector goes off)
- Police involvement with a recipient

IV. POLICY:

All extraordinary/unusual incidents shall be reported, reviewed and when appropriate followed up on and/or investigated, to assure appropriate follow-up care and/or remedial action is taken to assure the safe and humane treatment of all recipients.

V. PROCEDURE:

- A. Employees shall report all extraordinary/unusual incidents on the "Incident Report" form (i.e., CMHOC – Incident Report, AFC Licensing – Incident/Accident Report, etc.). Incident Reports shall be detailed, clear and concise, with all requested information on the form to be completed in its entirety.
- B. The employee(s) involved in the extraordinary/unusual incident will write the Incident Report within 24 hours. It is unacceptable for Incident Reports to be written by someone who was not involved in the extraordinary/unusual incident.
- C. Supervisors/employees must route all Incident Reports within three (3) business days upon receipt of the incident report in order to promote timely routing to next appropriate treatment team professionals or the Office of Recipient Rights. Remember, incident reports are seen by multiple treatment team professionals. Therefore, it is critical that incident reports are routed in a timely fashion.
- D. Incident reports, **other than suspected Abuse, Neglect, Serious Physical Injury, Death, Sexual Abuse or Criminal Offense**, involving a recipient will proceed as follows:
 1. Employees who witness, discover, or are notified of an extraordinary/unusual incident as described above shall:
 - a. Protect, comfort, and assure treatment of the recipient as necessary.
 - b. Contact the Team Leader, Team Supervisor, Program Coordinator, Program Supervisor, or Director, as applicable.
 - c. The Team Leader, Team Supervisor, Program Coordinator, Program Supervisor, or Director notified of an unusual incident shall notify the guardian or parent of a minor child, as applicable.
 - d. Document the incident in the recipient's progress notes.
 2. The Team Leader, Team Supervisor, Program Coordinator, Program Supervisor, or Director notified of an unusual incident shall:
 - a. As appropriate, take further action necessary to assure treatment, comfort, and protection of the recipient when verbally notified.
 - b. If the incident involves an injury that may require further treatment, ensure immediate treatment is received.
 - c. Assure proper documentation has been entered in the recipient's progress notes.
 - d. State corrective/remedial action taken on the bottom section of the Incident Report.
- E. Incidents of serious physical injury involving a recipient(s) will proceed as follows:
 1. Employees shall:

- a. Protect, comfort, and assure treatment of the consumer as necessary.
 - b. **Immediately** notify the Team Leader, Team Supervisor, Program Coordinator, Program Supervisor, or Director.
 - c. **Immediately** notify the Office of Recipient Rights by telephone, voicemail, cellphone, fax, and/or e-mail.
 - d. Complete an incident report and give it to the Team Leader, Team Supervisor, Program Coordinator, Program Supervisor, or Director before the end of workday/shift.
 - e. Document the incident in the recipient's progress notes.
 - f. The Team Supervisor or Program Coordinator/Supervisor/Director shall assure the incident report is accurately completed and personally receive the report from the reporting person. The Team Supervisor or Program Coordinator/Supervisor/Director will forward the incident report to the Office of Recipient Rights within twenty-four (24) hours of receipt.
- F. The Rights Officer may inquire further into the situation in order to determine possible rights violations.
- G. If the incident involves a death of a recipient assure a Report of Death Form is completed and attached to the Incident Report before forwarding to the Office of Recipient Rights.
- H. Following traumatic emergencies, CMHOC's crisis team clinicians and/or the Critical Incident Stress Debriefing team will be available upon request to staff and persons served to provide support.
- I. Incident Reports are considered peer review reports and shall not be maintained in the medical record of a recipient.
- J. CMHOC staff may not maintain copies of Incident Reports for their personal files.
- K. Incident Reports will not be released to anyone in order to assure the confidentiality of other recipients who may be included in the Incident Report. A summary of the Incident Report(s) received for a particular recipient, with the proper releases of information in place, will be provided by the Office of Recipient Rights, upon request.


VI. ATTACHMENT:

None Applicable

VII. REFERENCE:

Michigan Mental Health Code
 Recipient Rights Training Handouts
 CARF Manual
 MDHHS – ORR Attachment B

**COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS**

CHAPTER: 1	SECTION: 9	SUBJECT: RECIPIENT RIGHTS
TITLE: REVIEW OF DEATH		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE(S): 9/9/1999, 3/12/2002, 6/15/04, 6/20/05, 5/29/08, 1/25/10, 10/11/10, 2/18/11, 7/23/12, 6/24/13, 3/17/14, 3/23/15, 7/6/15, 06/27/16, 03/20/17, 6/25/18, 6/24/19, 3/23/20, 3/22/21, 3/28/22, 3/27/23, 3/22/24	
LAST REVISED/EFFECTIVE DATE: 03/23/2020		
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To ensure a timely, objective review of all unexpected deaths of recipients served by Community Mental Health of Ottawa County (CMHOC) to determine if the recipient’s rights were protected and if appropriate services were provided.

