

"You can only protect your liberties in this world  
by protecting the other man's freedom"

Clarence Darrow



***THE ANNUAL REPORT OF THE  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
OFFICE OF RECIPIENT RIGHTS***

***FY 2013***

**JOHN T. SANFORD, ESQ. DIRECTOR**

Michigan Department  
of Community Health



Rick Snyder, Governor  
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## RIGHTS PROTECTION IN MICHIGAN

PA 258 of 1974, the Michigan Mental Health Code (Code), creates an internal rights protection system for recipients of public mental health services across the State. Chapter 7 of the Code identifies the rights, in addition to basic civil rights, that are provided to these recipients.

It also mandates the establishment of an Office of Recipient Rights in the Department of Community Health, each Community Mental Health Services Program (CMHSP) and every psychiatric hospital or unit (LPH/U) licensed by the Department of Licensing and Regulatory Affairs (LARA). As of the end of FY13, there were 46 CMHSP(s) and 58 LPH/U(s) in Michigan.

Through this network of Rights Officers and Advisors, rights protection is provided to the recipients of public mental health services throughout the State of Michigan.



Section 330.1754 of the Code defines the roles and responsibilities for the State Office of Recipient Rights. Section 330.1755 of the Code defines the roles and responsibilities for recipient rights offices within the CMHSP and the LPH/U systems. Each office is responsible for carrying out four basic functions:

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### PREVENTION

Rights staff offer consultation on rights-related matters to agency staff and recipients. They notify the Agency Director of inappropriate practices, policies that are out of compliance, or other issues that have the potential to become rights violations. They participate in rights-related policy development and review and assist the Agency in preparing for CMH, DCH, CARF or other accreditation reviews.

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## MONITORING

The monitoring function required of ORR includes visitation to every service site at least annually to ensure that information about the rights system is readily and clearly available to all recipients and to assure that the service site is in compliance with the Code and other applicable laws and rules. The monitoring responsibility also includes the collection of data to be reported as part of this annual report and to committees and staff within the agency itself. Rights staff also monitor agency contracts to assure they contain appropriate rights-related language, review reports of unusual incidents to ascertain if rights violations have occurred and review the circumstances surrounding the death of a recipient for apparent or suspected violations of rights.

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## EDUCATION

The rights office is responsible for training *all employees* of the agency, and those of any contractual provider, in the rights of recipients and their role in the protection of those rights. Rights staff must also receive training in rights on an annual basis, accumulating 36 hours of continuing education credit in a three year period.

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## COMPLAINT RESOLUTION

The Mental Health Code mandates that the Office of Recipient Rights will:

*"Ensure that all reports of apparent or suspected violations of rights.....are investigated..."<sup>1</sup>*

Based upon this mandate all ORR offices receive and investigate, or intervene on, complaints made by recipients, family members, agency staff, and other interested parties. Across the system during FY13, 16,271 allegations of potential rights violations were received by the ORR system.

**Chapter 7A** of the Mental Health Code defines the parameters under which the Recipient Rights system carries out its investigative responsibilities. It is applicable to the State, CMHSP, and LPH/U systems.

It is believed to be the most prescriptive process for the protection of the rights of mental health

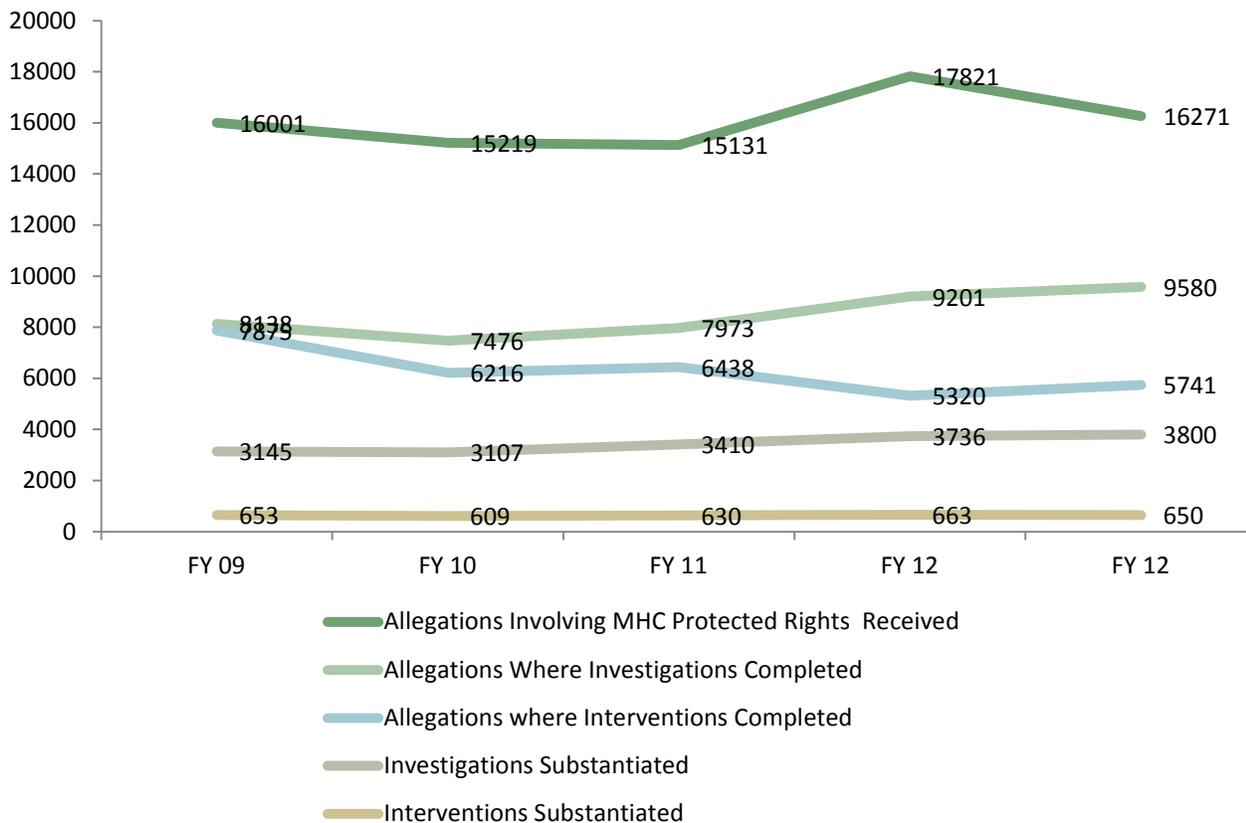
Investigations are conducted in the manner prescribed in Chapter 7A of the Code. This chapter also provides guidelines for appropriate remedial action when violations of a recipient's rights have been substantiated, a process for appeal of the decision of the ORR investigation and/or the action taken by the agency involved, and a method for the mediation of disputes.

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<sup>1</sup> As pertains to the State Office of Recipient Rights - MCL 330.1754 (k) and as pertains to CMHSP and LPH/U Offices of Recipient Rights - MCL 330.1755 (i)

The chart below indicates the number of complaints received by the rights system over the past five years as well as the number of investigations and interventions that were undertaken and the number of each of those that resulted in substantiation of a violation of a recipient’s rights.

### Five Year System Wide Totals



*“Safeguarding the rights of others is the most noble and beautiful end of a human being”*

*Kahlil Gibran*

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## THE ANNUAL REPORT

This Annual Report reflects the requirements outlined in Section 330.1754.

*The state office of recipient rights shall submit to the director of the department and to the committees and sub-committees of the legislature with legislative oversight of mental health matters, for availability to the public, an annual report on the current status of recipient rights for the state. The report shall be submitted not later than March 31 of each year for the preceding fiscal year. The annual report shall include, at a minimum, all of the following:*

*Summary data by type or category regarding the rights of recipients receiving services from the department including the number of complaints received by state facility and other state-operated placement agency, the number of reports filed, and the number of reports investigated*

*The number of substantiated rights violations in each state facility by category*

*The remedial actions taken on substantiated rights violations in each state facility by category*

*Training received by staff of the state office of recipient rights*

*Training provided by the state office of recipient rights to staff of contract providers*

*Outcomes of assessments of the recipient rights system of each community mental health services program*

*Identification of patterns and trends in rights protection in the public mental health system in this state*

*Review of budgetary issues including staffing and financial resources*

*Summary of the results of any consumer satisfaction surveys conducted<sup>2</sup>*

*Recommendations to the department*

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*The information in this report reflects countless hours of dedicated, compassionate work from Rights Officers, Advisors, and Specialists across the state, all striving to protect the rights of persons served by Michigan's publicly funded mental health system.*

*The Advisory Committee to the Recipient Rights Office of DCH extends its thanks and commendation to all parties involved in mental health rights protection in Michigan. There is always room for improvement as the issues are challenging,, the work can be daunting, and administrative support and available resources may, at times, waver. But protecting the rights persons enjoy under law is as important as anything else that happens in the public mental health system. Without rights protection monitoring and enforcement, we don't have any rights.*

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**A STATEMENT FROM THE MDCH  
RECIPIENT RIGHTS ADVISORY  
COMMITTEE**

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<sup>2</sup> No surveys were conducted in FY 2013

# THE STATE OFFICE OF RECIPIENT RIGHTS

## MISSION

THE MISSION OF THE MDCH OFFICE OF RECIPIENT RIGHTS IS TO PROTECT AND PROMOTE THE CONSTITUTIONAL AND STATUTORY RIGHTS OF RECIPIENTS OF PUBLIC MENTAL HEALTH SERVICES AND EMPOWER RECIPIENTS TO FULLY EXERCISE THESE RIGHTS.

## VISION

IT IS THE VISION OF THE MDCH OFFICE OF RECIPIENT RIGHTS THAT ALL RECIPIENTS OF PUBLIC MENTAL HEALTH SERVICES ARE EMPOWERED TO EXERCISE THEIR RIGHTS AND ARE ABLE TO FULLY PARTICIPATE IN ALL FACETS OF THEIR LIVES.

