

THE POWER OF RIGHTS

ANNUAL REPORT

The Status of Recipient Rights Protection in Michigan

FY 2001/2002

We must scrupulously guard the civil rights and civil liberties of all citizens whatever their background. We must remember that any oppression, any injustice, any hatred, is a wedge designed to attack our civilization.

Franklin D. Roosevelt

ANNUAL REPORT

THE STATUS OF RECIPIENT RIGHTS PROTECTION IN MICHIGAN

FY 2001/2002

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Mission Statement

The Office of Recipient Rights was established in 1974 to protect the rights granted to recipients of Mental Health Services in the State of Michigan. It is our mandate to assure that providers of mental health services maintain a rights system consistent with the standards established by the Michigan Mental Health Code, P.A. 258 of 1974, as amended.

Introduction

The Department

P.A. 258 of 1974, as amended, being the Michigan Mental Health Code, established the Office of Recipient Rights (ORR) of the Michigan Department of Community Health, its functions and responsibilities. The primary mandates of the office are to provide direct rights protection and advocacy services to individuals admitted to state psychiatric hospitals and centers for developmental disabilities and to assess and monitor the quality and effectiveness of the rights protection systems in community mental health service programs and licensed private psychiatric hospitals/units.

In order to fulfill the statutory mandates, the Office of Recipient Rights is organized into three distinct units: the Field Unit, the Training Unit and the Community Rights Unit (See Organizational Chart). This report will summarize the activity in each of these units for FY 2001/2002 as well as discuss any patterns and trends in rights protection in the state of Michigan identified for this period of time.

The Annual Report

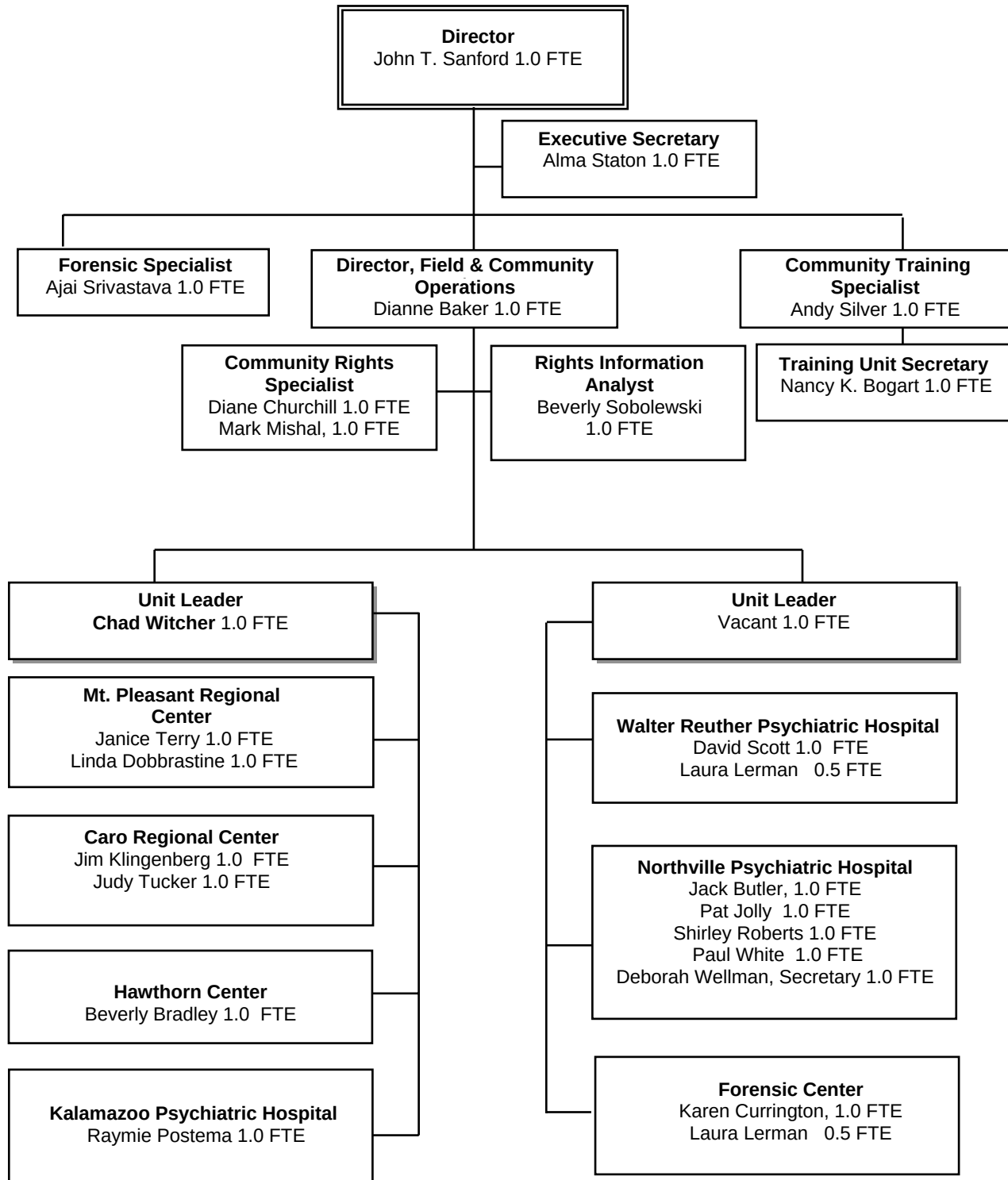
This State Annual Report reflects the requirements outlined in Section 330.1756: The state office of recipient rights shall submit to the director of the department and to the committees and subcommittees of the legislature with legislative oversight of mental health matters, for availability to the 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:

- (i) 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. (p. 7)
- (ii) The number of substantiated rights violations in each state facility by category. (Attachment C)
- (iii) The remedial actions taken on substantiated rights violations in each state facility by category. (Attachment C)
- (iv) Training received by staff of the state office of recipient rights. (p. 21)
- (v) Training provided by the state office of recipient rights to staff of contract providers. (p. 18)
- (vi) Outcomes of assessments of the recipient rights system of each community mental health services program. (p. 25)
- (vii) Identification of patterns and trends in rights protection in the public mental health system in this state. (Attachment B)
- (viii) Review of budgetary issues including staffing and financial resources.
- (ix) Summary of the results of any consumer satisfaction surveys conducted. (p. 15)
- (x) Recommendations to the department. (throughout & p. 50)

Michigan Department of Community Health

OFFICE OF RECIPIENT RIGHTS

(as of September 30, 2002)



Part I - Field Unit

Background

During FY 2001/02 ORR had field offices located at each of the seven state hospitals and centers: Caro Center, Hawthorn Center, Mt. Pleasant Center, Kalamazoo Psychiatric Hospital, Walter Reuther Psychiatric Hospital, Northville Psychiatric Hospital and the Center for Forensic Psychiatry. As of September 30, 2002, the Field Unit consisted of a unit supervisor, one field secretary, thirteen rights advisors and one forensic specialist.

Complaint Activity

Following is a comparison of ORR aggregate complaint data for fiscal years 1997, 1998, 1999 2000 and 2001 for the seven state facilities. (Complete for FY2001/2002 are found in Attachment C.) The following terms are used throughout the remainder of this report:

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

Investigation A detailed inquiry into and a systematic examination of an allegation raised in a rights complaint and reported in accordance with Chapter 7A (must be conducted on allegations of abuse, neglect, serious injury or death when reasonable suspicion exists that a rights violation may have occurred), and may be conducted on other allegations at the discretion of the rights officer/advisor.

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.

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.

No Right Involved A complaint which has been reviewed but which does not meet criteria for investigation or intervention and does not involve an allegation or violation of a code protected right.

Totals	FY 97-98	FY 98-99	FY 99-00	FY 00-01	FY 01-02
Complaints Received	3452	3302	3758	3047	3658
Complaints Investigated	573	530	554	393	419
Substantiated Complaints	102	114	119	280	243
Abuse I & II Complaints	222	196	231	173	166
Substantiated Abuse I & II	14	17	21	15	19
No Right Involved	496	669	626	303	488

Complaint Activity - Analysis

Analysis of the above data reveals a significant change in complaint activity over the past year, with complaint numbers returning to the FY99/00 level, despite the closure of Southgate Center. Following is a summary of that analysis:

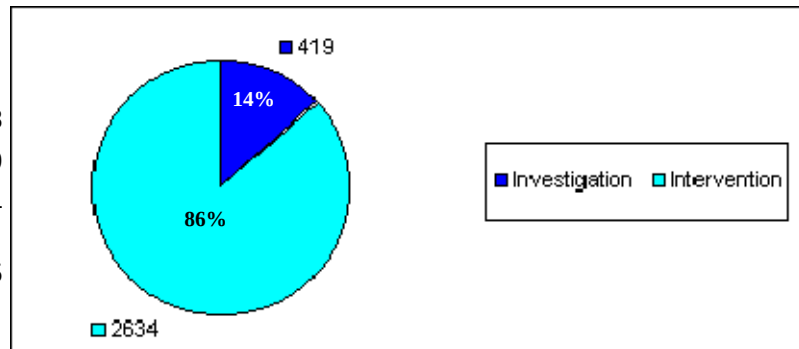
- The number of complaints received from 1997 to 2002 did not increase or decrease more than 4% annually until FY00/01, when it decreased 13% from FY99/00. The number of complaints received increased by 20% over FY00/01, a 3% decrease from the FY99/00 levels.
- The percentage of complaints received that were investigated was 17%, 16%, 14% 12% and 14% respectively, again indicating no significant change.
- The percentage of investigated complaints substantiated was 18%, 22%, 22% 13% and 22% respectively. The percentage of total complaints substantiated (both through intervention or investigation) was 14%.
- The number of Abuse I and II complaints received in this fiscal year increased to 11% of the total number received, after a trend of 6% each of the previous fiscal years.
- The annual percentage of complaints received yearly involving no code-protected right was 14%, 20%, 16% 10% and 13% of the total number of complaints received. The total number of complaints that were not investigated or intervened was 17%. These included those that were outside of jurisdiction as well as those that did not involve a code protected right.

Complaint Activity – Analysis

Complaints in both State Facilities and Licensed Hospitals were resolved by intervention 86% and 70% of the time, respectively. Conversely, Community Mental Health Service Providers utilized the investigative process 63% of the time. Factors contributing to this are the number of abuse and neglect complaints received in the community setting, vs. hospitals; 37% (CMHSP) vs. 11% (state) and 8% (LPH), respectively. Additionally, some CMHSPs mandate that, in addition to abuse and neglect, certain other complaint categories be investigated. In the hospital setting, complainants are usually seeking immediate resolution, and the length of stay and close proximity of persons who can solve identified problems lends itself to the intervention process.