II. APPLICATION:

All CMHOC staff and contract agency staff as specified by contract.

III. DEFINITIONS:

Unexpected Death: Includes those deaths that result from suicide, homicide, an undiagnosed condition, accidental, or were suspicious for possible abuse or neglect.

IV. POLICY:

It is the policy of CMHOC that deaths of recipients served by CMHOC will be reported and any unexplained/unexpected death will be reviewed by the Compliance Committee, Executive Director, and the Regional Entity, as needed. This review will be done in compliance with Section 748(9) of the Michigan Mental Health Code which states “the records, data, and knowledge collected for or by individuals or committees assigned a peer review function, including the review function under section 143a(1), are confidential, shall be used only for the purposes of peer review, are not public records, and are not subject to court subpoena.”

V. PROCEDURE:

- A. Deaths of recipients currently served by CMHOC, or those recipients who received an emergency service within the past thirty (30) days prior to death, will be reported to the Office of Recipient Rights and an Incident Report filed within one business day of becoming aware of the death. The Office of Recipient Rights will notify the CMHOC Executive Director and the Compliance Manager.
- B. The Recipient Rights Office will request the Death Certificate and the Autopsy Report from the Medical Examiner’s Office, if available.

- C. The Case Manager/Supports Coordinator/Clinician will complete a "Report of Death" form and forward to the Office of Recipient Rights within three business days.
- D. In cases of violent death by suicide, homicide, or accident; and in cases of unexplained death, the Compliance Manager will coordinate a review of the death.
- E. The review will include a staff prescriber, the Office of Recipient Rights, the Compliance Manager, the appropriate clinical Program Supervisor, and other supervisors/clinical staff who were involved with the recipient.
- F. The review will be initiated/conducted within thirty (30) days in which a “best judgment” determination will occur.
- G. At the conclusion of the review process a report will be written jointly by the members of the review team. The report will include, but not necessarily be limited to, identifying data on the individual served, summary of the incident, information from the death certificate and the autopsy if applicable, and recommendations. After review, the Compliance Committee will forward the approved report to the Executive Director for review and signature.
- H. The Executive Director will request action and follow-up on approved recommendations.
- I. The report will then be forwarded to the Compliance Committee for review and assurance that policy was followed, and recommendations are completed.
- J. CMHOC will report all recipient deaths to the Lakeshore Regional Entity, as required.


VI. ATTACHMENT:

None

VII. REFERENCE:

CMHOC Form #028 - Report of Death
LRE Review of Unexpected Death Report
Michigan Mental Health Code
CARF
MDHHS/CMHSP Contract Attachment C.6.5.1.1
MDHHS/CMHSP Contract Attachment C.6.1.1
MDHHS/CMHSP Contract Attachment C.6.8.1.1

RECIPIENT RIGHTS

CHAPTER: 1	SECTION: 22	SUBJECT: RECIPIENT RIGHTS
TITLE: RESTRAINT, SECLUSION & PHYSICAL MANAGEMENT		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE(S): 9/13/1999, 3/14/2002, 9/25/02, 1/4/05, 6/20/05, 4/30/08, 8/3/09, 5/26/10, 2/21/11, 12/19/11, 12/17/12, 12/16/13, 9/22/14, 9/28/15, 12/19/16, 10/16/17, 12/17/18, 12/16/19, 12/21/20, 3/28/22, 3/27/23, 3/22/24	
LAST REVISED/EFFECTIVE DATE: 09/22/2014		
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To establish guidelines and a plan for staff intervention when a recipient is dangerous to self or others to maintain safety for recipients and staff and to define when restraint, seclusion, and physical holds are and are not acceptable responses.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) staff, volunteers, and contract agency staff as specified by contract.

III. DEFINITIONS:

- A. **ANATOMICAL SUPPORT:** body positioning or a physical support ordered by a doctor, physical therapist, or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.
- B. **EMERGENCY SAFETY SITUATION:** unanticipated behavior that places the person served or others at serious threat of violence or risk of injury if no intervention occurs (CARF).
- C. **PHYSICAL MANAGEMENT:** a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself, or others.
- D. **PRONE IMMOBILIZATION:** is extended physical management of a recipient in a prone (face down) position, usually on the floor, where force is applied to the recipient's body in a manner that prevents him/her from moving out of the prone position.
- E. **PROTECTIVE DEVICE:** a device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior and which are incorporated in the written individual plan of services through a behavior treatment plan which has been reviewed and approved by the Committee and received special consent from the individual or his/her legal representative.