The Mental Health Code established the State Office of Recipient Rights (MDCH-ORR) within the Director's Office of the Michigan Department of Community Health. The functions and responsibilities of the Office are defined in Section 330.1754. The primary mandates of the office are:

- 1) To provide direct rights protection and advocacy services to individuals admitted to state psychiatric hospitals and centers for developmental disabilities,*
- 2) To monitor the quality and effectiveness of the rights protection systems in Community Mental Health Service Programs (CMHSP) and Licensed Private (Psychiatric) Hospitals/Units (LPH/U).*

MDCH-ORR consists of 19 staff persons. In order to fulfill the mandates listed above, MDCH-ORR is organized into three distinct units, **the Field Unit, the Community Rights Unit, and the Education and Training Unit**. The full organizational chart can be found in Appendix A. The following sections contain descriptions and data related to each.

## DEFINITIONS

**Allegation:** An assertion of fact made by an individual that has not yet been proved or supported with evidence.

**Appropriate Remedial Action:** If it has been determined through investigation that a right has been violated, the respondent shall take appropriate remedial action that meets all of the following requirements: (a) Corrects or provides a remedy for the rights violations. (b) Is implemented in a timely manner. (c) Attempts to prevent a recurrence of the rights violation. It is the responsibility of the ORR to maintain a record of the documented action.

AN INVESTIGATION MUST BE  
CONDUCTED INTO AN ALLEGATION  
OF ABUSE, NEGLECT, SERIOUS INJURY  
OR DEATH

**Investigation:** A detailed inquiry into and a systematic examination of an allegation raised in a rights complaint and reported in accordance with Chapter 7A.

**Intervention:** To act on behalf of a recipient to resolve a complaint alleging a violation of a code-protected right when the facts are clear and the remedy, if applicable, is clear, easily obtainable and does not involve statutorily required disciplinary action.

**Preponderance:** A standard of proof which is met when, based upon all the available evidence, it is more likely that a right was violated than not; greater weight of evidence, not as to quantity (number of witnesses), but as to quality (believability and greater weight of important facts provided).

**Substantiation:** A determination that a right was violated, utilizing a preponderance of evidence standard (evidence which is of greater weight or more convincing than the evidence offered in opposition to it) as proof.

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#### ABUSE AND NEGLECT DEFINITIONS

**Abuse class I** means 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:

- (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 nonserious physical harm to a recipient.
- (ii) The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
- (iii) 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.
- (iv) 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.
- (v) Exploitation of a recipient by an employee, volunteer, or agent of a provider.

**Abuse class III** means 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.

**Neglect class I** means either of the following:

(i) 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, written directives, procedures, or individual plan of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.

(ii) 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:

(i) 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, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient.

(ii) 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:

(i) 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, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.

(ii) The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient

## THE FIELD UNIT

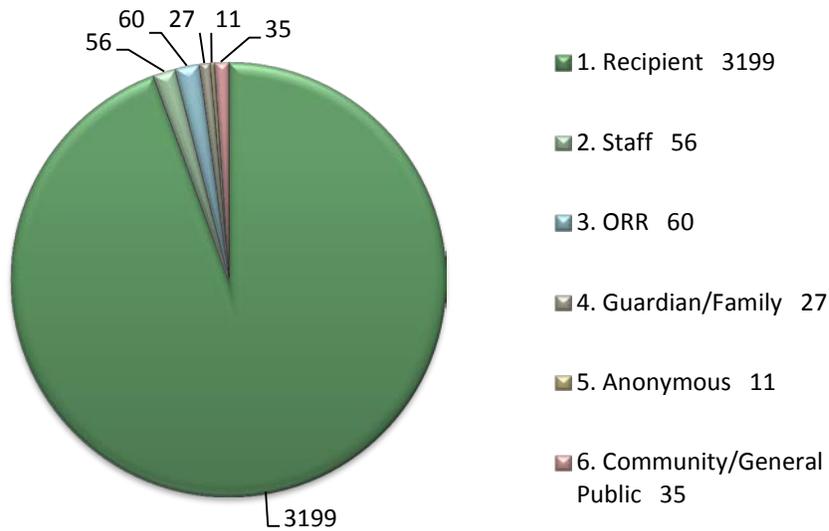
- Provides the rights protection for recipients in MDCH-operated hospitals and centers. ORR has offices at each of the five state-operated hospitals and centers: Caro Center, Hawthorn Center, Kalamazoo Psychiatric Hospital, Walter Reuther Psychiatric Hospital, and the Center for Forensic Psychiatry.
- Investigates allegations of rights violations and, when appropriate, recommends remedial action(s) to the Directors of the facilities.
- Provides new hire and annual update training to all employees of the facility
- Educates consumers about their rights.

The five MDCH Hospitals received 3722 allegations covering 67 rights categories (Appendix B) in FY 13. Of these, 846 did not involve a code protected right or were outside the jurisdiction of the facility's rights office. Of the remaining 2876 allegations, 2383 were resolved through intervention with 40 of the interventions being substantiated. Investigation was conducted on 493 allegations; of these 106 were substantiated. Specific data on types of rights violations and remedial action taken to remedy them can be found in Appendices D and E respectively.

**2876** ALLEGATIONS OF  
A MENTAL HEALTH CODE  
PROTECTED RIGHT IN MDCH  
HOSPITALS AND CENTERS DURING  
FY 13

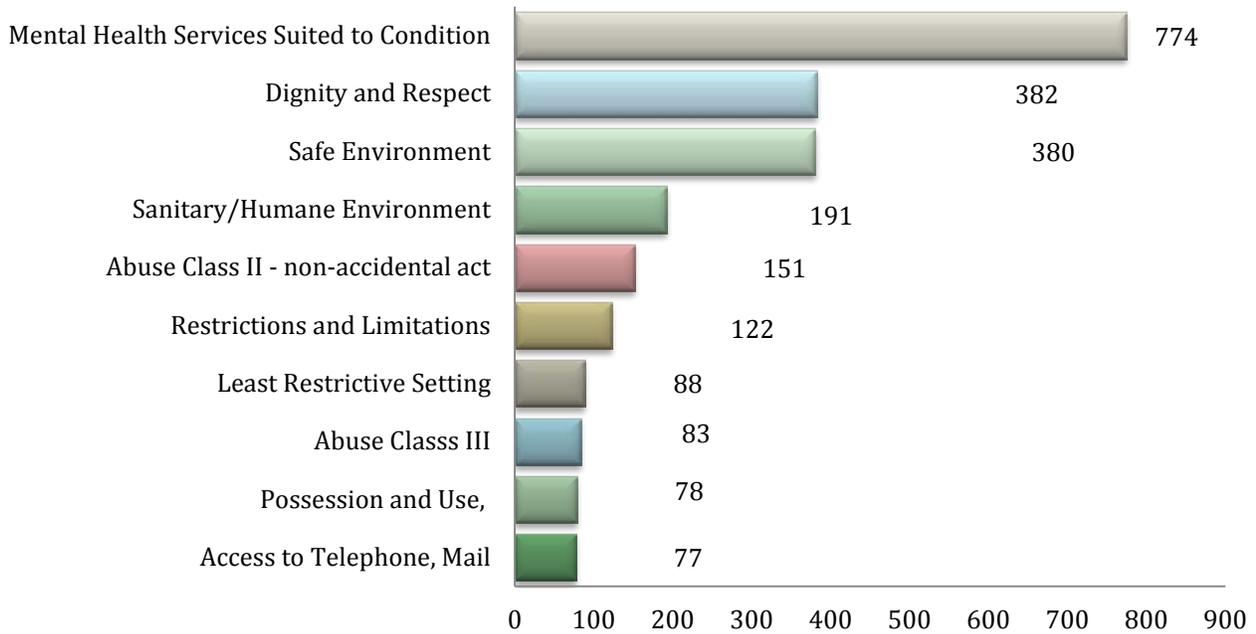
**360** OF THESE INVOLVED  
ALLEGATIONS OF ABUSE OR  
NEGLECT

### Sources of Complaints Received DCH



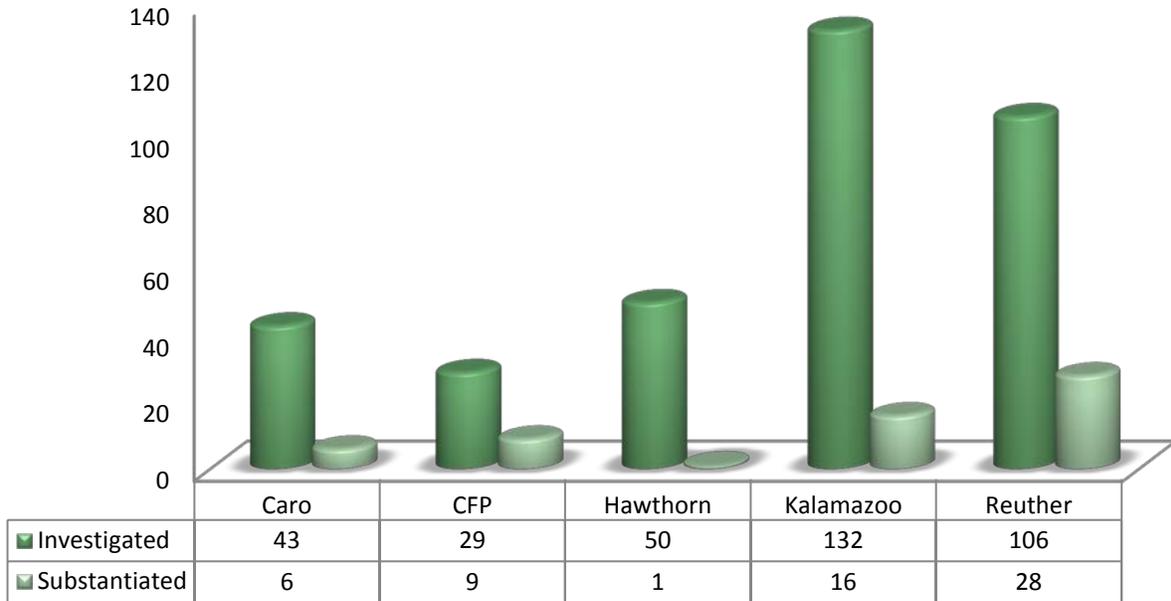
### Top Ten Categories of Allegations Received

The 10 most frequent categories rights alleged to have been violated based on complaints received at MDCH Hospitals and Centers are indicated in the chart below.