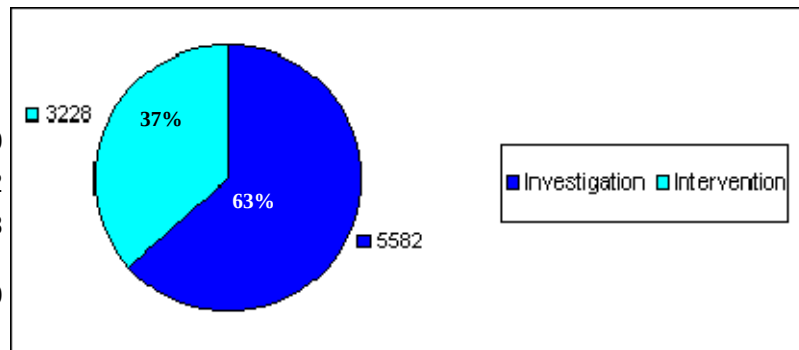
State Facility complaint resolution

Total Received	3658
Investigation	419
Intervention	2634
No Right Involved & Outside Jurisdiction	605



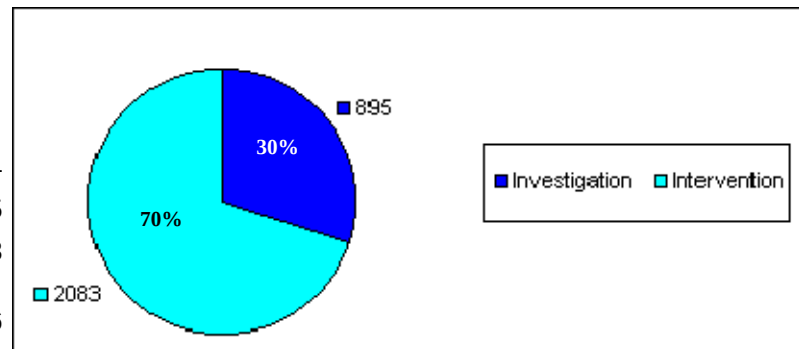
CMHSP complaint resolution

Total Received	10070
Investigation	5582
Intervention	3228
No Right Involved & Outside Jurisdiction	1260



LPH complaint resolution

Total Received	3994
Investigation	895
Intervention	2083
No Right Involved & Outside Jurisdiction	1016



Complaint Summary by Category

As noted above, 86% of the complaints reported were resolved in state facilities through intervention. Intervention is a process utilized to obtain quick resolution of an allegation raised in a rights complaint through processes, other than investigation, when the facts are clear and the remedy, if applicable, is clear, easily obtainable and does not involve statutorily required disciplinary action and is satisfactory to the recipient. Investigations are a detailed inquiry into and a systematic examination of an allegation raised in a rights complaint and reported in accordance with Chapter 7A.

Remedial Action Key			
Remedial Action corrects or provides a remedy for the rights violations, is implemented in a timely manner and attempts to prevent a recurrence of the rights violation.			
Verbal Counseling	01	Employment Termination	08
Written Counseling	02	Contract Action	09
Written Reprimand	03	Policy Revision/Development	10
Suspension	04	Environmental Repair/Enhancement	11
Demotion	05	Plan of Service Revision	12
Staff Transfer	06	Recipient Transfer to Another Provider/Site	13
Training	07	Other	14
		Facility closed before action was taken	FC

Remedial Action

The Mental Health Code states in section 330.1780.(1): “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. Community Mental Health Service Providers (CMHSPs) and Licensed Psychiatric Hospitals/Units (LPH/Us) also maintain records of remedial action. The following table outlines the total number of complaints for all state facilities over the previous fiscal year.

All State Facilities

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7221	Abuse Class I	3	3	0		
7222	Abuse Class II	165	165	21	03 x 3, 04 x 10, 05 x 1, 08 x 7	
7223	Abuse Class III	111	111	18	01 x 3, 03 x 5, 04 x 7, 05 x 1, 08 x 1 *1 awaiting	
7224	Sexual Abuse	21	21	1	14 (*8)	
7225	Neglect Class I	10	10	2	08 x 2	
7226	Neglect Class II	10	10	8	03 x 1, 04 x 5, 07 x 1, 08 x 1	
7227	Neglect Class III	24	24	16	03 x 5, 04 x 6, 05 x 1, 06 x 1, 08 x 1, 10 x 2	
7760	Access to Rights System	6	1	0		5
7545	Retaliation/Harassment	0				
7060	Notice/Explanation of Rights	1	0	0		1
7780	Complaint Investigation Process	2	1	0		1
7840	Appeal Process	0				
7880	Mediation	1	0	0		1
7520	Failure to Report	0				
0772	Rights Protection / other	1	0	0		1
7050	Second Opinion – Denial of Services	0				
4090	Second Opinion - Denial of	0				

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
	Hospitalization					
4980	Objection to Hospitalization - Minor	0				
4190	Termination of Voluntary Hospitalization (adult)	1	0	0		1
4630	Independent Clinical Examination	0				
4510	Court Hearing/Process	88	0	0		88
0400	Adm/Disc/2 nd Opinion - Other	48	0	1	14	48
7040	Dignity & Respect	237	21	15	01 x 5, 02 x 2, 03 x 2, 04 x 1, 08 x 2, 12 x 1, 14 x 2	216
7041	Discrimination	6	0	0		6
7042	Accommodation	6	3	0		3
7043	Privacy/Search	14	1	1	01	13
7044	Religious Practice	17	0	3	07 x 2, 14 x 1	17
7045	Voting	1	0	0		1
7046	Sexual Expression	0				
7047	Presumption of Competency	0				
7048	Marriage/Divorce	0				
0704	Civil Rights Other	4	0	0		4
7111	Dignity & Respect	4	0	0		4
7112	Receipt of General Education Information	0				
7113	Opportunity to Provide Information	0				
7261	Visitation	16	0	1	12	16
7262	Contact with Attorneys or others regarding legal matters	5	0	0		5
7263	Access to telephone	32	0	2	11 x 1, 12 x 1	32
7264	Funds for postage, stationery, telephone usage	3	0	0		3
7265	Written and posted limitations, if established	0				
7266	Uncensored Mail	9	0	0		9
7267	Access to entertainment materials, information, news	39	0	2	14 x 2	39
0726	Communication and Visits Other	10	0	0		10
7481	Access to Record	10	0	1	14	10
7482	Copies of Record Information	1	0	0		1
7483	Identification	0				
7484	Authorization to Release	9	0	1	11	9
7485	Exclusions	0				
7486	Correction of Record	4	0	0		4
7487	Access by P & A to Records	0				
7501	Privileged Communication	1	0	0		1
0748	Confidentiality/Privileged Communications /Disclosure Other	4	1	1	03	3
7081	Safe Environment	261	10	29	01 x 1, 10 x 1, 11 x 5, 12 x 8 13 x 8, 14 x 7	251
7082	Sanitary	52	0	8	11 x 5, 12 x 1, 14 x 2	52
7083	Humane	134	0	25	07 x 1, 11 x 9, 12 x 4, 13 x 1, 14 x 10	134
7084	Accessible	10	0	1	07	10
7085	Nutrition	107	1	3	07 x 1, 09 x 1, 14 x 1	106
7086	Least Restrictive Setting	40	1	3	10 x 1, 12 x 1, 13 x 1	39
0708	Treatment Environment Other	80	0	10	07 x 1, 11 x 2, 14 x 6	80
7400	Restraint	17	3	1	01	14
7420	Seclusion	3	2	1	01	1
7441	Building and grounds Access	143	1	8	10 x 1, 11 x 1, 12 x 1, 14 x 5	142

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7442	Limitations	105	0	2	14 x 2	105
0744	Freedom of Movement Other	26	0	1	14	26
7301	Safeguarding Money	33	1	3	14 x 2 *awaiting x 1	32
7302	Facility Account	11	0	0		11
7303	Easy Access to Money in Account	41	1	1	14	40
7304	Ability to Spend or Use as Desired	7	0	0		7
7305	Delivery of Money upon Release	1	0	0		1
7360	Labor & Compensation	9	0	0		9
0730	Financial Rights Other	42	1	1	14	41
7281	Possession and Use	80	1	3	01 x 1, 07 x 1, 10 x 1	79
7282	Storage Space	4	0	0		4
7283	Inspection at Reasonable Times	1	0	0		1
7284	Search/Seizure	7	1	0		6
7285	Exclusions	0				
7286	Limitations	3	0	0		3
7287	Receipt to recipient and designated individual	5	0	0		5
7288	Waiver	0				
7289	Protection	151	2	14	01 x 1, 11 x 2, 14 x 11	149
0728	Personal Property Other	56	0	11	12 x 1, 14 x 10	56
7080	Treatment suited to condition	410	9	15	01 x 1, 02 x 1, 03 x 1, 07 x 2, 10 x 3, 12 x 2, 13 x 1, 14 x 4	401
7049	Treatment by spiritual means	0				
7100	Physical & Mental Exams	0				
7130	Choice of physician/mental health professional	11	0	0		11
7140	Notice of clinical status	2	0	1	14	2
7150	Services of M.H. professional	1	0	0		1
7003	Informed Consent	0				
7170	Electro-Convulsive Therapy (ECT)	0				
7160	Surgery	1	0	0		1
7158	Medication	136	2	0		134
7190	Notice of medication side effects	0				
7180	Psychotropic Drugs	54	0	0		54
7029	Information on Family Planning	0				
0700	Suitable Services Other	29	2	2	14 x 2	27
7121	Person-centered Process	10	2	4	10 x 2, 12 x 2	8
7122	Timely development	0				
7123	Request for Review	0				
7124	Participation by Individual(s) of choice	1	0	0		1
7125	Assessment of Needs	0				
0712	Treatment Planning Other:	5	0	0		5
7241	Prior Consent	0				
7242	Identification	0				
7243	Objection	0				
7244	Release to Others/Return	0				
7245	Storage/Destruction	0				
7246	Treatment	0				
2020	I.S.T.	16	0	0		16
2050	N.G.R.I.	8	0	0		8
7000	Recipient to Recipient Sexual Misconduct	16	7	2	10 x 1, 13 x 1	9
	Totals	3053	419	243		2484
0001	Outside Provider Jurisdiction	99				

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
0000	No Right Involved	488				
0002	No Reasonable Suspicion	18				
		3658				

Individual state facility data is found in Attachment C of this report.

Remedial Action Comparative Summary

The following is a summary of remedial action on substantiated complaints by category in state facilities, LPH/Us and CMHSPs for all categories of abuse and neglect. The table below indicates the remedial action that is disciplinary in nature and the number of times taken, as well as the number of substantiated violations in each category. For example, in the 7221 row 08 x 5 means termination of an employee was utilized in five instances. In addition, other remedial actions are noted for cases where no disciplinary action is listed in the Agency's Annual Report.