- F. **RESTRAINT:** The use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support (MHC 700).

A restraint is (42 CFR 482):

- (a) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a recipient to move his or her arms, legs, body, or head freely; or
- (b) A drug or medication when it is used as a restriction to manage the recipient's behavior or restrict the recipient's freedom of movement and is not a standard treatment or dosage for the recipient's condition.
- (c) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that improve the physical holding of a recipient for the purpose of conducting routine physical examinations or tests, or to protect the recipient from falling out of bed, or to permit the recipient to participate in activities without the risk of physical harm (this does not include a physical escort).

Restraint means a "personal restraint", "mechanical restraint", or "drug used as a restraint" (42 CFR 483)

- Personal Restraint means the application of physical force without the use of any device, for the purpose of restraining the free movement of a recipient's body. The term personal restraint does not include briefly holding without undue force a recipient in order to calm or comfort him or her or holding a recipient's hand to safely escort a recipient from one area to another.
- Mechanical Restraint means any device attached to or adjacent to the recipient's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.
- Drug used as a restraint means any drug that –
 - Is administered to manage a recipient's behavior in a way that reduces the safety risk to the recipient or others;
 - Has the temporary effect of restricting the recipient's freedom of movement; and
 - Is not a standard treatment for the recipient's medical or psychiatric condition.

- G. **SAFETY DEVICES:** are devices required by law, such as car seat belts or child car seats used while riding in vehicles.

H. **SECLUSION:**

1. The temporary placement of a recipient alone in a room where egress is prevented by any means (MHC 700).
2. The separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion (CARF).

- I. **THERAPEUTIC DE-ESCALATION:** an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.
- J. **TIME OUT:** a voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

IV. POLICY:

It is the policy of CMHOC to allow the use of physical management as a last resort for managing an emergency situation to protect the safety of the recipient or others in accordance with Agency policies that safeguard the recipients' s dignity and rights.

It is also the policy of CMHOC to prohibit the use of seclusion and restraint at all times in all agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy. Seclusion and restraint are also prohibited in all agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy, as a means of coercion, discipline, convenience, or retaliation.

V. PROCEDURE:

- A. When it is recognized that a recipient may lose control staff are instructed to interact with the recipient in a highly visible area, talking in a calm, non-threatening manner, providing support and direction to the recipient as necessary.
- B. In violent situations of assault or aggression, law enforcement is to be called.
- C. Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious harm to himself, herself or others and lesser restrictive interventions have not reduced or eliminated the risk of harm. Both of the following shall apply:
 - i) Physical management shall NOT be included as a component in a behavior treatment plan.
 - ii). Prone immobilization of a recipient is **prohibited** under any circumstances, unless other techniques are medically contraindicated and documented in the recipient's record.
 - iii). Physical management shall not be included as a component in the behavior treatment plan.
- D. A time out or therapeutic de-escalation program, as defined in R 330.7001, is not a form of seclusion.
- E. Physical Management
 - 1. Staff shall use physical management only under the following conditions:
 - a. Staff must be trained and hold current certification from the CMHOC Training Center in approved physical management techniques or must be trained by other CMH agencies who utilize

- different physical management strategies (i.e. NAPPI, MANDT, etc.).
- b. Staff will use only MDHHS/CMHOC approved physical management interventions.
 - c. Staff will use physical management at the least restrictive level necessary only as an emergency response to imminent risk (i.e. serious or nonserious risk of harm to self/others) and lesser restrictive measures have not reduced or eliminated the risk of harm.
 - d. Staff will ensure physical holds/intrusive techniques are administered in a safe manner, with consideration given to the physical, developmental, and abuse history of the persons served.
2. The implementing staff must document all uses of physical management in a progress note in the recipient's record, and complete an Incident Report describing the least restrictive measures that were attempted (i.e. verbal de-escalation), what the imminent risk was, the approved physical management technique utilized, and the length of time it was utilized for.
 3. No physical management may be used for more than fifteen (15) minutes at one time. Staff must release their hold and monitor the recipient's response. If the behavior which warranted the physical management recurs, then the technique may be repeated (or "recycled") to the least restrictive level necessary for safety.
 4. The total time for which a physical hold may be used is limited to the time that it takes for law enforcement, safety, or other emergency service providers to arrive, but in no circumstance to exceed 45 minutes.

F. RESTRAINT & SECLUSION

Staff will **never** use restraint or seclusion with any CMHOC recipient in agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy.