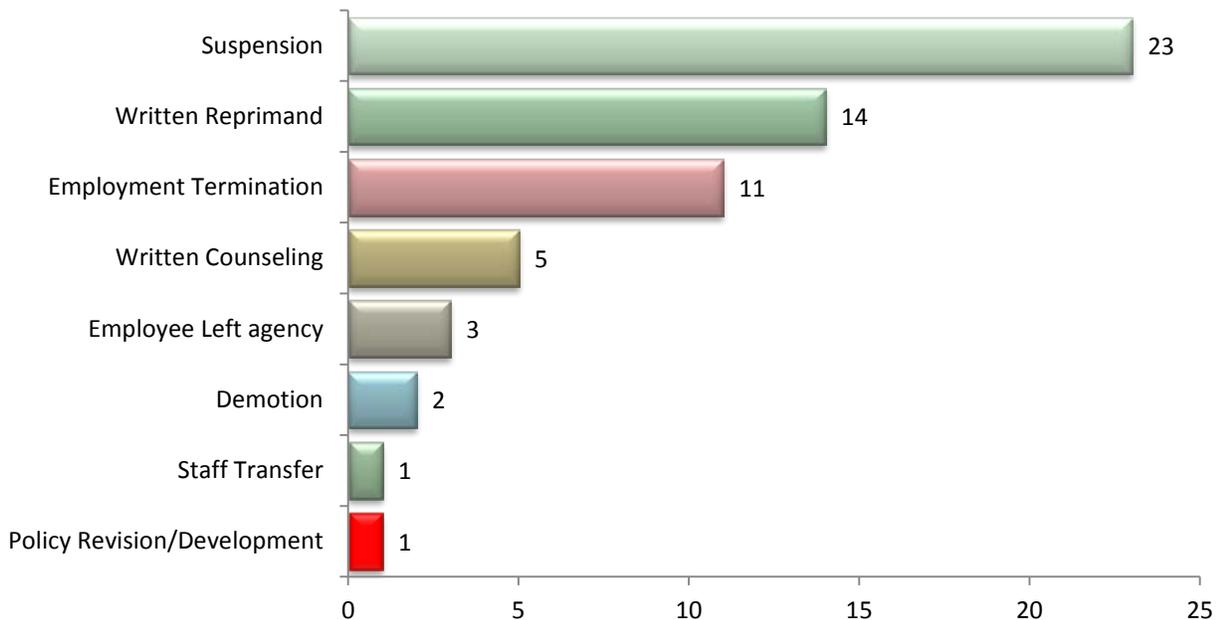
## Abuse and Neglect

Of the 360 investigations into allegations of abuse or neglect conducted, 60 (17%) were substantiated. The chart below indicates the distribution of these by facility.

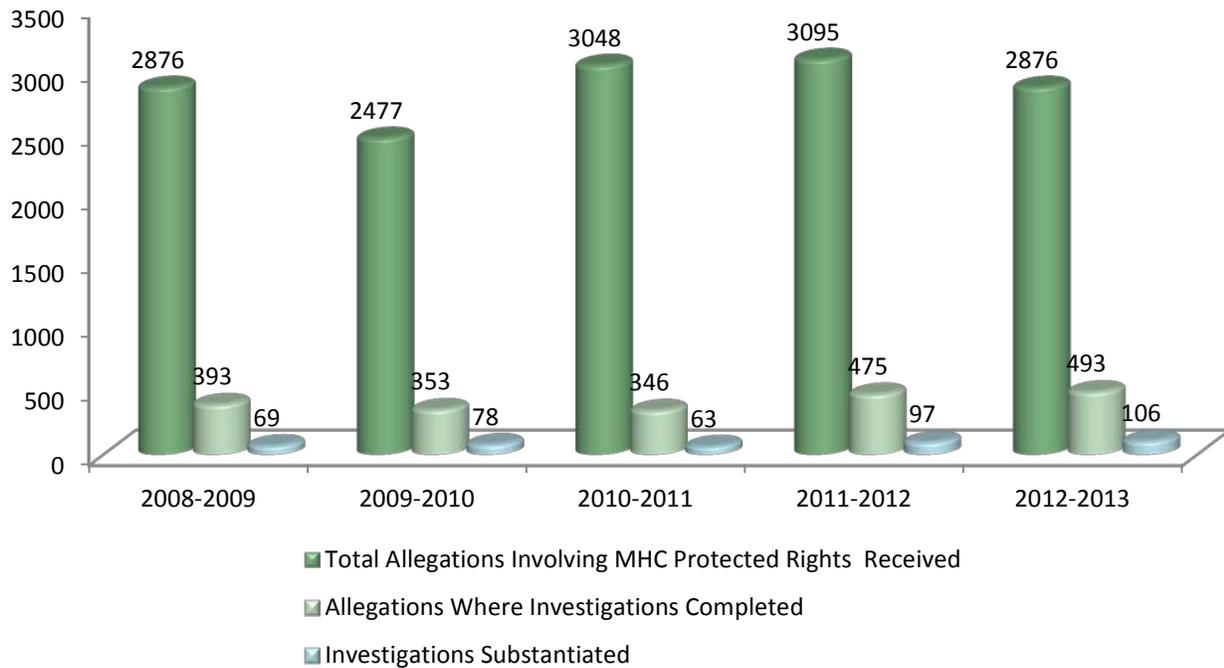


## Remedial Action Taken on Abuse and Neglect Violations

MHC 330.1722 requires that disciplinary action be taken when an allegation of abuse or neglect is substantiated. The actions taken in the 60 substantiated cases are indicated in the chart below. In 1 instance (indicated by the red bar) non-disciplinary action was taken.



The chart below provides a comparison of complaint, investigation, and substantiation activity in the MDCH Hospitals and Centers over the past five fiscal years:



### Rights Training at MDCH Operated Hospitals FY13

The MDCH-ORR Field Unit staff work in conjunction with Education and Training Unit to provide rights training to staff. These trainings, carried out by Field Unit staff, are focused on (1) meeting the mandate that all staff hired by the Department will receive training on recipient rights within the first thirty days of hire, and (2) adhering to the policy requirement that hospital staff are provided annual in-service training. Education of consumers receiving services in MDCH operated facilities on Mental Health Code protected rights is also a function of the MDCH-ORR staff. The chart below indicates the training activities carried out during FY 13.

Hospital	# Agency Staff	# Contractual Staff	# Other Staff	# of Consumers
Caro	107	0	0	0
CFP	74	6	0	116
HC	29	0	23	15
KPH	119	0	0	61
WRPH	64	0	0	480

## TRAINING RECEIVED BY MDCH-ORR RECIPIENT RIGHTS STAFF

The Mental Health Code Section 330.1754 (1)(d) requires that “Staff of the state office of recipient rights receive training each year in recipient rights protection.” The training presented to staff of the State Office of Recipient Rights included, but was not limited to, the following topics:

Autism Spectrum Disorder Can They Really Do That? Carrying the Weight of Change Child Forensic Interviewing Techniques Consider Yourself Served! Consumer Death Critical Excel Tools Culture and Interviewing Dealing with Difficult, Disruptive and Distracted Participants Demystifying Recent Changes to ADA EBT for Individuals with Autism Effective Training with Small Groups Ensuring the Rights of People with Mental Illness	Evidence Based Therapies for Individuals with Autism Google-Licious High Impact vs. High Stress: The Choice is Yours Identification of Burns and Bruises Integrating SA & MH Disorders Interviewing from the MH Perspective Journey in Recovery, Toto, We’re Not in Kansas Anymore Linguistic Interviewing and Statement Analysis Mastering the Annual Report Parent Management Training in Autism Early Intervention	Reviewing the Intervention Process Rights Protection in the LPH Setting Risky Business: Preparing for Meeting Contingencies So, You’re New to Rights The Good, Bad and the Update of Rights Top Technologies and How to Use Them Vehicles of Change within the Rights System Walk a Mile in My Shoes: A look at the ADA Weathering the Storm When Retaliation Occurs
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## THE COMMUNITY RIGHTS UNIT

- Creates standards for certification of CMHSP ORR programs.
- Conducts triennial onsite assessments and yearly monitoring of these programs
- Provides oversight and technical assistance to CMHSP and LPH/U’s.

Chapter 2 of the Mental Health Code requires that the Department of Community Health promulgate rules to establish standards for certification and the certification review process for CMHSPs. Administrative Rule 330.2801 requires the department to assess the CMHSPs compliance with certification standards by determining the degree to which all of the following provisions apply:

- a) The CMHSP has established processes, policies and procedures necessary to achieve the required result.
- b) The established processes, policies and procedures are properly implemented.
- c) The expected result of the processes, policies and procedures is being achieved.

The Mental Health Code also requires that MDCH-ORR review the CMHSP rights systems in order to "ensure a uniformly high standard of recipient rights protection throughout the state." The certification standards must include those for the protection and promotion of recipient rights (MCL 330.232a [1][b]). Although standards as to matters of CMHSP governance, resource management, quality improvement, service delivery and safety management may be waived by

the department in whole or in part as the result of the CMHSP's accreditation by a nationally recognized accrediting body, this is not the case relative to standards established by the department in regard to the protection and promotion of recipient rights.

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## ASSESSMENT PROCESS

Each CMHSP recipient rights system is assessed annually by two ORR Community Rights Specialists through careful review of and follow-up on semi-annual and annual reports prepared by each CMHSP rights office and submitted by their executive director. Each CMHSP also receives an on-site assessment once every three years. This three-day review includes an entrance conference; compliance review of complaint case files, logs, Code-mandated reports and notices, appeals cases; program site visits; review of contract language to ascertain clarity as to how rights will be protected during the contract period; review of training records for agency staff, contracted service providers and employees of contracted service providers; compliance review of all twenty-three rights-related policies required by the Code; meeting with the Recipient Rights Advisory Committee and an exit conference.