		State Facility	CMHSP	LPH/U
Code	Category	Remedial Action	Remedial Action	Remedial Action
7221	Abuse Class I	3 allegations 0 substantiated	31 allegations 2 substantiated 8 x 2	6 allegations 2 substantiated 1x1, 8x1
7222	Abuse Class II	165 allegations 21 substantiated 03 x 3, 04 x 10, 05 x 1, 08 x 7	728 allegations 208 substantiated (235) 1x10, 2x13, 3x17, 4x36, 5x2, 6x12, 7x5, 8x133, 9x2, 10x1, 12x1, 13x2, 14x3	76 allegations 9 substantiated 1x1, 2x1, 3x3, 6x1, 7x1, 8x4
7223	Abuse Class III	111 allegations 18 substantiated 01 x 3, 03 x 5, 04 x 7, 05 x 1, 08 x 1 *1 awaiting	438 allegations 154 substantiated (153) 1x12, 2x5, 3x20, 4x21, 6x3, 7x3, 8x80, 9x3, 11x1, 13x1, 14x7	41 allegations 4 substantiated 1x1, 4x1, 8x2
7224	Sexual Abuse	23 allegations 2 substantiated 3x1, 4x1, 14x1	82 allegations 13 substantiated (18) 1x1, 8x9 9x4, 13x4	37 allegations 8 substantiated 1x1, 2x1, 3x1, 4x2, 8x3, 11x1, 14x1
7225	Neglect Class I	10 allegations 2 substantiated 08 x 2	133 allegations 23 substantiated (25) 1x1, 2x1, 3x5, 4x1, 7x1, 8x7, 9x1, 10x1, 14x4	21 allegations 2 substantiated 2x1, 11x2
7226	Neglect Class II	10 allegations 8 substantiated 03 x 1, 04 x 5, 07 x 1, 08 x 1	236 allegations 115 substantiated (168) 1x17, 2x9, 3x57, 4x14, 5x2, 6x4, 7x14, 8x34, 9x7, 10x2, 12x3, 13x3, 14x3	12 allegations 2 substantiated 1x1, 2x1, 11x1
7227	Neglect Class III	24 allegations 16 substantiated 03 x 5, 04 x 6, 05 x 1, 06 x 1, 08 x 1, 10 x 2	1081 allegations 610 substantiated (684) 1x56, 2x56, 3x172, 4x83, 5x14, 6x19, 7x49, 8x174, 9x7, 10x12, 13x5, 14x21	66 allegations 17 substantiated 1x5, 3x5, 4x1, 7x2, 8x2, 9x2, 10x1, *8x4

Remedial Action - Analysis

The number of substantiated complaints appears higher in column three, CMHSPs. However, as noted earlier, 31 % of CMHSP complaints are categorized as Abuse and Neglect, while only 9 % of hospital complaints and 11 % of state facility complaints are categorized as Abuse and Neglect. The numbers above indicate frequent consistency of action between CMHSPs and both hospitals and state facilities. CMHSPs also utilized a greater diversity of remedial action types. This can be explained by a number of factors. CMHSPs provide a variety of services, including

group homes, in-home providers, outpatient clinics, emergency crisis centers, Assertive Community Treatment, etc. In some instances the services are provided by agencies under contract, which may result in human resource policies that impact on the remedial action taken. The Mental Health Code requires in 330.1722 (2) “the department, each community mental health services program, each licensed hospital, and each service provider under contract with the department, community mental health services program, or licensed hospital shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect”. (*emphasis added*) Additionally, Administrative Rule 330.7035 requires that abuse or neglect of a recipient by an employee, volunteer or agent of a provider shall, upon substantiated reports, “subject the employee, volunteer or agent of the provider to an appropriate penalty, including official reprimand, demotion, suspension, reassignment, or dismissal.” Remedial action that does not meet the requirements of the Code and Rule is listed in the table above as 7*, 10*, 11*, and 14*. LPH/U Directors failed to ensure appropriate disciplinary action in 10 substantiated cases of Abuse or Neglect. CMHSP Directors failed to ensure appropriate disciplinary action in 127 substantiated cases of Abuse or Neglect. State Facility Directors failed to ensure appropriate disciplinary action in 3 substantiated case of Abuse or Neglect.

DCH Appeals Committee Background

The Michigan Mental Health Code at Section 774 states, “The director shall appoint an appeals committee consisting of 7 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 committee shall include at least 3 members of the state recipient rights advisory committee and 2 primary consumers.”

The DCH Appeals Committee reviews appeals of rights complaints filed by or on behalf of patients/residents of state hospitals/centers. Additionally, it reviews appeals submitted by or on behalf of individuals who are or have been patients in licensed private psychiatric hospitals/units (LPH/U) who have entered into an agreement to use the department’s appeals committee in lieu of appointing its own.

Following is a data summary of activity for the DCH Appeals Committee for FY 2001/2002:

Total By Number of Appeals Received	<u>17</u>
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<u>Appeals Committee 5 Day Review Decisions:</u>	
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Cases received that did not constitute appeals	1
Appeals filed > 45 day-time frame	2
Cases stating no ground for appeal	2
Cases referred back to local CMHSP	1

<u>Appeals Committee Decision on Appeal</u>	
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Upheld findings of rights office and action taken	6
Returned to DCH-ORR for re-investigation	5
Returned to facility for different or additional action	0

Total Number of Appeals from State Hospitals/Centers	<u>7</u>
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Caro Center	3
Northville Psychiatric Hospital	1
Hawthorn Center	1
Walter Reuther	0
Mt. Pleasant Center	0
Kalamazoo Psychiatric Hospital	1
Forensic Center	1

Total Number of Appeals from LPH/Us	<u>7</u>
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Harbor Oaks	1
Holland Hospital	1
Sparrow/St. Lawrence Hospital	1
Northern Michigan Hospital	2
Oakwood Hospital	1
St. John - Macomb	1

<u>Miscellaneous</u>	<u>1</u>
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Appeal forwarded from Oakland CCMHA	
Appeals Committee due to conflict of interest.	

Department Of Community Health Rights System Assessment Background

Section 754 of the Michigan Mental Health Code requires the establishment of an Office of Recipient Rights in the Department of Community Health. That section goes on to specify what the department and the office may do and shall do in relation to the operations of a rights protection system for individuals residing in state facilities as well as the monitoring, assessing training and reporting relative to rights protection systems in Community Mental Health Service Programs (CMHSPs).

In order to assure a uniformly high standard of rights protection services in Michigan, the department's Office of Recipient Rights determined during its FY 2001/2002 planning to establish an objective paralleling that for the CMHSPs rights system wherein the office's Compliance Unit would conduct DCH Central and Field Office rights system assessments.

Assessment Process

Attachment A Standards and Attachment B Policy Elements, assessment tools used for the CMHSP rights system assessments, were modified for specific application with the department and its hospitals/centers.

Following is the protocol followed by Compliance Unit staff in conducting the DCH rights system assessment which began in January 2002:

◆ Central Office/Lansing assessment process:

Interview DCH-ORR Director

Review DCH Administrative Directive, Recipient Rights Standards

Score in Attachment B

Review State Appeals Committee Files for compliance with Code, Chapter 7A

Score on Attachment A

Review DCH/State Level II Appeal Files for compliance with Code, Chapter 7A

Score on Attachment A

Review rights policies and procedures from facility

◆ Field/facility on-site assessment process:

Day 1

- Entrance Conference with ORR and Facility Director
- Interview ORR Rights Advisors
- Interview Facility Director
- Review representative sample of complaint case files
 - Abuse and neglect cases, substantiated and unsubstantiated
 - Death investigation
 - Other rights investigations
 - Interventions and written responses
- Review documentation, i.e. Summary Reports, in Facility Director's files

Day 2

- Visit living units

- Assess notice, awareness and ability for staff and consumers to access the rights protection system
- Interview staff and consumers
- Review clinical record of 2-3 consumers on each living unit looking for notice etc. and documentation and implementation of person-centered planning as well as documentation/implementation of any limitations on rights
- Review living unit rules
- Conduct Exit Conference with ORR staff and Facility Director
- ◆ Submit assessment report within 30 days of on-site visit to Deputy Director, Health Programs Administration, Director of the Bureau of Hospitals and Centers, hospital/center directors, and pertinent ORR staff with request for plan of correction within 30 days of receipt.
- ◆ Review/approve plan of correction
- ◆ Report results in Annual ORR Report

Assessment Results

DCH Central Office: Full Compliance (FC) = 180 points
 Substantial Compliance (SC) = 163 to 179 points
 Less than substantial compliance (LSC) = Less than 163 points

Hospital/Center: *(Points combined with those achieved by Central Office)*
 Full Compliance (FC) = 292 points
 Substantial Compliance (SC) = 263 to 291 points
 Less Than Substantial Compliance (LSC) = Below 263 points

HOSPITAL/CENTER	SCORE	RESULTS
DCH Central Office	166	SC
Kalamazoo Psych.	279	SC
Mt. Pleasant Center	277	SC
Hawthorn Center	251	LSC
Forensic Center	280	SC
Caro Center	281	SC
Northville Psychiatric	283	SC
Walter Reuther Psych.	281	SC

Person Centered Planning Survey Background

During its FY 2001/2002 planning, the Office of Recipient Rights established a goal to implement a baseline consumer satisfaction survey regarding patient/resident knowledge of and satisfaction with the person-centered planning processes in state hospitals and centers.

In December 2001, a satisfaction survey interview form was developed. To implement the survey, the ORR rights advisor conducted the interview with the recipient within one week following his/her planning meeting. Two hundred thirty one (231) interviews were conducted from February 1 through May 7, 2002. The survey form included interview questions involving the basic principles and values of the person-centered planning process required per the Mental Health Code and DCH Administrative Directive AD 07-C-1712/AD-00 for the development of the individualized plan of service.