G. INPATIENT CONTRACTUAL PROVIDERS

The Office of Recipient Rights will review the restraint and seclusion policies of all contractual providers of inpatient services and child caring institutions for compliance with applicable state and federal rules and regulations.

VI. ATTACHMENT:

None Applicable

VII. REFERENCE:

Michigan Mental Health Code
MDHHS Guideline IV-001-0002-1
MDHHS Administrative Rules Part 7
42 CFR
MDHHS Technical Requirement for Behavioral Treatment Committees – Contract Attachment P1.4.1
CARF Behavioral Health Standards
MDHHS-ORR Attachment B

ATTACHMENT H**FY24 Recipient Rights Budget**

ORG	DESCRIPTION	OBJ	2024 Revised Budget
22230552	OTHER REVENUE	672000	-
22230552	REGULAR WAGES BENEFITTED	702000	84,158.00
22230552	REGULAR WAGES NON-BENEFITTED	703000	-
22230552	OVERTIME	704000	-
22230552	HOLIDAY HOURS WORKED	704100	-
22230552	ONCALL PAY	705100	-
22230552	LONGEVITY PAY	705400	1,200.00
22230552	VACATION PAYOFF	705500	-
22230552	FICA	710000	6,293.00
22230552	HEALTH INSURANCE	711000	19,582.00
22230552	DENTAL INSURANCE	711200	932.00
22230552	VISION INSURANCE	711300	127.00
22230552	DISABILITY INSURANCE	711400	99.00
22230552	LIFE INSURANCE	711500	256.00
22230552	UNEMPLOYMENT INSURANCE	711600	517.00
22230552	WORKERS COMP INSURANCE	712000	30.00
22230552	RETIREMENT	713000	24,216.00
22230552	457 PLAN CONTRIBUTION	713100	650.00
22230552	OPEB RETIREE HEALTH CARE	713200	-
22230552	STIPENDS	714000	600.00
22230552	SUPPLIES: OFFICE	727000	400.00
22230552	POSTAGE	730000	-
22230552	SUPPLIES: OPERATING	739000	100.00
22230552	SUPPLIES: ONE TIME OPERATING	739100	-
22230552	SUPPLIES: IT OPERATING	740000	-
22230552	MEMBERSHIP/DUES/LICENSING	804000	-
22230552	ALLOCATED COST INTERDEPARTMNTL	805010	-
22230552	SERVICE CONTRACT	808000	100.00
22230552	TELEPHONE	850000	600.00
22230552	TRAVEL MILEAGE	860000	100.00
22230552	VEHICLE FUEL	865000	200.00
22230552	VEHICLE REPAIRS & MAINT	866000	100.00
22230552	VEHICLE INSURANCE	868000	200.00
22230552	PRINTING & BINDING	902000	20.00
22230552	BUILDING RENT	940000	3,309.00
22230552	EQUIPMENT POOL RENT	941000	600.00
22230552	POSTAGE METER RENT	942000	-
22230552	CONFERENCE & TRAINING REG FEE	956000	750.00
22230552	CAPITAL OUTLAY	970000	-

Community Mental Health of Ottawa County

Recipient Rights Advisory Committee (RRAC)