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## ASSESSMENTS RESULTS - FY 2013

Thirteen CMHSP rights protection systems were evaluated through onsite assessments conducted by the Office of Recipient Rights Community Rights Unit Specialists. As a means of more expediently identifying which specific areas a rights system excels or has difficulty, the standards template (Attachment A) was revised and reformatted to reflect the weighting of particular standards. "Attachment A" standards are organized into seven separate sections, each with its own weighted multiplier specified as follows:

Section	Multiplier	Points
CMHSP Responsibilities	1.5	39
ORR Requirements	1.5	39
Semi and Annual Reports	1.0	6
Policies	1.0	50
Recipient Rights Advisory Committee	1.0	22
Complaint Investigation/Resolution	1.5	105
Appeal/Dispute Resolution	1.0	16

The multiplier reflects the weighted difficulty or complexity of the standards contained in each section. Each standard is scored at 2 points for full compliance, 1 point for partial compliance and 0 points for non-compliance. The minimum score required for substantial compliance with established standards is 263 out of a possible 277, evidencing a 95% compliance rate. In the table that follows, CMHSPs that attained 100% compliance are listed in bold along with the names of the executive director (for his/her support of the rights protection process) and rights office director. If it is determined that a deficiency previously cited in the last assessment three (three years prior) had not been corrected at the time of the current assessment, the rights system is scored as

being in less than substantial compliance, even if the overall score was in the range of substantial compliance. CMHSPs that were scored in this manner have are identified with an \* in the table below. Evidence that the repeat citation has been corrected must be provided to MDCH-ORR within 30 days of receipt of the assessment report by the CMHSP.

DATE	CMHSP	SCORE	RESULTS
October 2 – 4, 2012	Macomb County CMH Services	269.5	SC
November 7-9, 2012	Kalamazoo CMH & Substance Abuse Services	269	SC
December 4-6, 2012	<b>Washtenaw Community Health Organization</b> <b>Eric Kurtz, Interim Executive Director</b> <b>Denice Virgo, Recipient Rights Director</b>	277	FC
March 5-7, 2013	Pines Behavioral Health Services (Branch)	256	LSC
March 19-21, 2013	Lapeer County CMH Services	275.5	SC
April 16-18, 2013	Saginaw County CMH Authority	275	SC
Apr.30-May 2, 2013	CMH & Substance Abuse Services of St. Joseph County	269.5	*LSC
May 14-16, 2013	CMH Services of Muskegon County	275.5	SC
June 11-13, 2013	Northern Lakes CMH Authority	260	*LSC
June 25-27, 2013	AuSable Valley CMH Services	252.5	LSC
July 23-25, 2013	Hiawatha Behavioral Health	265	*LSC
August 20-22, 2013	North Country CMH	266.5	SC
Sept.17-19, 2013	<b>network 180</b> <b>Scott Gilman, Executive Director</b> <b>Janet Dietsch, Recipient Rights Director</b>	277	FC

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#### **ANNUAL REPORTS IN THE STATEWIDE RIGHTS PROTECTION SYSTEM**

All Executive Directors or hospital directors are required to submit an “annual report prepared by the office of recipient rights on the current status of recipient rights in the community mental health services program system or licensed hospital system and a review of the operations of the office of recipient rights” to the department.

The annual report shall include, at a minimum, all of the following:

- (a) Summary data by category regarding the rights of recipients receiving services from the community mental health services program or licensed hospital including complaints received, the number of reports filed, and the number of reports investigated by provider.
- (b) The number of substantiated rights violations by category and provider.
- (c) The remedial actions taken on substantiated rights violations by category and provider.
- (d) Training received by staff of the office of recipient rights.
- (e) Training provided by the office of recipient rights to contract providers.
- (f) Desired outcomes established for the office of recipient rights and progress toward these outcomes.

(g) Recommendations to the community mental health services program board or licensed hospital governing board.

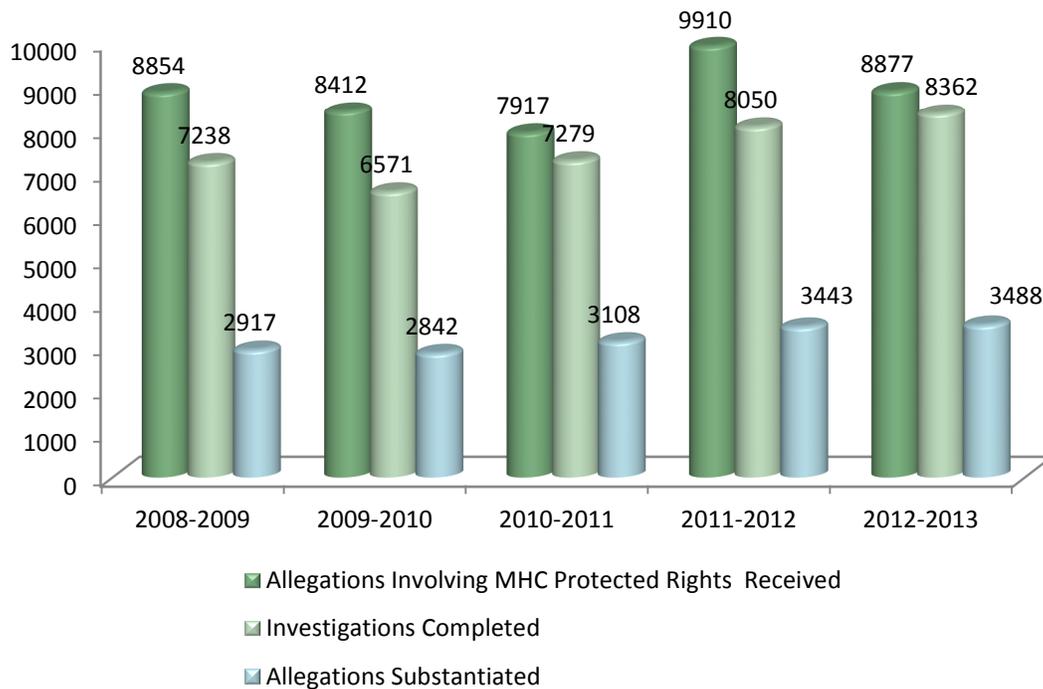
This report contains information regarding all but the last two component parts of the submitted annual reports.

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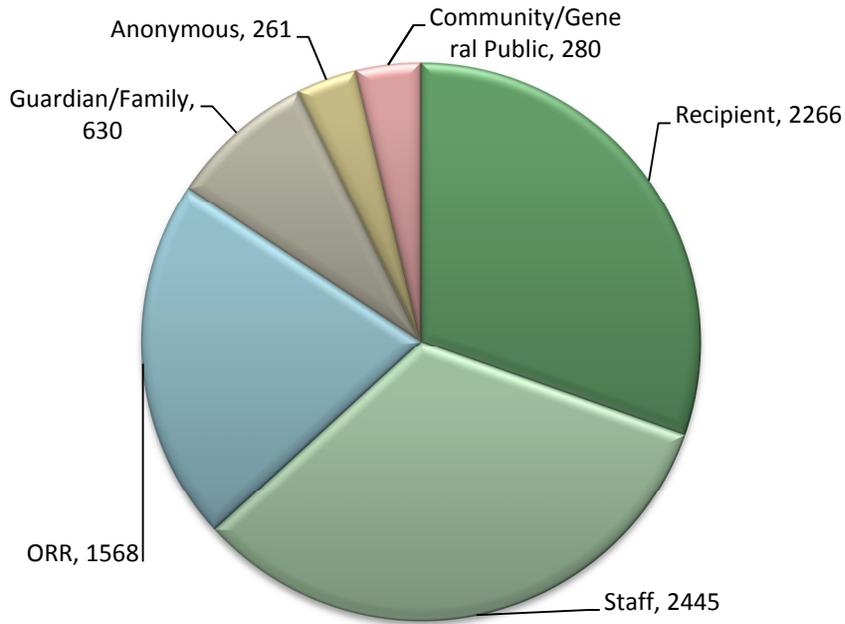
### CMHSP COMPARATIVE DATA

In an effort to be further responsive and provide sufficient data to stakeholders in the public mental health rights protection system and to allow the Executive Directors, Rights Offices and Recipient Rights Advisory Committees to do a comparative analysis, the table in Appendix F indicates, in addition to the unduplicated count and the staff resources, the geographic area of the CMHSPs, the number of group homes visited for site reviews, and basic complaint information for FY 13. A complete report of CMHSP data for FY 13 can be found in Appendix G. A complete report of CMHSP remedial action data can be found in Appendix H.

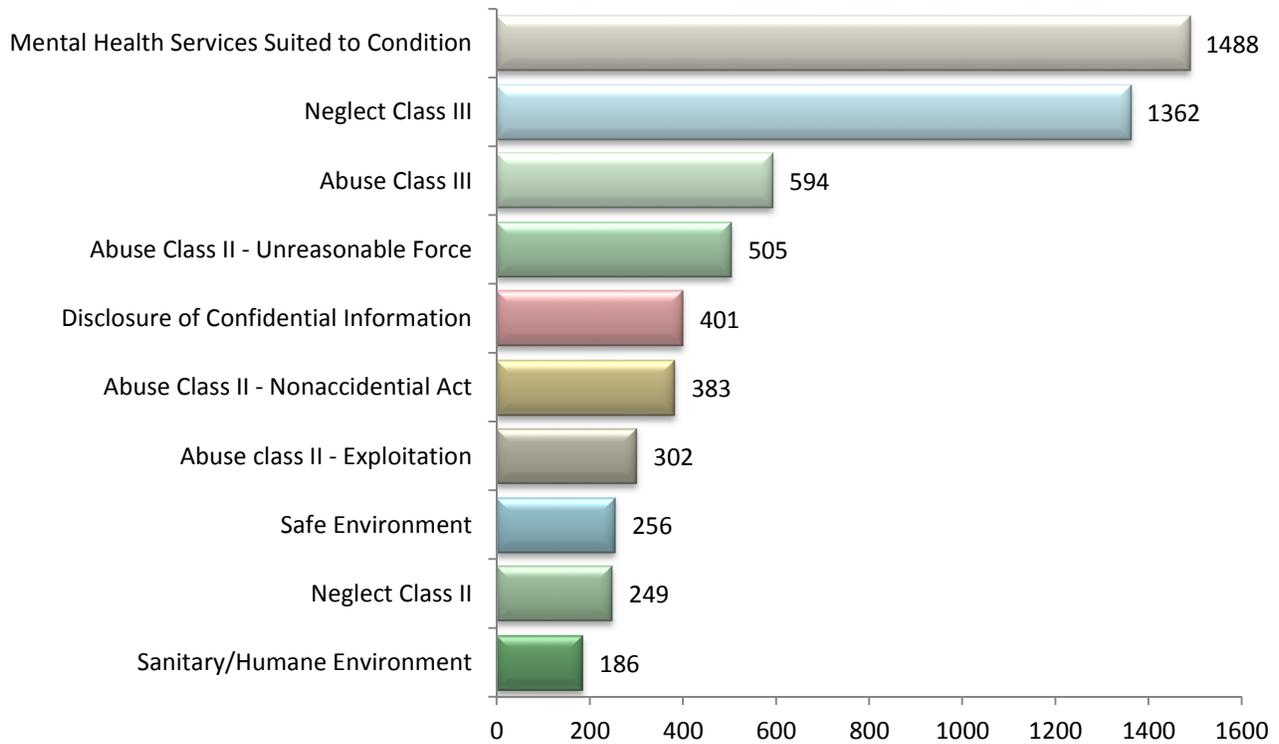
The chart below compares complaint, investigation, and substantiation activity in the CMHSP system over the past five fiscal years:



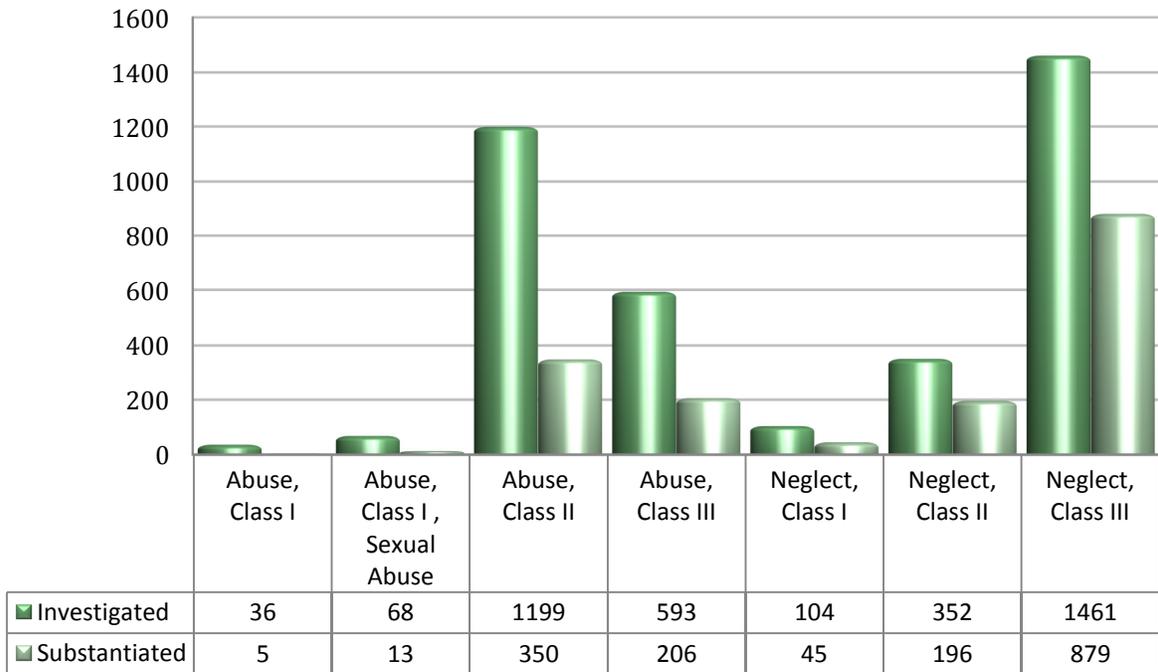
### Sources of Complaints Received – CMHSP



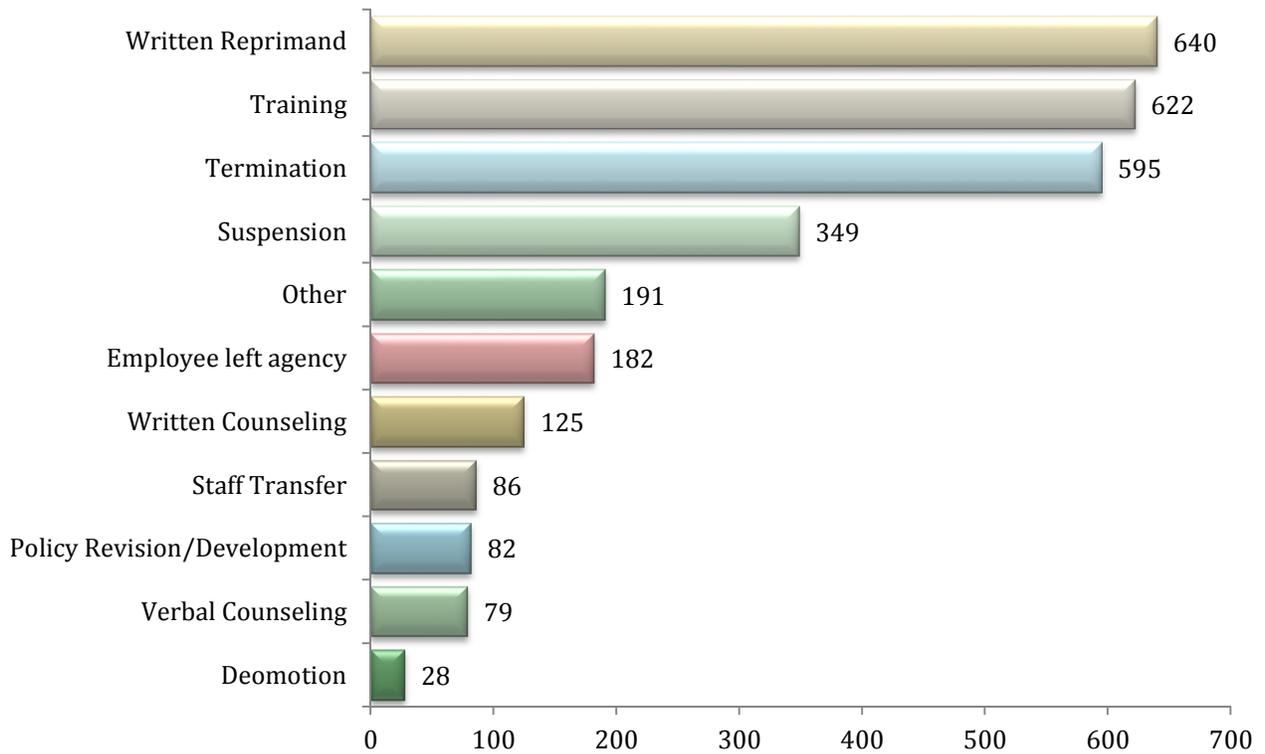
### Top Ten Types of Allegations Received - CMHSP



### Abuse and Neglect Allegations Received – CMHSP



### Remedial Action(s) Taken on Abuse and Neglect Violations - CMHSP

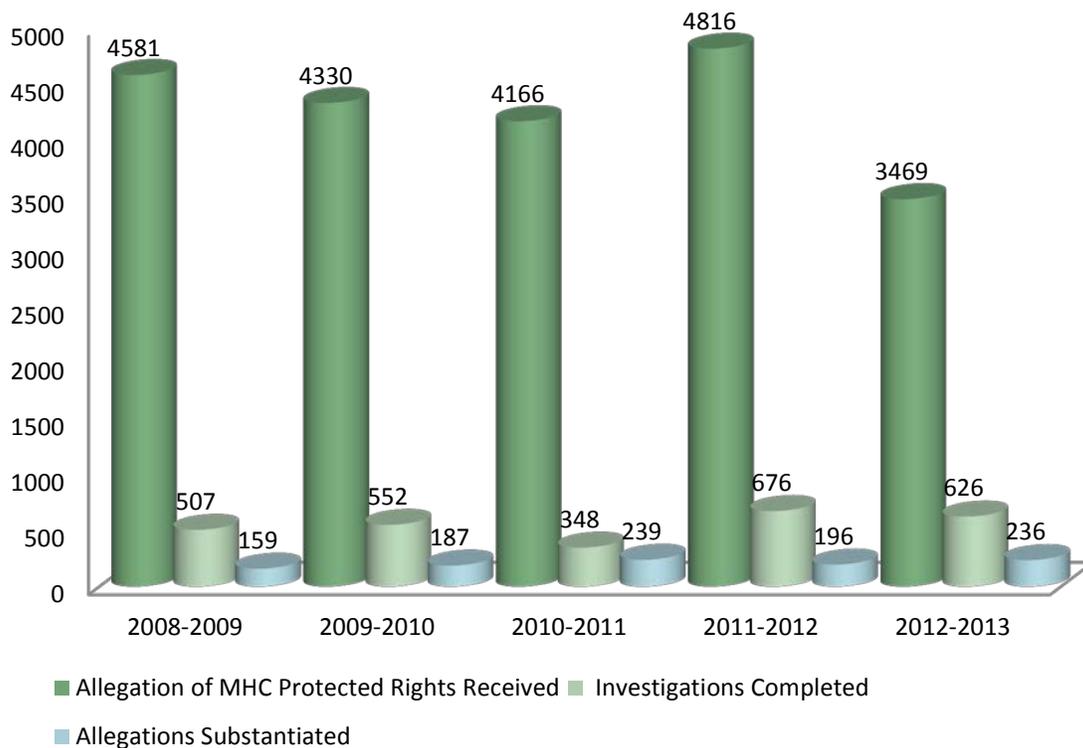


*Note: More than one remedial action may be taken on a substantiated violation. In 82 instances only non-disciplinary action was taken in non-compliance with 330.1722(2) and 330.7035. In an additional 16 cases action remains pending at the time of this report.*

## LPH/U COMPARATIVE DATA

The table which will be found in Appendix J indicates, in addition to the number of patient days and the number of hours devoted to rights/40, the basic complaint information for FY 13. A complete report of LPH/U data for FY 13 can be found in Appendix K. A complete report of LPH/U remedial action data can be found in APPENDIX L.