Analysis

This office analyzed the data focusing on the percentage of negative responses in order to determine where deficiencies lay in the area of implementation of the person-centered planning process. A 40% or greater negative response to an item was used as the benchmark. Following are the results for each hospital/center:

Mt. Pleasant Center	No negative responses at or over benchmark
Caro Center	4 items at or over benchmark
Kalamazoo	5 items at or over benchmark
Northville	5 items at or over benchmark
Walter Reuther	7 items at or over benchmark
Forensic Center	12 items at or over benchmark
Hawthorn Center	13 items at or over benchmark

The office next reviewed each question/response to determine the frequency of occurrence of the benchmark. Results are as follows:

1. Did anyone tell you about the person-centered planning process that would be used to put together your treatment plan here at the hospital/center? **Benchmark in 4 of 7 hospitals/centers.**
2. Did you get to choose who would lead your planning meeting? **Benchmark in 2 of 7 hospitals/centers.**
3. Did you get to go to your planning meeting? **No benchmark in any hospital/center.**
4. Did you get to choose and invite other people you wanted to be involved in your planning meeting? **Benchmark in 4 of 7 hospitals/centers**
5. Did you get to choose the date and time for your meeting? **Benchmark in 5 of 7 hospitals/centers.**
6. Were you asked to share with the group information that was important to you in the treatment planning process? **Benchmark in 2 of 7 hospitals/centers.**
7. Were you given chances throughout the meeting to tell the group about what you felt you needed and the results you wanted from treatment? **Benchmark in 2 of 7 hospitals/centers.**

8. Did members of the group clearly explain treatment options that were available for you to meet your needs and treatment results you wanted? **Benchmark in 3 of 7 hospitals/centers.**
9. Did you have a chance to clearly tell the group what you preferred as far as treatment options? **Benchmark in 3 of 7 hospitals/centers.**
10. Were you allowed to make choices about the treatment options? **Benchmark in 5 of 7 hospitals/centers.**
11. Did you and the group talk about your preferences and strengths? **Benchmark in 5 of 7 hospitals/centers.**
12. Did you and the group talk about barriers you had to overcome to accomplish your treatment goals? **Benchmark in 2 of 7 hospitals/centers.**
13. Did the group agree to work together with you to carry out the plan and tell you when you all would meet again to talk about your progress? **Benchmark in 2 of 7 hospitals/centers.**
14. Were you happy with how the planning went? **Benchmark in 2 of 7 hospitals/centers.**

As noted above, question/item numbers 1, 2, 4, 5, 10 and 11 received negative responses at or above the benchmark level of 40% in over half of the hospitals/centers. These problems areas were considered in conjunction with the requirements of DCH Administrative Directive 07-C-1712/AD-00 dated October 21, 1998 entitled Person-Centered Planning Process for the Development of the Individualized Plan of Service. Following is the result of that comparison:

Standards (from AD)

- A. The individual's choices and preferences regarding the identification and delivery of services, supports and treatment to be provided shall always be considered if not always granted... **Question 10- 42% negative response; Question 11-45% negative response.** *(Constraints of Standard A are that preferences must be reasonable; consistent with any court orders governing evaluation and treatment; sensitive to the safety and security of the individual, other residents and staff; and not contraindicated by the clinical needs of the individual as determined and recorded in the case record by the physician/psychiatrist.)*
- B. For each individual, the hospital/center shall identify a staff person who is responsible for assuring that the IPOS is developed and updated using a person-centered planning process. The individual receiving services from the hospital/center shall be given the opportunity to express preferences and choices regarding the staff person identified as developing the IPOS and the facilitator chosen to run the meeting. **Question 2-75% negative response.**
- E. 2. Inpatient Plan Development;
 - 2.1 Within the constraints of Standard A above, the following persons shall attend the planning meeting:
 - 2.1.2 Persons identified by the individual:...**Question 4-50% negative response.**
 - 2.2 Prior to the development of the IPOS the following preplanning activities will occur:
 - 2.2.1 The staff person identified as responsible for assuring the development of the IPOS shall meet with the individual prior to the meeting to provide an explanation for the purpose of the meeting and shall

explore potential topics with the individual... **Question 1-43% negative response.**

2.3 Planning Meeting:

2.3.3 Within the constraints of Standard A above, the choices of who will attend and the location of the meeting shall be determined by the individual. **Question 4-50% negative response.**

2.3.4. The choice of time scheduled for the planning meeting shall:

2.3.4.1 be based upon the individual's preference and needs as well as the staffing schedules and needs of the hospital, center or CFP...**Question 5-83% negative response.**

Recommendations

1. **ORR recommends that DCH continue to support ORR in the areas of staff resources as well as information technology assistance.**
2. **Based upon the preceding data analysis, the Office of Recipient Rights recommends that the DCH Quality Improvement Steering Committee charter a process improvement team of involved stakeholders to address and ameliorate the areas of deficiency relative to implementation of Administrative Directive 07-C-1712/AD-00, Person-Centered Planning Process for the Development of the Individualized Plan of Service.**

Part II - Training Unit

Mission

The mission of the ORR Training Unit is to develop and present instructional events that will lead to consistent implementation of recipient rights across the state.

In order to carry out this charge the unit provides workshops to rights staff from licensed private hospital/ units, Community Mental Health Service Providers and their contract agencies. These classes focus on providing rights staff the skills necessary to assure effective rights protection for the recipients in their respective systems.

Additionally, the unit offers educational programs for other persons involved in the recipient rights arena (Recipient Rights Advisory Committee and Recipient Rights Appeals Committee members, staff from other state and advocacy agencies, staff of service providers) whose roles, although ancillary to the rights system, are essential to preserving and promoting the rights of recipients.

The Training Unit also has the overall responsibility for planning, coordinating and implementing the recipient rights conference. This annual event brings together staff and recipients from across the state to discuss current issues related to recipient rights and to provide information which will enhance job performance of rights staff.

In addition, the Training Unit coordinates education provided by DCH-ORR staff in hospital and centers operated by the Department. These trainings are focused on 1) meeting the mandate that all staff hired by the Department are trained on recipient rights within the first 30 days of hire and 2) adhering to the requirement that hospital and center staff are provided annual in-service training. Education of consumers receiving services in DCH operated facilities on code protected rights is also a function of the DCH-ORR staff and oversight and curriculum development is provided by the Training Unit.

Finally, the Training Unit serves to coordinate and implement educational opportunities with staff of other departments within the state.

Educational Programs

In order to meet the goal of providing educational programs to assure consistency of rights protection, several training opportunities were offered in FY 2001/2002. *Basic Skills*, a two-part session, provided training and skill development required to carry out the responsibilities mandated by Chapters 7 and 7A of the Mental Health Code in part 1, and, in part 2, the skills necessary to do a thorough investigation. The Creative Training Techniques curriculum was reviewed and replaced by a new program, *Developing Effective Rights Training*, a two-day session designed to develop the skills necessary to train agency and provider staff on effective methods for training their staff on Recipient Rights issues. It includes both the principals of training and review of required training content. *Recipient Rights Advisory Committee* training provides the information necessary for committee members to function effectively and carry out their mandated role as advocates for the ORR office and staff. *Appeals Committee* training takes participants through the appeals process and provides the tools necessary to conduct a fair and impartial appellate review. The following is a summary of the sessions offered during FY 2001-02:

Course	Trainers	Date	Attendees
Basic Skills	Silver, Postema, Sobolewski, Churchill	November, 2001	27
Basic Skills	Silver, Postema, Sobolewski, Churchill	January, 2002	16
Basic Skills	Silver, Postema, Sobolewski, Churchill	March, 2002	11
Basic Skills	Silver, Postema, Sobolewski, Mishal	May, 2002	18
Basic Skills	Silver, Postema, Sobolewski Churchill	July, 2002	13
Art of Investigation	Silver, Postema, Sobolewski	January, 2002	18
Art of Investigation	Silver, Postema, Sobolewski	March, 2002	8
Art of Investigation	Silver, Postema, Sobolewski	June, 2002	13
Art of Investigation	Silver, Postema, Sobolewski	August, 2002	8
Developing Effective Rights Training	Sobolewski, Dobbrastine	December, 2001	12
Developing Effective Rights Training	Sobolewski, Dobbrastine	February, 2002	5
Developing Effective Rights Training	Sobolewski, Dobbrastine	June, 2002	8
Developing Effective Rights Training	Sobolewski, Dobbrastine	September, 2002	8
Rights Committee	Baker, Churchill	February, 2002	7
Rights Committee	Silver, Sobolewski	April, 2002	9
Rights Committee	Baker, Churchill	September, 2002	7
Appeals Committee	Baker, Churchill	February, 2002	9
Appeals Committee	Silver, Sobolewski	April, 2002	9
Appeals Committee	Mishal, Churchill	September, 2002	6

Evaluations

Following each training session the training unit received evaluations of the training presented. The following tables are compilations of the evaluation data for FY2001-2002. The evaluation is based on a scale of 1 to 5, with 5 being “excellent”, and 1 being “poor”

Basic Skills Training Program – Part 1	Rating
The information presented	4.79
The organization of the material	4.27
The audio-visual materials and handouts	4.39
The trainer(s) knowledge of the subject matter	4.86
Responses to questions asked	4.70
Presentation as a whole	4.69

Basic Skills Training Program – Part 2	Rating
The information presented	4.75
The organization of the material	4.48
The audio-visual materials and handouts	4.58
The trainer(s) knowledge of the subject matter	4.86
Responses to questions asked	4.80
Presentation as a whole	4.63

Developing Effective Rights Training	Rating
The information presented	4.93
The organization of the material	4.67
The audio-visual materials and handouts	4.87
The trainer(s) knowledge of the subject matter	4.97
Responses to questions asked	4.90
Presentation as a whole	4.87

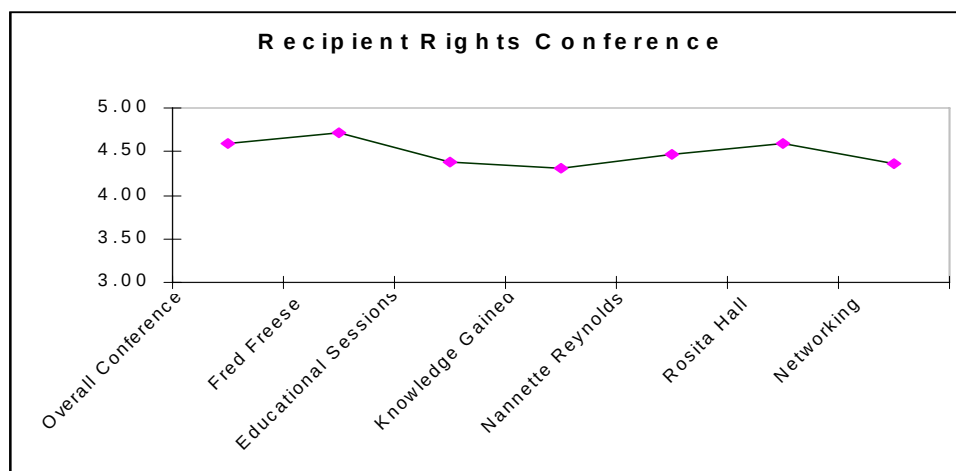
Rights & Appeals Committee	Rating
The information presented	4.63
The organization of the material	4.38
The audio-visual materials and handouts	4.63
The trainer(s) knowledge of the subject matter	4.88
Responses to questions asked	4.75
Presentation as a whole	4.63

Recipient Rights Conference 2001

In an effort to facilitate the objective of bringing consistency to the rights system, the department and the office of recipient rights conduct an annual recipient rights conference. The ORR Training Unit has the overall responsibility for the coordination and implementation of this event, whose purpose is to provide a venue for the Rights staff to receive the annual education mandated in the Mental Health Code and to bring together rights staff, consumers, and staff from ancillary organizations to focus on rights issues and create solutions. The Rights Conference

continues to be self-funded, using no Department financial resources to support the event, and it provides consumer scholarships (2 from each CMHSP) to allow consumers to attend. Hotel accommodations and travel expenses are provided by the sponsoring CMHSP.

The eighth annual conference, “Spotlight on Rights”, was held October 2 through October 5, 2001 at the Amway Grand Plaza Hotel in Grand Rapids. Approximately 350 persons attended. Included in this number were 25 mental health consumers. Responses to the conference evaluation indicated a satisfaction level of 4.6 on a scale of 5.