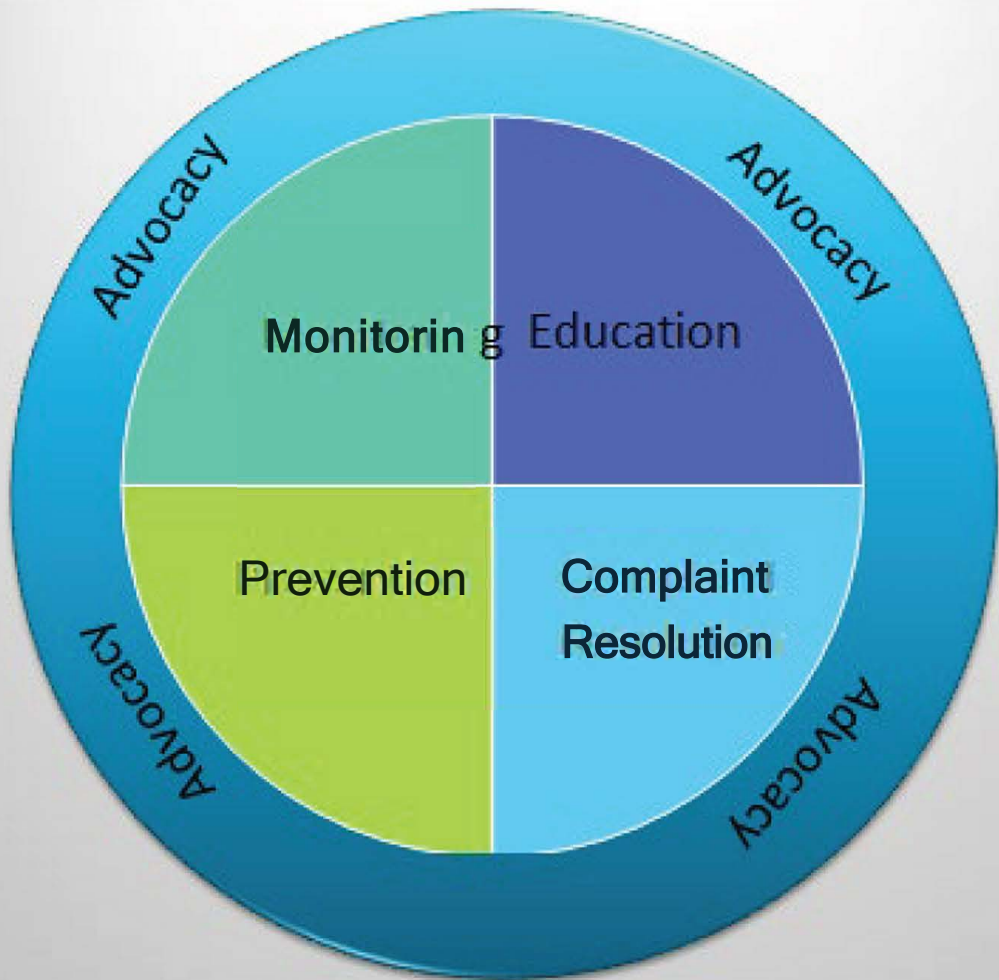
FY 2023/2024 Annual Training:

- *RRAC's Roles and Responsibilities*
- *MHC Rights*
- *RR Complaint Process*
- *RR Appeal Process Training*

Briana Fowler, MPA, LBSW
Director of Recipient Rights

Role of Recipient Rights Advisory Committee

- ▶ Committee must consist of at least 6 members
 - ▶ 1/3 primary consumers/family members
 - ▶ of this 1/3 at least ½ shall be primary consumers
- ▶ Protects the Office of Recipient Rights (ORR) from pressures that could interfere with the impartial, even-handed, and thorough performance of its function.
- ▶ Assures the Office of Recipient Rights is properly funded to execute the duties as required by the Michigan Mental Health Code and MDHHS.
- ▶ Serves in an advisory capacity to the CMHOC Executive Director and the Director of Recipient Rights.
- ▶ Serves as the Recipient Rights Appeals Committee.



Advocacy

Advocacy

Monitoring Education

Prevention

Complaint
Resolution

Advocacy

Advocacy

What is a *Right*?

A 'Right' is defined as: 'That which a person (recipient) is entitled to have, to do, or to receive from others, within the limits prescribed by law'.

▶ EXAMPLES:

- ▶ FREE FROM ABUSE
 - ▶ FREE FROM NEGLECT
 - ▶ FREE FROM RESTRAINT/SECLUSION
 - ▶ DIGNITY&. RESPECT
 - ▶ CONFIDENTIALITY
 - ▶ SAFE AND SANITARY TREATMENT ENVIRONMENT
 - ▶ MENTAL HEALTH SERVICES SUITED TO CONDITION
 - ▶ PERSON CENTERED PLANNING
 - ▶ CONSENT
 - ▶ POSSESSION AND USE OF PERSONAL PROPERTY
 - ▶ MAIL, TELEPHONE&. VISITORS
 - ▶ FREEDOM OF MOVEMENT
- ▶ The Office of Recipient Rights has the authority to assure rights of recipients are not being violated by individuals who are staff (CM HOC or contractual), volunteers, or interns.

RECIPIENT RIGHTS CATEGORIES

CODE CATEGORY

- 7221 Abuse, Class I
- 72221 Abuse, Class II - Nonaccidental act
- 72222 Abuse, Class II – Unreasonable force
- 72223 Abuse, Class II – Emotional harm
- 72224 Abuse, Class II – Treating as incompetent
- 72225 Abuse, Class II - Exploitation
- 7223 Abuse, Class III
- 7224 Sexual Abuse

- 72251 Neglect, Class I
- 72252 Neglect, Class I (Failure to Report)
- 72261 Neglect, Class II
- 72262 Neglect, Class II (Failure to Report)
- 72271 Neglect, Class III
- 72272 Neglect, Class III (Failure to Report)

- 7550 Rights Protection System
- 7555 Retaliation/Harassment

- 7040 Civil Rights (Discrimination, Accessibility, Accommodation, etc.)
- 7044 Religious Practice
- 7045 Voting