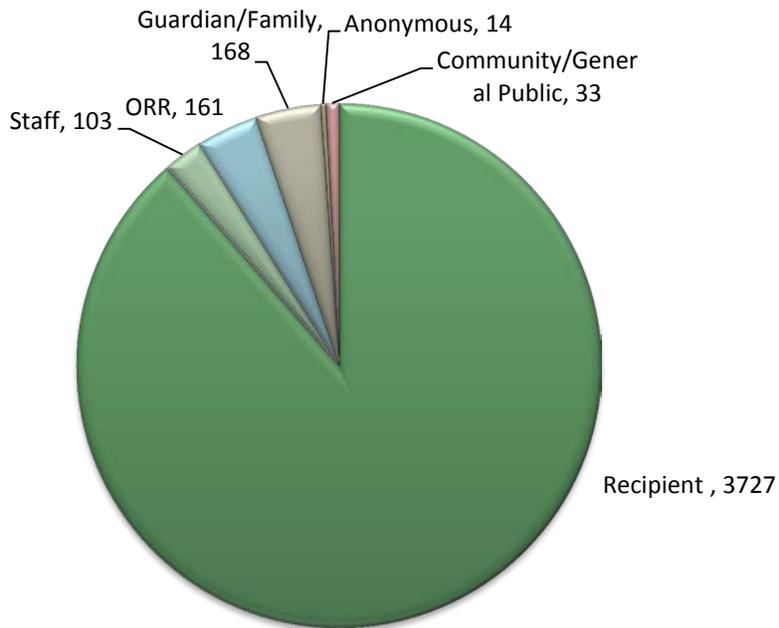
The chart below compares complaint, investigation, and substantiation activity in the LPH/U system over the past five fiscal years:



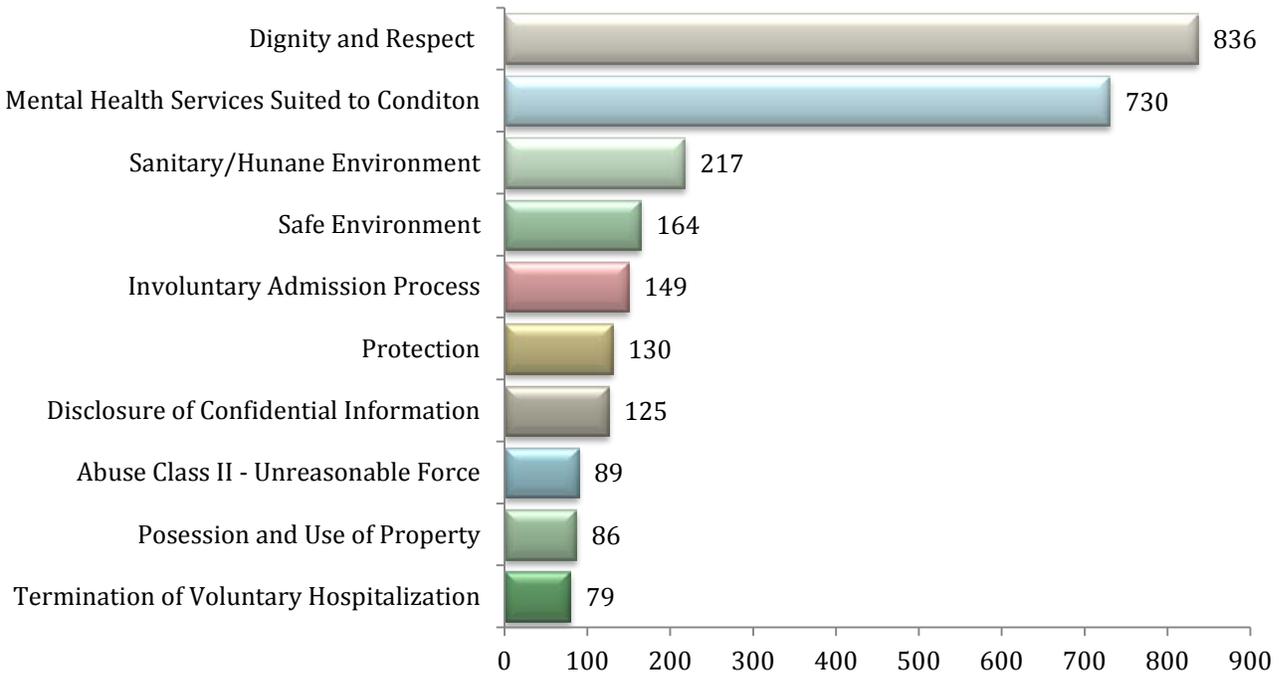
***"Injustice anywhere is a threat to justice everywhere."***

*Martin Luther King*

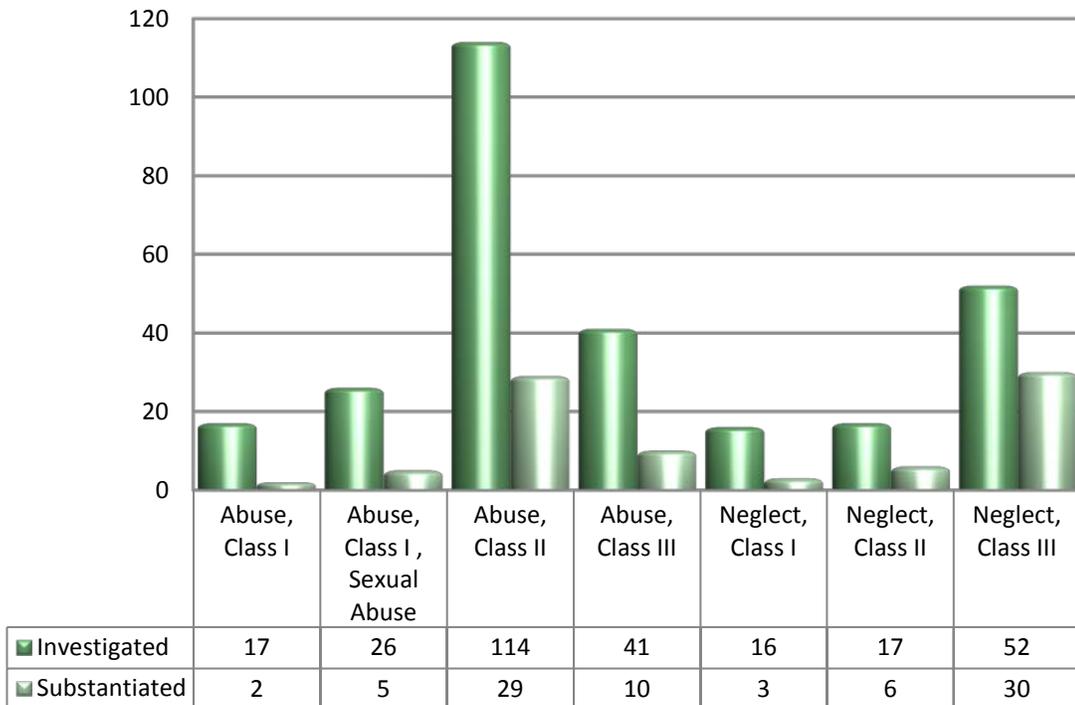
### Sources of Complaints Received - LPH/U



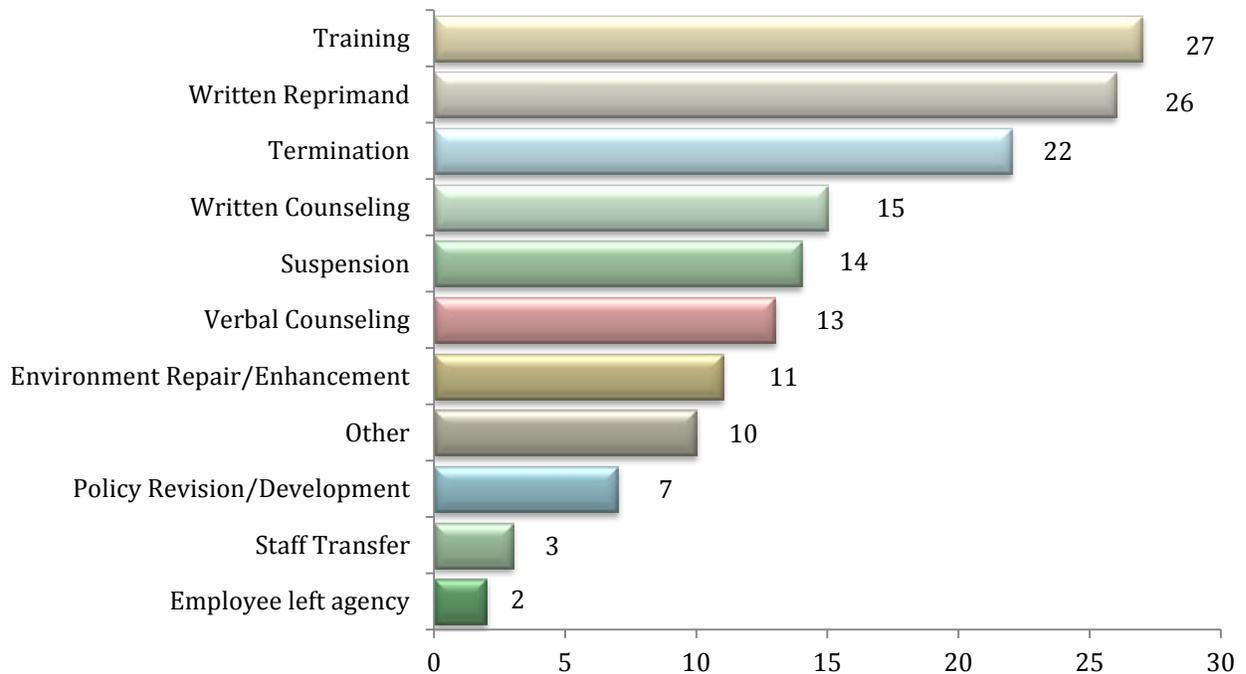
### Top Ten Types of Allegations Received - LPH/U



### Abuse and Neglect Allegations Received - LPH/U



### Remedial Action Taken on Abuse and Neglect Violations - LPH/U



*Note: More than one remedial action may be taken on a substantiated violation. In 16 instances only non-disciplinary action was taken in non-compliance with 330.1722(2) and 330.7035.*

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## CMHSP AND LPH/U TRAINING DATA

In addition to the information on complaint resolution, all CMHSPs and LPH/Us submit data on training received and provided. Rights offices provide or coordinate the training of all new employees as mandated in MHC 330.1755 (5) (f). Trainings must be completed within the first thirty days of hire, and if mandated by policy or contract, annual update training in rights is also required.

Education of consumers receiving services is not currently mandated, although frequently provided by many CMHSPs. The tables, which can be found in Appendices I and M, indicate the training activities carried out by CMHSPs and LPH/Us, respectively in FY 13. Due to the variations in training length and titles, the FY 13 report only indicates number of attendees, as data for more discrete analysis is not currently available.