Rights Training Provided by ORR Staff at DCH Facilities

The Mental Health Code requires that all DCH staff receive training related to recipient rights protection within 30 days of hire. At each of the state psychiatric hospitals, centers for persons with developmental disabilities, and the Center for Forensic Psychiatry, rights staff assigned to the facility are carrying out this mandate, using curricula developed by the Training Unit. This training is a priority for rights staff, and is so essential that it has been established as an objective in the management plans of each field office. The following summarizes the trainings provided at each facility:

Facility	Attendees
Caro Center	55
Center For Forensic Psychiatry	174
Hawthorne Center	37
Kalamazoo Psychiatric Hospital	19
Mt. Pleasant Center	228
Northville Psychiatric Hospital	124
Walter Reuther Hospital	125
Total	762

Rights Training Provided by ORR Staff to DCH Central Office Staff

In FY 2001/2002, the implementation of one of the objective identified in previous Annual Reports - providing training on recipient rights to new staff of the Department within 30 days of hire - was put on hold as DCH was in the process of determining what staff would be appropriate for training.

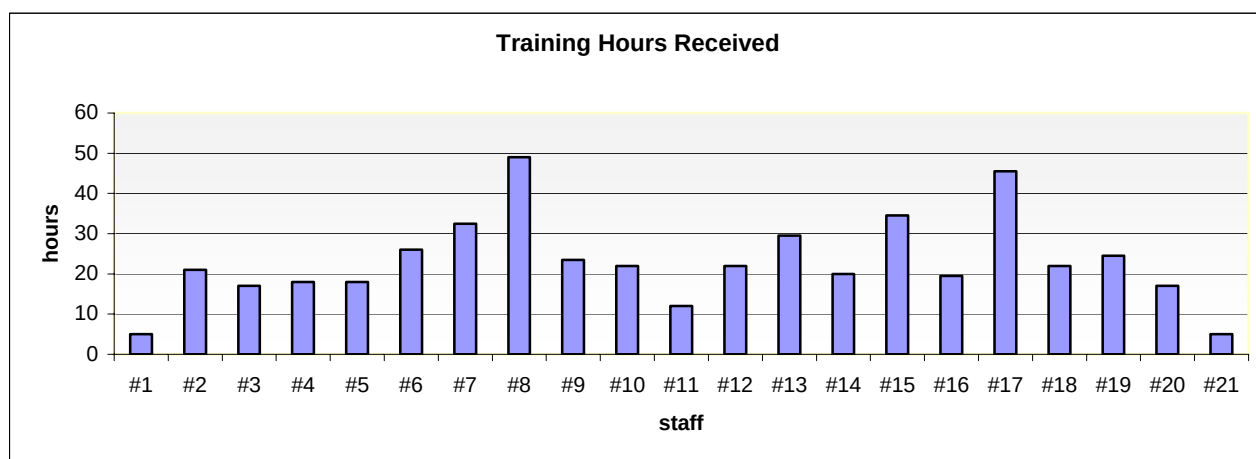
Consumer Education

Three projects were identified under this goal: 1) development of an online training program about rights for consumers, 2) development of an updated video presentation on abuse and neglect to be used by rights staff and consumers when providing training, and 3) provision of rights education to consumers in DCH operated hospitals and centers. At the close of the fiscal year the first project remained in development while the second was put on hold in order to obtain the necessary funding. The third project was carried out by ORR staff at their respective locations. A summary of these trainings is provided in the chart below:

Facility	Attendees
Caro Center	44
Center For Forensic Psychiatry	49
Hawthorne Center	48
Kalamazoo Psychiatric Hospital	80
Mt. Pleasant Center	87
Northville Psychiatric Hospital	1045
Walter Reuther Hospital	993
Total	3383

Recipient Rights Training Received by DCH-ORR Staff

The Mental Health Code requires in section 1754 (d) that “staff of the state office of recipient rights receive training each year in recipient rights protection.” Sixty-four hours of training opportunities were identified for staff, including the Recipient Rights Conference, Roundtables, Recipient Rights Officers Association of Michigan presentations, etc. The following grid summarizes the training in recipient rights protection attended by the 21 DCH-ORR staff employed in the 2001-2002 fiscal year. It should be noted that the hours of training do not include any instances where DCH-ORR staff conducted the training or presentations.



Other Training Efforts

A joint effort between the Michigan Department of Civil Rights and DCH-ORR to provide information about their respective offices, their mandates and the persons they serve was undertaken during this fiscal year. A committee consisting of MDCR and ORR staff met several times to develop a process for the implementation of these information sharing. During FY 2001-02, ORR conducted the first portion of this by developing and implementing training for MDCR staff on issues particular to mental health recipients and some basic education about mental illness. This ongoing process will continue with the focus on training of rights staff by MDCR personnel.

Three reviews were conducted of rights-related training materials submitted to the Department for approval. Comments were made on each and sent back to the provider for content revision.

Concerns

- Development of new training is needed to improve implementation and monitoring of person centered services throughout the state. Programs related to consumer self-advocacy are being developed at the local service provider level for consumers and family members, but coordination of these efforts and a statewide curriculum would enhance the rights system statewide.
- Although training on the recipient rights process for DCH staff was begun in FY2000-01, no concrete process for identifying and making arrangements for new staff to attend these training has been put in place. Thus ORR is not aware of new staff hires and cannot provide the required education for them.
- Analysis of the results of the assessment of CMH rights systems done by the Office of Recipient Rights indicate that, statewide, there is still a lack of consistency in implementation of recipient rights standards and policies.

Recommendations

- 3. ORR recommends that DCH increase the staff resources for the Training Unit by one FTE. This would provide the resources necessary to: a) reduce the utilization of other ORR staff in the training process, and, b) begin the development and implementation of curriculum objectives that focus on utilizing assistive training technologies to benefit consumers and family members.**
- 4. ORR recommends that the DCH Human Resources coordinate with ORR to develop a process, which assures that all DCH employees receive training in recipient rights and the rights protection process within 30 days of hire.**
- 5. In order to assist in the development of consistent recipient rights operations and standards across the state, ORR recommends that language in contractual agreements with CMHSP's or other service providers, include language which requires all recipient rights officers/advisors and alternates, whether employees of community mental health services programs or of their contract agencies, attend, within 3 months of being hired, both of the Basic Skills Training courses and the Developing Effective Training Techniques course offered by the DCH Office of Recipient Rights. *Note: effective October 1, 2002, this requirement is included in the FY2002/04 MDCH/CMHSP General Fund Contract.**

Part III - Community Rights Unit Background

As Chapter 7 of the Mental Health Code requires the establishment of an office of recipient rights in the Department of Community Health, so does it require the establishment of such an office in each Community Mental Health Services Program (CMHSP) and every psychiatric hospital or unit (LPH/U) licensed by the Department of Consumer and Industry Services. There are currently forty-nine CMHSPs and sixty-seven LPH/Us in Michigan.

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. The standards must include those for the protection and promotion of recipient rights. Although standards relevant to 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.

Assessment Process

Each CMHSP recipient rights system is assessed annually by the two ORR Community Rights Unit Staff through careful review of and follow-up on semi-annual and annual reports prepared by each CMHSP rights office and submitted by the executive director. Additionally, the Rights Specialists also conduct an on-site assessment of approximately one-third of the CMHSPs each year. This three day on-site review includes

- entrance conference
- interviews
 - executive director
 - rights office staff
 - consumers
 - CMHSP staff
 - staff of contract providers
 - Recipient Rights Advisory Committee members
 - Recipient Rights Appeals Committee members
- compliance review
 - complaint case files
 - logs
 - Code mandated reports and notices,
 - appeals cases
 - rights related policies required by the Code (twenty-two)
 - review of contract language to ascertain clarity as to how rights will be protected during the contract period
 - training requirements
- site visits
 - representational sample of CMHSP directly operated service
 - service contracted by the CMHSP
 - LPH/U under contract with the CMHSP. DCH-ORR looks for evidence of rights protection and coordination with the CMHSP rights offices

- exit conference

If a serious deficiency were found, this would also be reported to the Psychiatric Licensing Consultant with the Department of Consumer and Industry Services.

Assessment Results FY 2000/2001

Between October 1 2002 and September 30 2002, 18 CMHSP rights protection systems were evaluated through on-site assessments conducted by the Office of Recipient Rights Community Rights Unit Specialists. Beginning in March 2001, a rights system was scored as being in less than substantial compliance, even if the overall score was in the range of substantial compliance, if the Specialists determined that a deficiency previously cited in the last assessment had not been corrected at the time of the current assessment. CMHSPs scored in this manner have an * in the table below. One CMHSP received an overall score of less than substantial compliance as well as repeat citations. That CMHSP is identified with an ** below.

Full Compliance (FC) = 292 points

Substantial Compliance (SC) = 263 to 291 points

Less Than Substantial Compliance (LSC) = Less than 263 points

CMHSP	SCORE	RESULTS
Midland-Gladwin	273*	*LSC/Repeat Citations
VanBuren	268	SC
Kent	289	SC
Barry	290	SC
Clinton-Eaton-Ingham	283*	*LSC/Repeat Citations
Ionia	284*	*LSC/Repeat Citations
Ottawa	289	SC
Livingston	286	SC
Manistee-Bemzie	291	SC
Berrien/Riverwood	275*	*LSC/Repeat Citations
Bay-Arenac	283*	*LSC/Repeat Citations
Pathways	289	SC
Central Michigan	276*	*LSC/Repeat Citations
Antrim-Kalkaska	280*	*LSC/Repeat Citations
Lenawee	280	SC
Copper Country	287*	*LSC/Repeat Citations
Kalamazoo	262**	*LSC for Overall Score *LSC/Repeat Citations

CMHSP	SCORE	RESULTS
Sanilac	292	<u>Full Compliance</u>

Assessment Standards Analysis

The scores on Attachment A Standards of each of the CMHSP rights systems assessed were analyzed to determine which of the Standards were most frequently cited as deficient. Following are the 6 most frequently cited:

Section I – OFFICE OF RECIPIENT RIGHTS AND THE CMHSP RIGHTS SYSTEM (Note: All “H Standards” may involve some level of coordination with other recipient rights offices in another CMHSP or licensed hospital.)

- Standard H.6. The office of recipient rights...ensured that each service site is visited with the frequency necessary for the protection of rights but in no case less than annually. (MCL 330.1755[5][e]) Cited in 9 CMHSPs
- Standard H.7. The office of recipient rights...ensured that all individuals employed by the CMHSP or contract agency receive training related to recipient rights protection before or within 30 days after being employed. (MCL 330.1755[5][f]) Cited in 8 CMHSPs.
- Standard H.8. The office of recipient rights...reviewed recipient rights policies and the rights system of each provider under contract with the CMHSP to ensure the rights system of the provider is in compliance with the Mental Health Code and is of a uniformly high standard. (MCL 330.1755[5][g]) Cited in 8 CMHSPs.
- Standard H.12. The office of recipient rights...ensured that all reports of apparent or suspected violations of rights within the CMHSP were investigated in accordance with requirements of Chapter 7A of the Mental Health Code. (MCL 330.1755[5][i]) Cited in 7 CMHSPs.