- 7081 Mental Health Services Suited to Condition (Safe, Sanitary Humane Treatment Environment)
- 7083 Least Restrictive Setting
- 7084 Dignity and Respect

- 7100 Physical and Mental Exams
- 7110 Family Rights (Dignity and Respect)
- 7120 Individual Written Plan of Service (Person-Centered Process)
- 7130 Choice of Physician/Mental Health Professional
- 7140 Notice of Clinical Status/Progress
- 7150 Services of a Mental Health Professional (External to the Agency/Hospital)
- 7160 Surgery
- 7170 Electroconvulsive Therapy

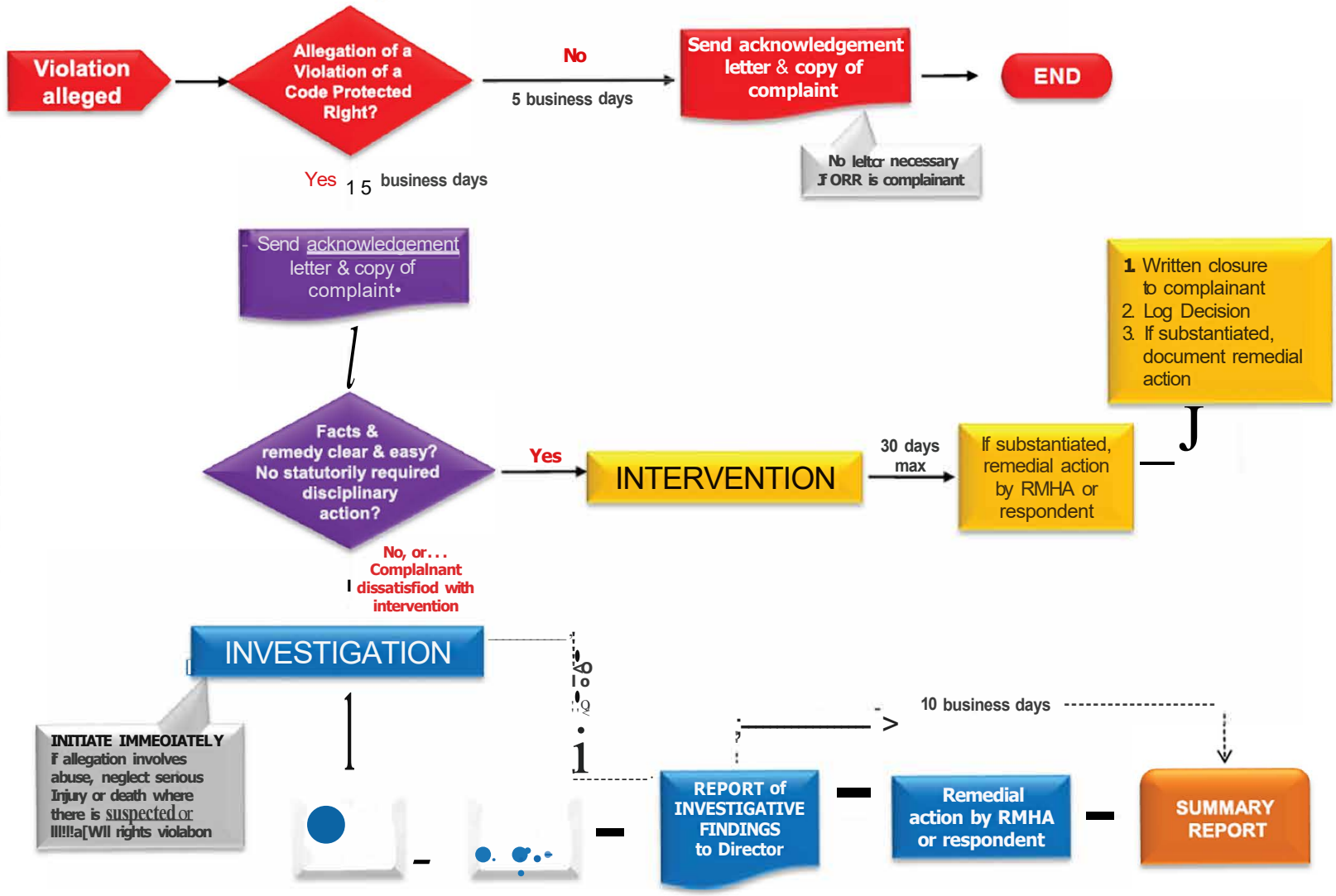
RECIPIENT RIGHTS CATEGORIES, CONTINUED:

CODE	CATEGORY
7180	Psychotropic Drugs
7190	Medication Side Effects
7240	Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass
7249	Video Surveillance
7261	Communications - Visits
7262	Communications – Telephone
7263	Communications – Mail
7281	Personal Property – Possession and Use
7286	Personal Property – Limitations
7300	Safeguarding Money (For Use in State Hospitals Only)
7360	Labor and Compensation
7440	Freedom of Movement
7400	Restraint
7420	Seclusion
7460	Complete Record
7480	Disclosure of Confidential Information
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)
7490	Correction of Record
7500	Privileged Communication
0000	No Right Involved
0001	Outside Provider Jurisdiction

RR Investigative Process

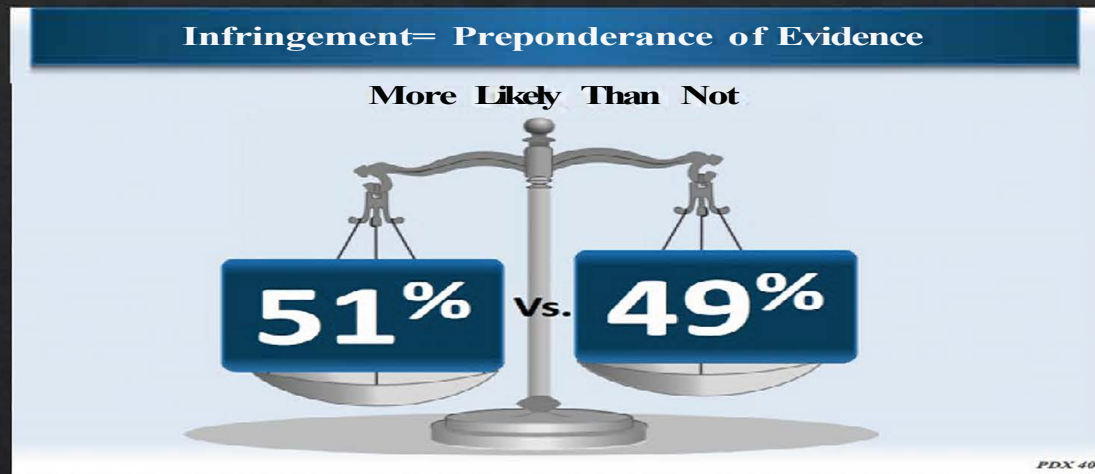
- ▶ ORR shall complete investigations within 90 days after a complaint is received.
 - ▶ Written acknowledgement at 5 business days.
 - ▶ Written status reports at 30 days and 60 days.
- ▶ A rights investigation may be reopened or reinvestigated only if there is new evidence that was not presented at the time of the investigation.
- ▶ Substantiated abuse, neglect, restraint & seclusion, retaliation & harassment = firm & fair disciplinary action
 - ▶ (i.e., official reprimand, demotion, suspension, reassignment, or dismissal)
- ▶ Substantiated rights violations = remedial action
 - ▶ corrects or provides a remedy for the rights violations,
 - ▶ is implemented in a timely manner, and
 - ▶ attempts to prevent recurrence of the rights violation)
- ▶ Summary report will be sent to the complainant/recipient (parent of a minor or guardian) within 10 business days.

Recipient Rights Complaint Process



Preponderance of Evidence

The Office of Recipient Rights is required to conduct a fair, impartial, and thorough investigation into the facts pertaining to the allegation(s) made in a rights complaint.



- ◆ The investigation will seek to find all evidence available to decide, based on a preponderance of evidence as the standard of proof, whether a recipient's right has been violated by staff, contractual staff, interns and/or volunteers.

Remedial Action vs. Disciplinary Action

- The Office of Recipient Rights (ORR) is not your employer. We didn't hire you and we cannot fire you. We also cannot discipline you.
- RR investigations can result in making recommendations.
 - Appropriate disciplinary action is taken against those who have engaged in abuse or neglect, restraint or seclusion, and retaliation and harassment (MHC 330.1722).
 - Appropriate remedial action for those who have engaged in a rights violations other than abuse or neglect (MHC 330.1780).
- *The recipient, complainant, and/or parent/guardian* have an appeal process when there is a recipient rights violation and they believe the investigative report does not do one or more of the following:
 - The findings or conclusion of the rights office are not consistent with the facts, or with law, policies, or guidelines.
 - The action taken, or the action that is proposed, does not provide an adequate resolution.
 - The investigation did not begin, or was not completed, on a timely basis.

Role of the RR Appeals Committee

- Only the recipient/parent of a minor or guardian/complainant may file a written appeal to the RR Appeals Committee after the summary report is received.
 - The written appeal must be received by the RR Appeals Committee within 45 calendar days.

- Grounds for an appeal (at least one of the following must apply):
 1. The investigative findings are not consistent with the facts or with law, rules, policies or guidelines.
 2. The action taken or action proposed does not provide an adequate remedy.
 3. The investigation was not initiated or completed on a timely basis.