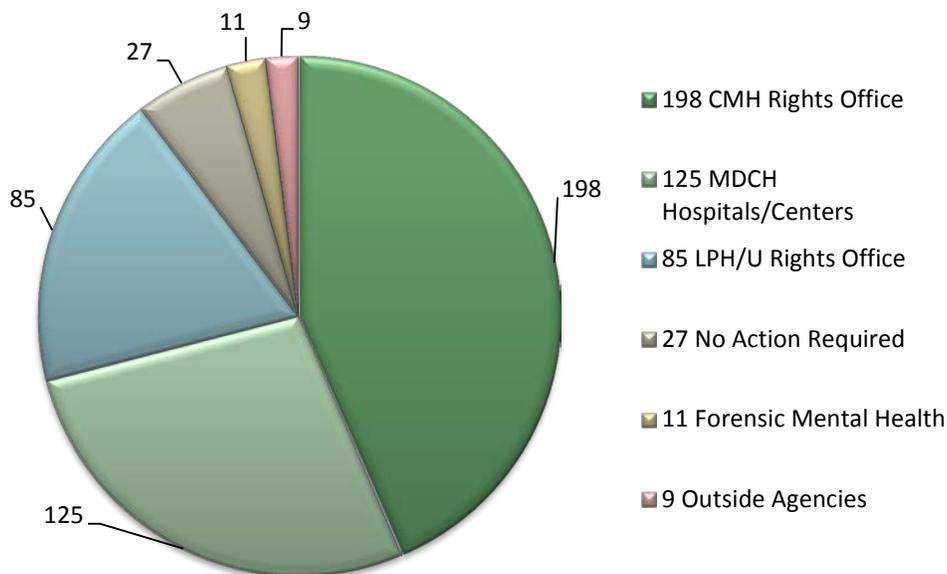
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## INFORMATION AND REFERRAL

The Rights Information and Referral Specialist is responsible for the provision of all information and referral services including systematic data collection, entry and analysis relative to these services, as well as amalgamating the data from the semi-annual and annual reports received from the CMHSPs and licensed private psychiatric hospitals/units.

Complaints received at the Department Office of Recipient Rights in Lansing are referred to the rights office potentially having jurisdiction over the matter. Distribution of the 455 complaints received during FY 2013 is indicated in the chart below:

**Complaints Referred FY 2013**



In order to expedite the receipt of complaints by the rights offices and agencies having jurisdiction over the complaint, all complaints are sent in a “zipped” file, by e-mail, which rights officer must “unlock” in order to access. “Hard copies” are retained by MDCH, for 30 days, and computer files are deleted weekly. If an office cannot receive a complaint by e-mail, the complaint is faxed for rapid distribution. The Rights Information and Referral Specialist also acts as support to the Training Unit, Community Rights Specialists and the ORR Director of Community and Field Operations, with a special focus on supporting the LPH/U rights offices. In FY2013 the referral specialist participated in a grant program through Bridges4Kids, providing information to families on the recipient rights complaint, investigation and appeal process. In the four sessions that were offered, 64 attendees; 37 family members and 27 professionals, participated. The Information and Referral Specialist also maintains a directory of rights officers and advisors for use by rights offices, which is distributed twice per year.

## THE EDUCATION AND TRAINING UNIT

- Develops and presents training to foster consistent implementation of recipient rights protection across the state.
- Provides workshops to rights staff from the Department, licensed private hospital/units, CMHSPs and their contract agencies.
- Offers programs for other persons involved in the recipient rights arena (Recipient Rights Advisory Committee and Recipient Rights Appeals Committee members, staff from other state agencies, service providers) whose roles although ancillary, are essential to preserving and promoting the rights of recipients.
- Oversees the implementation of the annual Recipient Rights Conference.

The Mental Health Code, Section 330.1754, states, *“The Department shall ensure...“technical assistance and training in recipient rights protection are available to all community mental health services programs and other mental health service providers subject to this act.”* Under this mandate, the Office of Recipient Rights Education and Training Unit develops and presents instructional programs with the mission of assuring consistent implementation of recipient rights protection processes across the state.

**2274** The number of people attending MDCH-ORR sponsored training or online training programs during FY13.

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*“We will never have a true civilization until we have learned to recognize the rights of others.”*

*Will Rogers*

In order to carry out this mission, the Education and Training Unit:

- Provides a six-day orientation (Basic Skills) program that all new recipient rights staff from MDCH facility rights offices, licensed private hospital/units (LPH/U), community mental health service providers (CMHSP) and their contract agencies must attend and successfully complete
- Provides mandatory rights education programs for newly hired CMHSP Directors
- Coordinates recipient rights training programs provided to all staff in MDCH Hospitals and Center
- Oversees the new hire rights orientation for all MDCH Central Office staff
- Develops and presents additional rights related training programs for recipient rights staff from MDCH, CMH, and LPH/U providers
- Develops the curriculum for, and oversees the implementation of, the annual Recipient Rights Conference

Mental Health Code, Section 330.1755 (2) states:

*“Each community mental health services program and each licensed hospital shall ensure all of the following: (e) Staff of the office of recipient rights receive training each year in recipient rights protection.”* In addition, the MDCH/CMHSP Managed Mental Health Supports and Services Contract: FY12 requires that:...*“every three (3) years during their employment, the Rights Officer/Advisor and any alternate(s) must complete a Recipient Rights Update training as specified by the Department.”*

The Office of Recipient Rights has defined “Recipient Rights Update Training” in Attachment C 6.3.2.3 of the CMHSP Managed Mental Health Supports and Services Contract entitled “CEU Requirements for RR Staff”:

*“All staff employed or contracted to provide recipient rights services shall receive education and training oriented toward maintenance, improvement or enhancement of the skills required to perform the functions as rights staff. A minimum of 36 contact hours of education or training shall be required over a three (3) year period subsequent to the completion of the Basic Skills requirements, and in every three (3) year period thereafter.”*

These standards are intended to ensure that rights protection meets the highest standards and is uniformly enforced across all service providers.

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## **COURSE CONTENT**

### **Basic Skills I and II**

The initial comprehensive, training program for recipient rights staff. This is a two-part, 48 hour program that provides the education and skill development required to carry out the responsibilities mandated in Chapters 7 and 7A of the Mental Health Code. Part I focuses on the

legal basis for rights, the role of the rights office, its interaction with other segments of the agency, outside entities, and consumers, a detailed analysis of the Mental Health Code, and development of training skills to assist in carrying out the education component of the position. Part II concentrates on the practical skills necessary to do a thorough and effective investigation to write the reports in the format and timeframes required by the Code, and also provides an review of the appeals process.

### **Building Blocks of Report Writing**

This course provides a review of the basic skills needed in writing reports. The content covers the areas of recognizing appropriate citations, development of issue questions, and coming to an effective conclusion. It is recommended that rights staff enroll in this course six months after completing Basic Skills.

### **Developing Effective Training**

This course focuses on the issues involved in developing and delivering an effective training program. This interactive training provides foundational, experiential and practical information to trainers in every setting; DCH, CMH, LPH/U and Agencies responsible for rights training. Topics covered include:

- Principles of training for adult learners
- Using introductory and closing activities effectively
- Pre-existing content; avoiding reinventing the wheel
- Audience based rights training
- Practical Implementation Techniques

### **Rights Training for CMHSP Executive Directors**

Participation in recipient rights training is mandatory for new executive directors at CMHSP agencies. The content of this program provides the attendee with an overview of the rights system, the roles and responsibilities the executive director has in overseeing the rights office and facilitating a quality rights protection system.

### **Recipient Rights Advisory Committee**

This program is designed for Rights Advisory Committee members. Course content includes an overview of the applicable Mental Health Code and MDCH Administrative Rule citations pertaining to the committee membership and functions, details about the relationship between the committee and the rights office and the CMHSP, LPH/U or department director, and what actions the committee can take to carry out its mandate to protect and advise the rights office and agency director.

## Recipient Rights Appeals Committee

This course is a primer for Appeals Committee members and rights office staff on the proper processes and functioning of the committee as it conducts appeals hearings. The material covered includes the legal grounds for filing an appeal, identification of those with appropriate standing to appeal, processes for conducting the appeal review and actions that the committee can take in regard to an appeal.

## Rights Training for Staff of MDCH Central Office

The Training Unit has developed an online Recipient Rights Training Course for all newly hired MDCH Central Office staff. During FY 2013, 2003 people went through this training program.

Responses to the evaluations for the respective programs offered by the Education and Training Unit are found in Appendix C.

## RECIPIENT RIGHTS CONFERENCE FY13

The Recipient Rights Conference had its inception in 1994 and has been conducted annually since then. The goal of the conference is to: 1) offer educational opportunities for rights staff to comply with the training requirements as mandated by the Mental Health Code, 2) foster the coordination and integration of rights protection services, 3) assure an informed and knowledgeable consumer population.