Section II – COMPLAINT INVESTIGATION AND RESOLUTION

- Standard O. The rights office issued a written status report every 30-calendar days during the course of the investigation to complainant, respondent and the responsible mental health agency. (MCL 330.778[4]) Cited in 8 CMHSPs.
- Standard T. The remedial action taken (as result of a substantiated rights violation) was documented and made part of the record maintained by the rights office. (MCL 330.1780[2]) Cited in 7 CMHSPs.

Coordination Of Rights Protection In Contracted Mental Health Service Providers

The Michigan Mental Health Code (MHC), Act 258 of 1974 as amended in 1996, in Section 755 mandates the basic requirements for the establishment of a recipient rights protection system and the responsibilities of each community mental health services program=s office of recipient rights. As noted above, compliance by CMHSP rights systems with these “H standards” standards related to Section 755 has historically been found to be deficient. Since the inception of the code required rights protection system, the manner of providing the mental health services has changed while the requirements of the rights office for providing rights protection has remained essentially the same. The result is the necessary adaptation of the rights system to meet the needs of the recipients of the evolving mental health service programs while meeting its legal mandates.

Most significant to the changing needs for the rights system is the ever-increasing use of contracted mental health services in an ever-expanding geographic area. The mandated person-centered planning process and the move towards increasing self-determination has added yet another dimension to the service delivery system and rights protection as mental health services are provided in more non-traditional ways.

In January 2002, DCH-ORR established a workgroup composed of CMHSP rights officers, CMHSP contracts managers, and hospital rights advisors for the purpose of addressing the challenges of rights protection for a recipient of contracted services. The experiences of rights officers from both rural and urban CMHSPs were taken into account as well as the experiences of CMHSP contracts managers and rights advisors at licensed psychiatric hospitals (LPH/U). The resulting suggested approaches for coordination of rights protection services for recipients in contracted mental health services, issued in August 2002, were intended to offer rights officers and advisors choices of actions depending on their particular situation to assist them in the coordination of rights protection with contracted service providers.

The Suggested Approaches document identifies: (1) what a mental health service is; (2) the jurisdiction of a recipient rights office; (3) the responsibilities of a rights office in providing or assuring quality rights protection services and (4) contract language specification as to rights office jurisdiction, establishment of provider’s policy and procedure or compliance with CMHSP policy and procedures, policy and procedure compliance review, monitoring site visits, required postings and staff training.

Following are recommendations made to the department’s Office of Recipient Rights by the work group contained in the Suggested Approaches document:

Policy and Procedure

- A. Facilitate the review of the rights policies and procedures of LPH/Us by the Department of Consumer and Industry Services (DCIS) using the DCH/ORR Attachment AB@, Basic Elements for Recipient Rights Policies and/or other mutually agreed upon tool, such as Centers for Medicare and Medicaid Services (CMS) standards.
- B. Ensure that the results of the policy review or confirmation of compliant policies is available to the CMHSP contracting with an LPH/U. Suggested methods are:

1. DCIS provides the LPH/U with documentation indicating the results of the policy review. That documentation will be made available to the contracting CMHSP rights office upon request, or
 2. DCIS provide the results of the policy review to CMHSP rights office upon request, or
 3. DCIS provide the DCH ORR with the policy review results for release to CMHSP rights office upon request.
- C. Develop a mechanism that will make available to rights offices information on the compliance status of each CMHSP rights system relative to compliance with policy standards.

Site Visits

- A. Facilitate a workgroup for the purpose of establishing minimum standards for annual rights site visits in an effort to promote a Auniformly high standard@ for rights site visits statewide.
- B. Maintain information on the MDCH web site to provide results of the DCH/ORR on-site assessment of each CMHSP indicating the assessment date, score and level of compliance (full, substantial or less than substantial and/or repeat citations).

Rights Coordination

- A. Establish a mechanism for statewide access to data concerning mental health service providers based on information provided by rights offices of the CMHSP who contract with the providers. Information including, results of rights policy review, site visits, and rights training compliance could then be accessed by rights offices to fulfill their rights coordination responsibilities.
- B. Establish protocol for the coordination of rights protection including the sharing of rights investigation information between CMHSP rights offices and the state facility rights advisors.

Substance Abuse Treatment Rights Protection

Recommend legislation and Administrative Rule revisions as appropriate to provide Mental Health and Substance Abuse Recipient Rights under the same laws and regulations, perhaps adopting the stronger provisions of each as they apply.

Technical Assistance

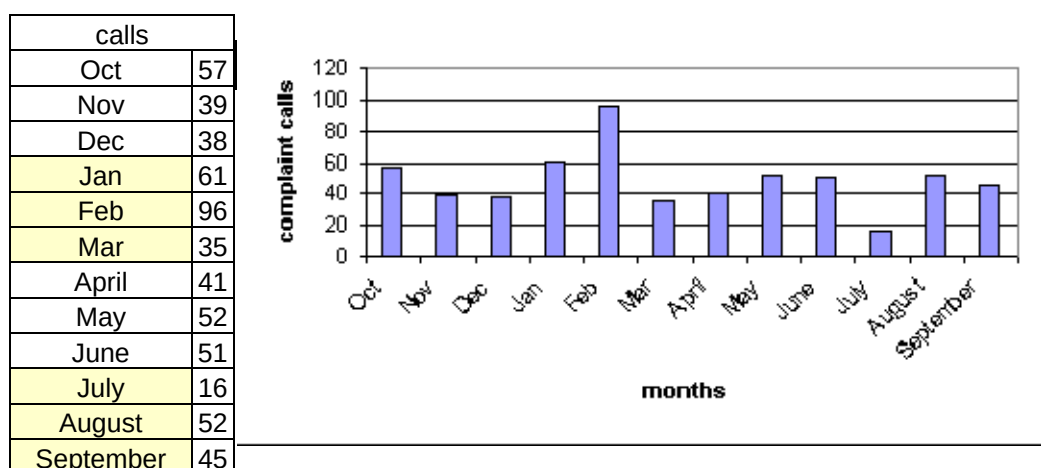
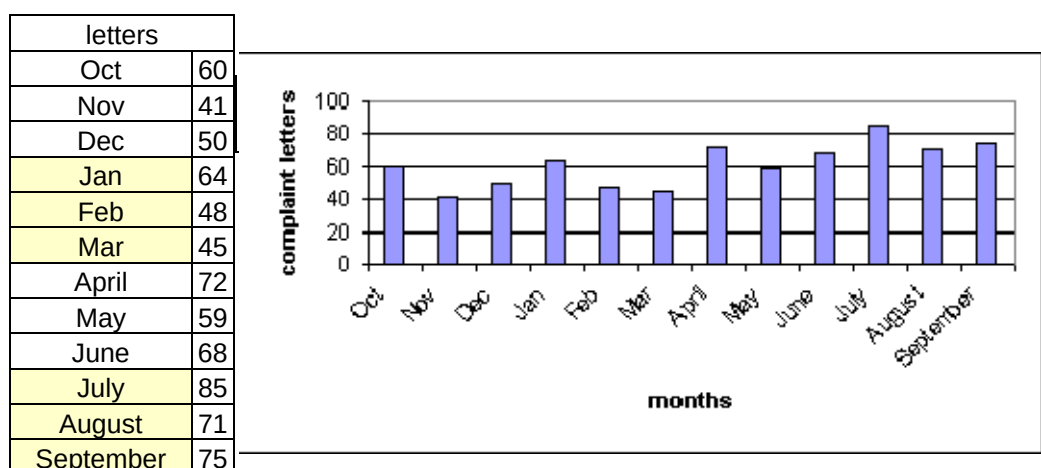
Throughout this past fiscal year, the Community Rights Specialists and Rights Information Analyst have provided technical assistance and consultation to rights officers/advisors in community based mental health services in a timely and quality manner. The Rights Information Analyst has also taken primary responsibility in responding daily to callers on the ORR toll free line and routing written complaints received in the Lansing office.

Community Rights Specialists provide a further opportunity for recipient rights officers/advisors to receive technical assistance through “roundtable” meetings hosted by various community rights offices. Four roundtables were held in FY 2001/2002 providing community based rights officers/advisors as well as DCH-ORR rights advisors the opportunity to review difficult cases, consult with the rights specialists and network with other rights officers/advisors.

Information And Referral

The Information Analyst 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 the semi-annual and annual reports received from the CMHSPs and licensed private psychiatric hospitals. In addition, the Analyst acts as support to the Training Unit, Community Rights Specialists and the ORR Director of Community and Field Operations. The Information Analyst maintains the Rights Advisors/Officers Directory, available via e-mail and the DCH website. DCH-ORR also maintains a mass e-mail directory, which includes all CMHSP rights offices (with the exception of Hiawatha CMH), and 89% of LPH/U rights advisors. Five hospital rights advisors utilized personal addresses, (bringing the total to 98%) as the hospitals have failed to provide e-mail access to 5 rights offices in the state.

Calls to the 1-800 complaint line and complaints received at the Department Office in Lansing are referred to the rights office having jurisdiction over the matter. Data was collected regarding the number of calls and letters received by the office during FY 2001/2002. There were 738 written complaints and 583 calls to the department on the 1-800-854-9090 line.