Role of the Appeals Committee (continued)

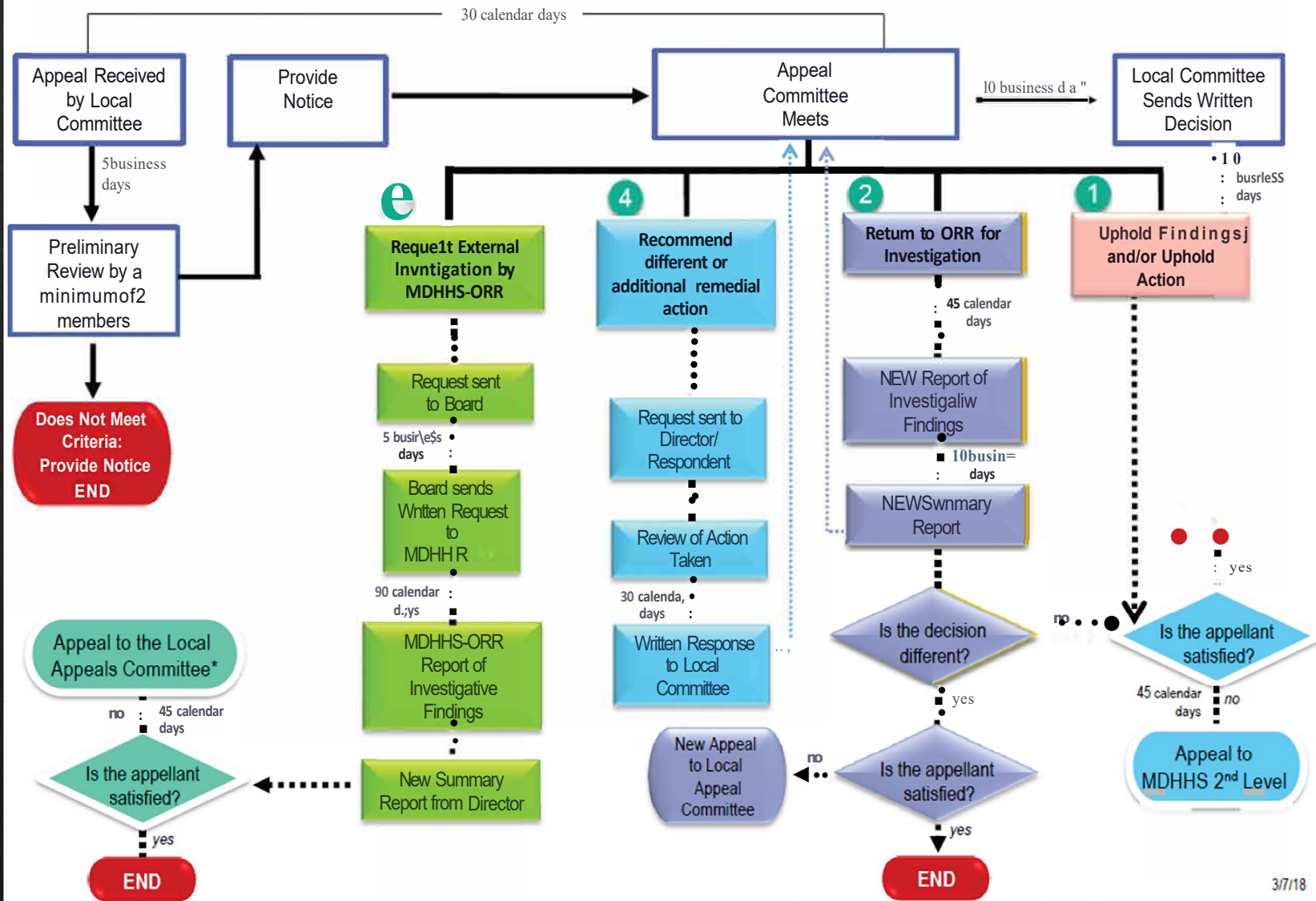
× RR Appeal Committee's Response

- + Within 5 business days, after receipt of the written appeal, the RR Appeals Committee will review the appeal to make a determination whether it meets at least one of the criteria.

- + Within 30 days the RR Appeals Committee must meet to review and do ONE of the following:
 1. Uphold the investigative findings of the ORR and the action taken/proposed.
 2. Return the investigation to the ORR and request that it be re-opened.
 3. Uphold and recommend additional or different remedial/disciplinary action.
 4. Request an external investigation by State ORR.

- + Document decision within 10 business days

The Recipient Rights Appeal Process



QUESTIONS?