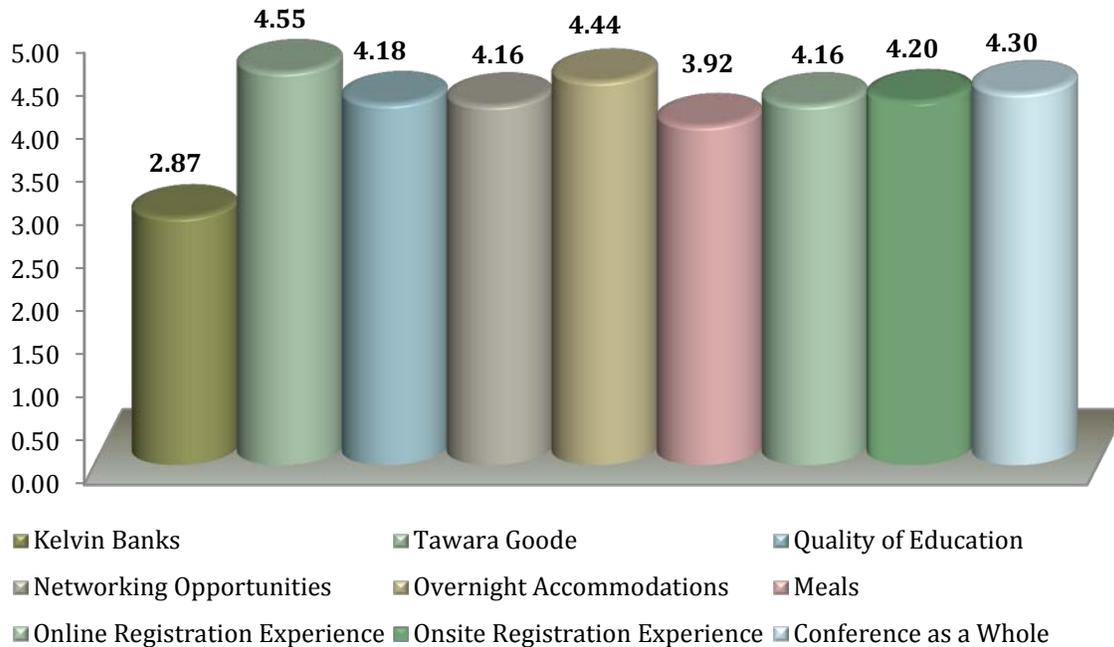


The Recipient Rights Conference is self-funded, *using no general fund resources*. Each year, the conference offers mental health consumers from across the state the opportunity to attend the sessions through the consumer scholarship fund, a collaboration of the conference and the CMHSP's. The conference covers the cost of registration and hotel accommodations; travel expenses are provided by the sponsoring CMHSP. The Director of the Training Unit, in collaboration with a steering committee composed of representatives from state and local rights offices, has responsibility for planning and implementing the conference.

The 19th annual conference was held October 23-26, 2012 at the Troy Marriott Hotel in Troy, MI. 225 individuals attended, including six consumers who were chosen to receive scholarships. Once again, the Michigan Social Work Continuing Education Collaborative approved all conference sessions for continuing education units for Michigan Social Workers and all sessions were approved for Recipient Rights continuing education credits. The conference featured a pre-conference session on Linguistic Interviewing and Statement Analysis, 17 breakout sessions whose topics included The Forensics of Interviewing, Effective Training with Small Groups, Child Interviewing Techniques, Identification of Burns and Bruises, Autism Spectrum Disorder, Critical Tools for Using Excel, and the annual Rights Issues Forum wherein DCH-ORR staff spoke about changes in rights protection.

Responses to the conference evaluation indicated an overall satisfaction level of 4.30 on a scale of 1 to 5. The areas evaluated and the averages of the responses are depicted in the graph below:

### Recipient Rights Conference FY13



## AWARDS PRESENTED AT THE RECIPIENT RIGHTS CONFERENCE

*Each year the Director of the Department of Community Health recognizes agencies or individuals that have developed exceptional methods to assure that staff, recipients, parents, and guardians are made aware of, and become involved in, the process of rights*

*The following are the honorees for FY 2013.*

### **Director's Award for Innovation in Rights Protection**

To be considered for this award, a rights office will have created a new and different way of enacting the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a different way of approaching old problems, creating a new solution for certain wide-range systemic problems, etc. The rights office will show a demonstrated willingness to share the innovation with others when possible. As a result of this innovation, rights office will have an increased ability to better provide rights services either directly (such as when performing standard rights activities) or indirectly (such as if the innovation improves or enhances the operation of the rights office.)

### **Innovation in Rights Protection Honoree: Recovery Care Committee, Center for Forensic Psychiatry**

## **Director's Award for Advocacy on Behalf of Mental Health Recipients**

To be considered for this award, a rights office will have made an outstanding contribution toward or have gone through extraordinary means to directly or indirectly advocate on behalf of people receiving mental health services. This may include exceptional effort or initiative by the rights office directly advocating on behalf of consumers. It may also include extraordinary indirect advocacy, such as a rights office acting as a catalyst for positive change, inspiring other entities or systems within or outside of mental health, to realize their roles in championing the rights or needs of recipients.

**Advocacy on Behalf of Mental Health Recipients Honoree: Rebecca Browne, Shiawassee County CMHA**

## **Director's Award for Consumer Empowerment**

To be considered for this award, a rights office has made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a transformed life of self-advocacy. Due to the initiative or effort of the rights office, consumers advocate for themselves in the protection of their own rights to the fullest extent possible, engendering hope, control of their own lives, and a place in society.

"The committee shall include at least 3 members of the state recipient rights advisory committee and 2 primary consumers."

**Consumer Empowerment Honoree: Janet Dietsch, Network 180**



### **Cookie Gant Spirit Award**

Cookie Gant was a Michigan grown but nationally known advocate for human rights. She was a disability activist, a performance artist, a powerful raiser of consciousness, and a relentless supporter of diversity in every aspect of life. Cookie fought for human rights in the mental health system every day, never giving up her tough spirit, her love for others, or her sense of humor. She was an unstoppable, irreverent activist, who always maintained loving support and affection for people

in "the movement."

Shortly after her death in 2003, the State Recipient Rights Committee established an award in her honor and indicated that it should be given annually to a person who exhibits the dedication, demonstrates the tenacity, and advocates diligently for persons with mental illness and developmental disabilities - just the way Cookie lived her life.

**Cookie Gant Spirit Honorees: Dalia Smith and Kate Zajac**

## MDCH RECIPIENT RIGHTS APPEALS COMMITTEE

The Michigan Mental Health Code at Section 774 states, “The director shall appoint an appeals committee consisting of seven individuals, none of whom shall be employed by the department or a community mental health services program, to hear appeals of recipient rights matters. The MDCH Appeals Committee reviews appeals of rights complaints filed by or on behalf of patients/residents of state hospitals and centers. Additionally, the Committee reviews appeals submitted by or on behalf of individuals who are or have been patients in one of the 58 licensed psychiatric hospitals/units (LPH/U) that have entered into an agreement to use the Department’s Appeals Committee in lieu of appointing their own. Only five LPH/Us have not executed an agreement with the MDCH to use the State Appeals Committee for appeals on behalf of non-CMH recipients. Following is a summary of activity for the MDCH Appeals Committee for FY 2013.

**Total Number of Requests for Appeal: 18**

**Total received that did not contain sufficient grounds for appeal: 2**

**Total Number Appeals Heard from State Hospital/Centers: 10**

- 4 Caro Center
- 1 Center for Forensic Psychiatry
- 1 Kalamazoo Psychiatric Hospital
- 2 Walter Reuther Psychiatric Hospital
- 2 Central Office – ORR

**Total Number Appeals Heard from LPH/U: 6**

- 1 Forest View
- 1 Oaklawn Hospital
- 1 St. Mary Mercy Livonia
- 1 Carson City Behavioral Health
- 1 McLaren Oakland Hospital
- 1 Hurley Behavioral Medicine

**Appeal Committee Decisions on Appeals Heard:** *Note: Appeal may have multiple grounds*

- 8 Upheld findings of rights office and action taken
- 7 Returned to ORR for re-investigation
- 1 Returned to facility for different or additional action
- 4 Returned for supervisory action due to lack of timeliness

## REVIEW OF BUDGETARY ISSUES

Michigan Mental Health Code, MCL 330.1754 [2] requires that the Department ensure that the *“process for funding the state office of recipient rights includes a review of the funding by the state recipient rights advisory committee.”*

Michigan Mental Health Code at MCL 330.1754 (3) requires that *“the Department endeavor to ensure that the state office of recipient rights has sufficient staff and other resources necessary to perform the duties described in this section.”*

The Office of Recipient Rights spending plans for FY 10 through FY 13 are listed in the table below.

	FY10	FY11	FY12	Variance from FY11	FY13	Variance from FY12
Source of Expenditures	General Fund	General Fund	General Fund		General Fund	
FTE	19	19	18		19	
Salary & Fringe	\$1,922,000	\$1,933,117	\$1,807,928	(\$125,189)	\$2,230,649	\$422,721
CSS&M	\$82,000	\$86,771	77,701.47	(\$9,070)	79,628	\$1,926
Travel	\$62,000	\$52,133	55,415.53	\$3,283	55,167.65	(\$248)
<b>Total</b>	\$2,066,000	\$2,072,021	\$1,941,063	(\$130,958)	\$2,365,444,	\$424,381

## RECOMMENDATIONS TO THE DEPARTMENT

1. The Department of Community Health should change its present policy and re-designate the Office of Recipient Rights as the only entity to draft all department policies, procedures and standards required by statute or rule relating to the rights of recipients for implementation in all state operated hospitals and centers.
2. The Department of Community Health, Behavioral Health and Developmental Disabilities Administration should adopt a uniform system across state operated psychiatric facilities to implement person-centered planning with a focus on Wellness and Recovery.
3. In order to assure a uniformly high standard of recipient rights protection, it is again recommended that the Department of Community Health place on its FY 2014 legislative agenda amendment to MCL 330.1753 allowing the state Office of Recipient Rights to review the recipient rights systems of all licensed psychiatric hospitals/units for compliance with standards established in Chapters 7 and 7A of the Mental Health Code and attendant Administrative Rules. Currently under Sec. 753, the Office reviews only the rights systems of the community mental health service programs.

4. The Michigan Mental Health Code requires the Department of Community Health to “endeavor to ensure” that the Office of Recipient Rights “has sufficient staff and other resources necessary to perform its functions.” In pursuance of this mandate, the Department should approve the Office of Recipient Rights FY 2015 Proposals for Change involving the establishment of 1FTE Recipient Rights Specialist in the Community Rights Unit to conduct on-site assessment of the rights protection systems in LPH/Us and 2 FTE Recipient Rights Specialists in the Education and Training Unit to develop and implement quality educational and training programs for all stakeholders in the public mental health service system.

5. In order to fulfill its statutory mandate to “protect the Office of Recipient Rights from pressures that could interfere with the impartial, even-handed and thorough performance of its duties” {MCL 330.1754 (2)(b)} and to ensure that “the state office of recipient rights has sufficient staff and other resources necessary to perform the duties described in this section” {MCL 330.1754 (3) (a)}, the Department of Community Health should immediately transfer the budget of the Office of Recipient Rights from a line item in the Behavioral Health and Developmental Disabilities Administration (BHDDA) to a line item within the Department Director’s Office.

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***“The heart of the question is whether all Americans are to be afforded equal rights and equal opportunities; whether we are going to treat our fellow Americans as we want to be treated.”***

*John F. Kennedy*

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