Part III - Community Rights Unit

Recommendations

- 6. The DCH Office of Recipient Rights recommends that the department maintain its support for the current staffing resources for the ORR Community Rights Unit.**

Results of PCP Survey in State Hospitals and Centers

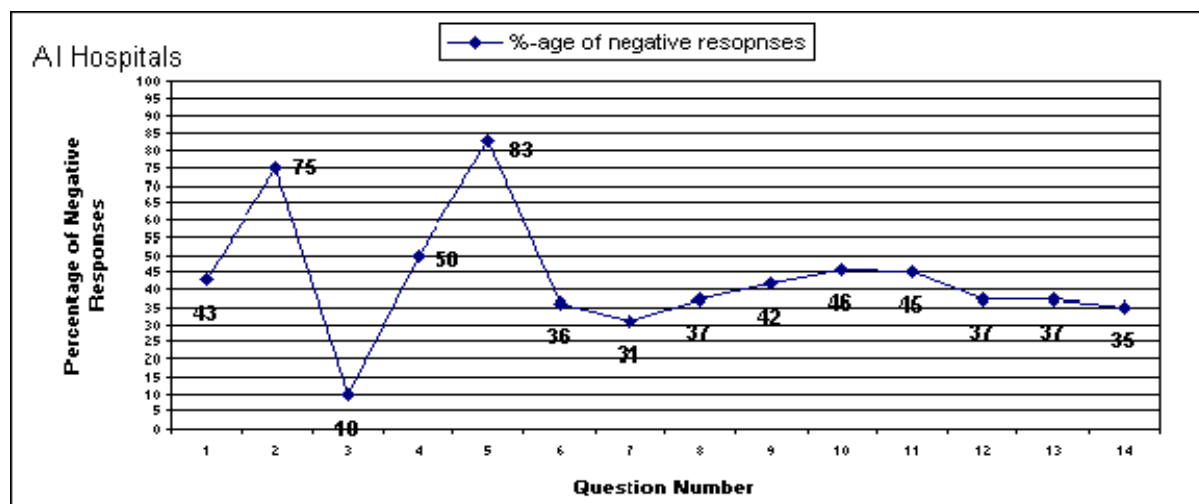
Survey Questions

- 1 Did anyone tell you about the person-centered planning process that would be used to put together your treatment plan here at the hospital/center?
- 2 Did you get to choose who would lead your planning meeting?
- 3 Did you get to go to your planning meeting?
- 4 Did you get to choose and invite other people you wanted to be involved in your planning meeting?
- 5 Did you get to choose the date and time for your meeting?
- 6 Were you asked to share with the group information that was important to you in the treatment planning process?
- 7 Were you given chances throughout the meeting to tell the group about what you felt you needed and the results you wanted from treatment?
- 8 Did members of the group clearly explain treatment options that were available for you to meet your needs and treatment results you wanted?
- 9 Did you have a chance to clearly tell the group what you preferred as far as treatment options?
- 10 Were you allowed to make choices about the treatment options?
- 11 Did you and the group talk about your preferences and strengths?
- 12 Did you and the group talk about barriers you had to overcome to accomplish your treatment goals?
- 13 Did the group agree to work together with you to carry out the plan and tell you when you all would meet again to talk about your progress?
- 14 Were you happy with how the planning went?

All Hospitals

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	120	92	52	159	202	22	108	106	35	175	134	75	142	65	131	77	120	87	113	95	114	93	132	76	135	78	132	70
total answers	212		211		224		214		210		209		207		208		207		208		207		208		213		202	
% score	57	43	25	75	90	10	50	50	17	83	64	36	69	31	63	37	58	42	54	46	55	45	63	37	63	37	65	35

#	%
1	43
2	75
3	10
4	50
5	83
6	36
7	31
8	37
9	42
10	46
11	45
12	37
13	37
14	35



Results of PCP Survey in State Hospitals and Centers

Survey Questions

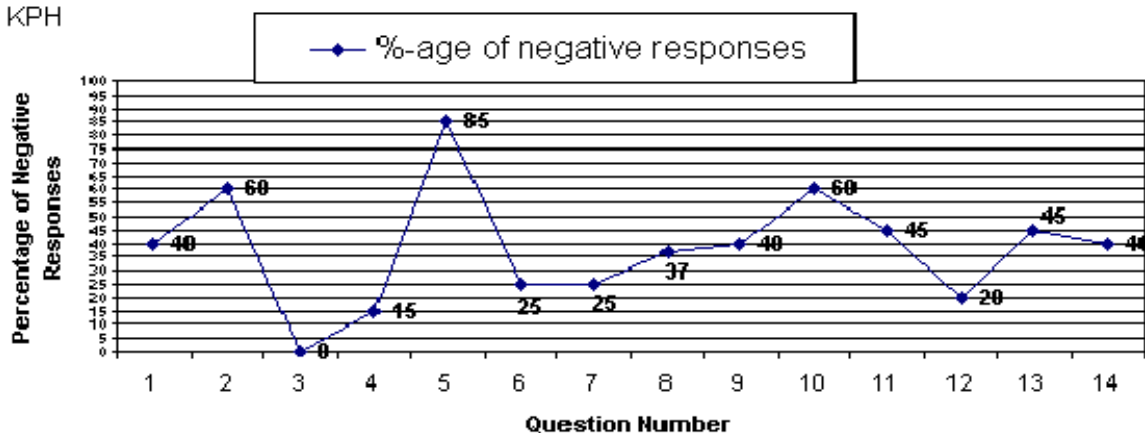
- 1 Did anyone tell you about the person-centered planning process that would be used to put together your treatment plan here at the hospital/center?
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- 3 Did you get to go to your planning meeting?
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- 7 Were you given chances throughout the meeting to tell the group about what you felt you needed and the results you wanted from treatment?
- 8 Did members of the group clearly explain treatment options that were available for you to meet your needs and treatment results you wanted?
- 9 Did you have a chance to clearly tell the group what you preferred as far as treatment options?
- 10 Were you allowed to make choices about the treatment options?
- 11 Did you and the group talk about your preferences and strengths?
- 12 Did you and the group talk about barriers you had to overcome to accomplish your treatment goals?
- 13 Did the group agree to work together with you to carry out the plan and tell you when you all would meet again to talk about your progress?
- 14 Were you happy with how the planning went?

Kalamazoo Psychiatric Hospital

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
score	12	8	8	12	20	0	17	3	3	17	15	5	15	5	12	7	12	8	8	12	11	9	16	4	11	9	12	8
total answers	20		20		20		20		20		20		20		19		20		20		20		20		20		20	
% score	60	40	40	60	100	0	85	15	15	85	75	25	75	25	63	37	60	40	40	60	55	45	80	20	55	45	60	40

%
1 40
2 60
3 0
4 15
5 85
6 25
7 25
8 37
9 40
10 60
11 45
12 20
13 45
14 40

KPH



Results of PCP Survey

in State Hospitals and Centers

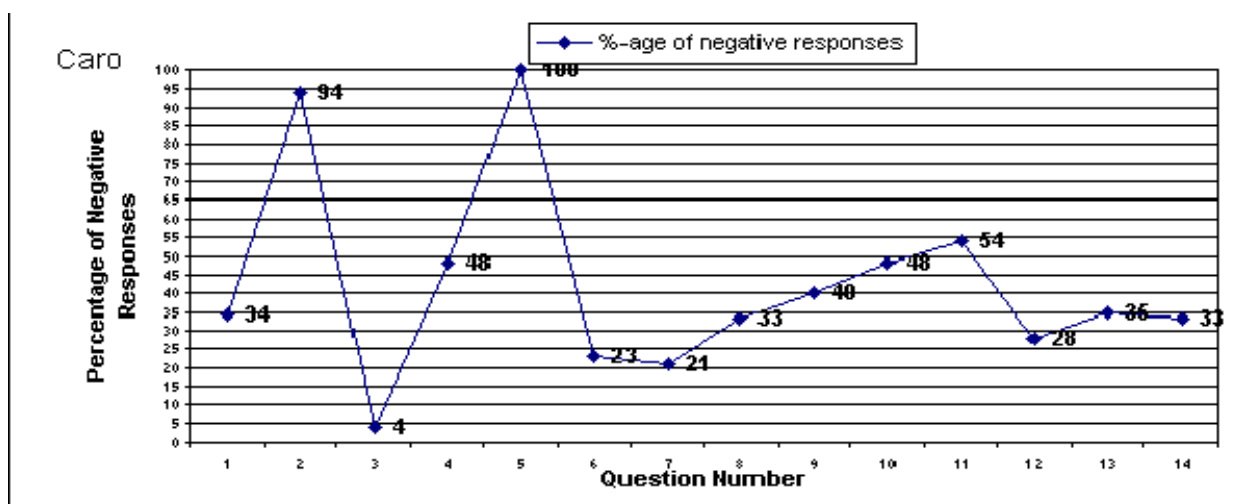
Survey Questions

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- 14 Were you happy with how the planning went?

Caro

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
score	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
total answers	31	16	3	45	46	2	25	23	0	48	36	11	37	10	32	16	29	19	24	22	21	25	34	13	35	19	33	16
% score	66	34	6	94	96	4	52	48	0	100	77	23	79	21	67	33	60	40	52	48	46	54	72	28	65	35	67	33

%
 1 34
 2 94
 3 4
 4 48
 5 100
 6 23
 7 21
 8 33
 9 40
 10 48
 11 54
 12 28
 13 35
 14 33



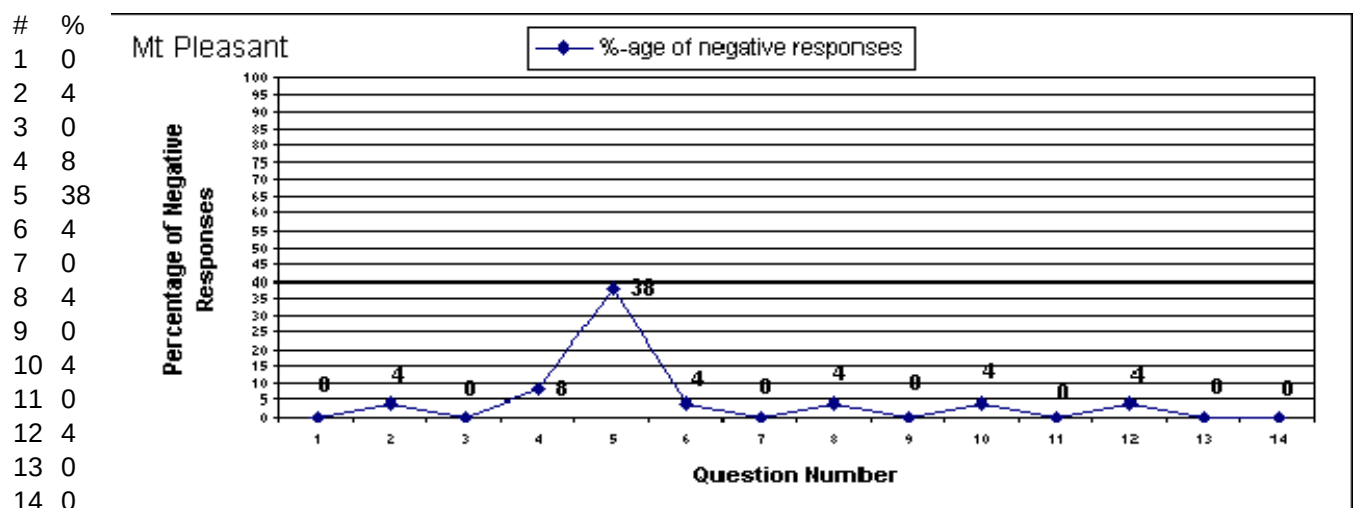
Results of PCP Survey in State Hospitals and Centers

Survey Questions

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- 14 Were you happy with how the planning went?

Mount Pleasant

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
score	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
total answers	26	0	23	1	37	0	24	2	16	10	25	1	26	0	24	1	25	0	25	1	26	0	25	1	26	0	25	0
% score	100	0	96	4	100	0	92	8	62	38	96	4	100	0	96	4	100	0	96	4	100	0	96	4	100	0	100	0



Results of PCP Survey in State Hospitals and Centers

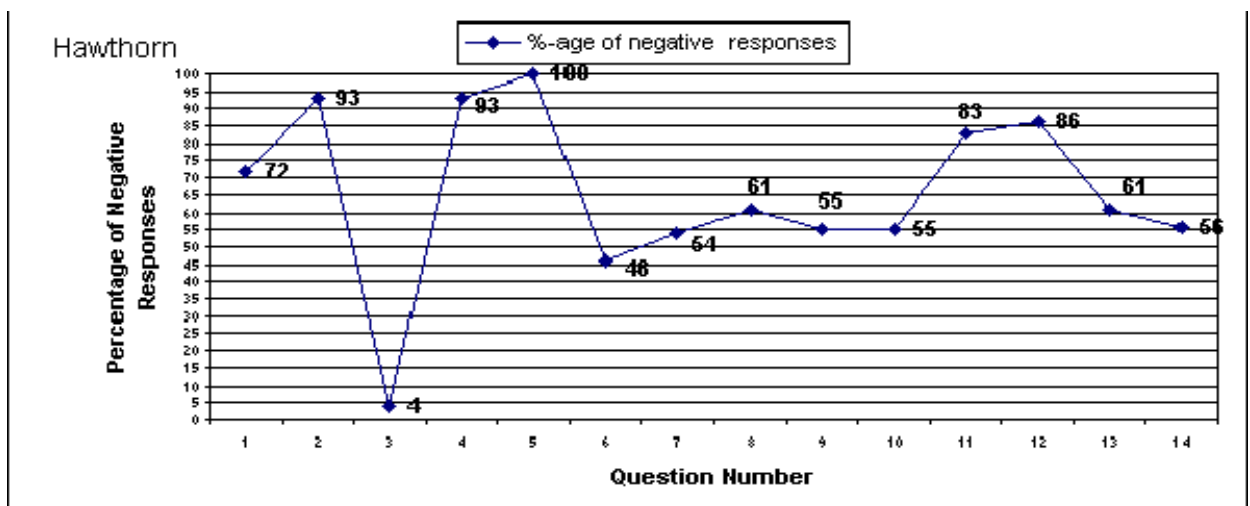
Survey Questions

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- 14 Were you happy with how the planning went?

Hawthorn

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
score	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
total answers	8	21	2	27	27	1	2	27	0	29	15	13	12	14	11	17	13	16	13	16	5	24	4	25	11	17	12	15
% score	28	72	7	93	96	4	7	93	0	100	54	46	46	54	39	61	45	55	45	55	17	83	14	86	39	61	44	56

#	%
1	72
2	93
3	4
4	93
5	100
6	46
7	54
8	61
9	55
10	55
11	83
12	86
13	61
14	56



Results of PCP Survey

in State Hospitals and Centers

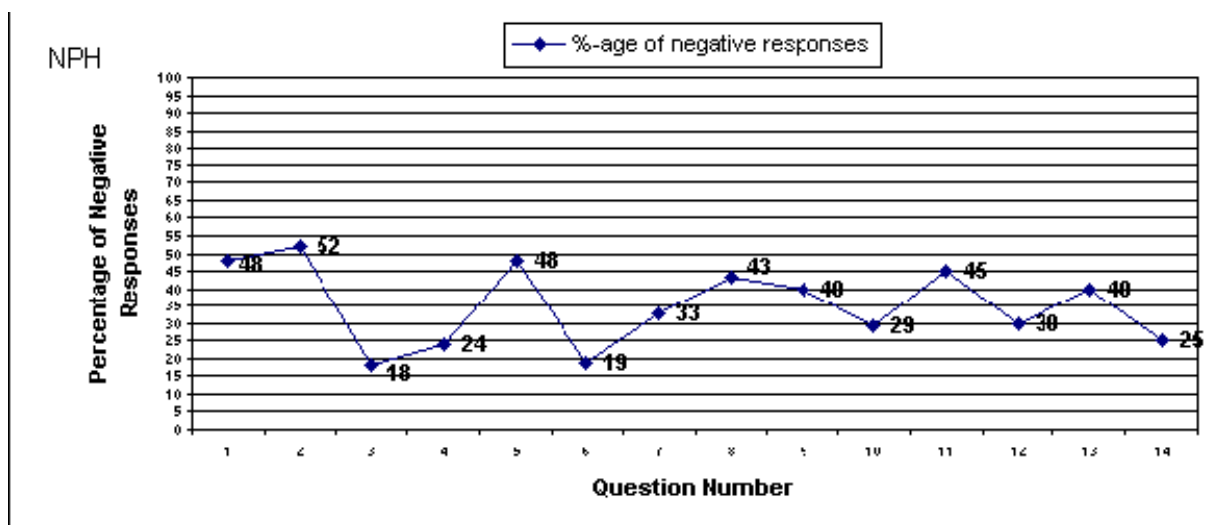
Survey Questions

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Northville Psychiatric Hospital

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
score	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
total answers	11	10	10	11	18	4	16	5	11	10	17	4	14	7	12	9	12	8	15	6	11	9	14	6	12	8	15	5
% score	21	48	48	52	82	18	76	24	52	48	81	19	67	33	57	43	60	40	71	29	55	45	70	30	60	40	75	25

#	%
1	48
2	52
3	18
4	24
5	48
6	19
7	33
8	43
9	40
10	29
11	45
12	30
13	40
14	25



Results of PCP Survey

in State Hospitals and Centers

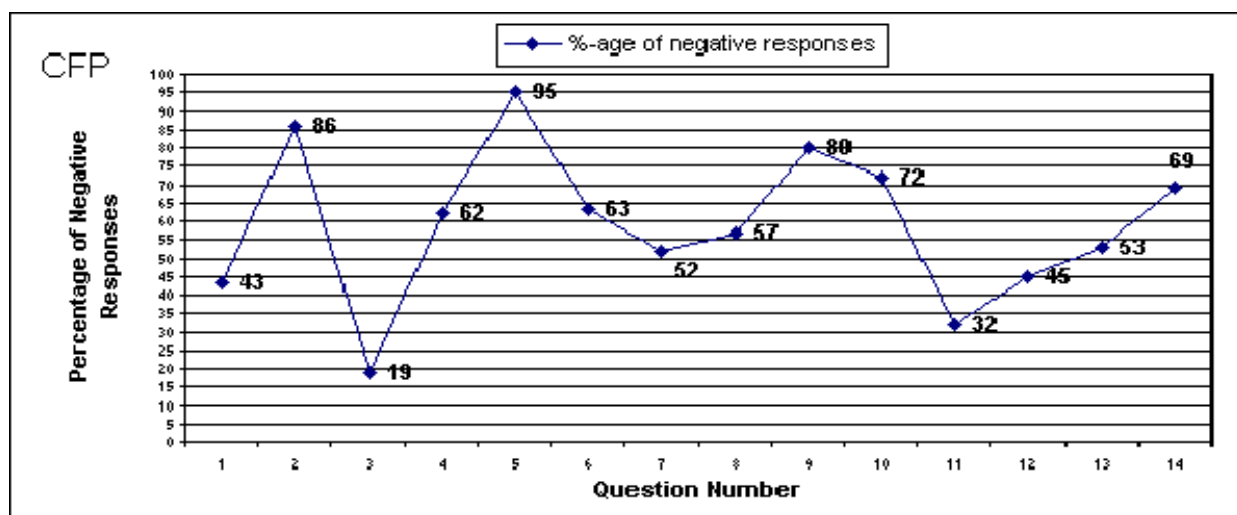
Survey Questions

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Forensic Center

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
score	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
total answers	12	9	3	18	17	4	8	13	1	20	7	12	10	11	9	12	4	16	5	13	13	6	11	9	9	10	5	11
% score	21	43	14	86	81	19	38	62	5	95	37	63	48	52	43	57	20	80	28	72	68	32	55	45	47	53	31	69

%
1 43
2 86
3 19
4 62
5 95
6 63
7 52
8 57
9 80
10 72
11 32
12 45
13 53
14 69



Results of PCP Survey in State Hospitals and Centers

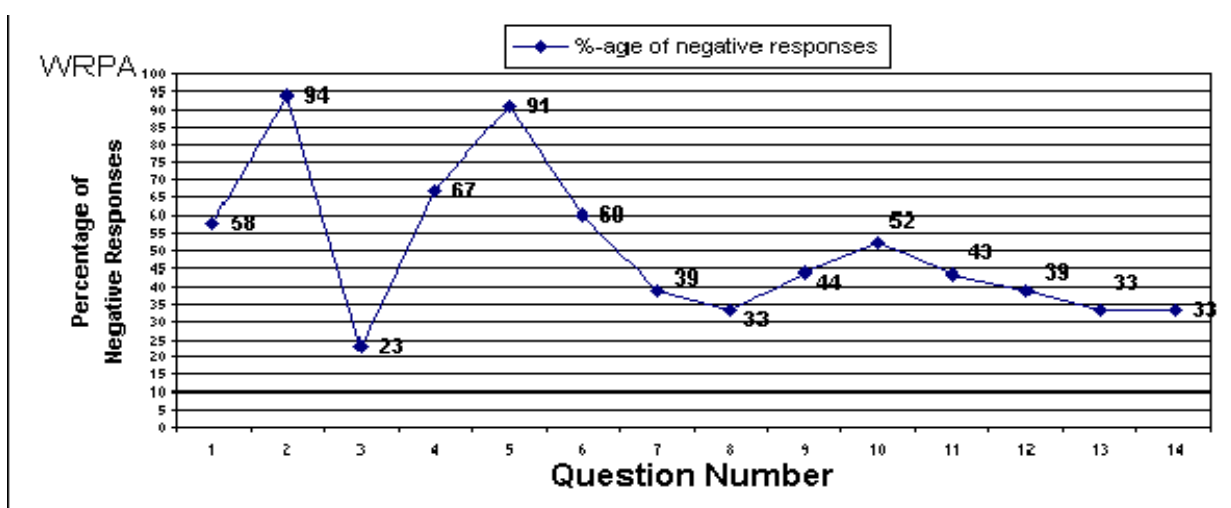
Survey Questions

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Walter Reuther

	#1		#2		#3		#4		#5		#6		#7		#8		#9		#10		#11		#12		#13		#14	
score	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
total answers	20	28	3	45	37	11	16	33	4	41	19	29	28	18	31	15	25	20	23	25	27	20	28	18	31	15	30	15
% score	42	58	6	94	77	23	33	67	9	91	40	60	61	39	67	33	56	44	48	52	57	43	61	39	67	33	67	33

%
1 58
2 94
3 23
4 67
5 91
6 60
7 39
8 33
9 44
10 52
11 43
12 39
13 33
14 33



Attachment B

Code	Category	State Hospitals		CMHSP's		LPH/Us	
		Received	Substantiated	Received	Substantiated	Received	Substantiated
7221	Abuse Class I	3	0	31	2	6	2
7222	Abuse Class II	165	21	728	208	76	9
7223	Abuse Class III	111	18	438	154	41	4
7224	Sexual Abuse	21	1	82	13	37	8
7225	Neglect Class I	10	2	133	23	21	2
7226	Neglect Class II	10	8	236	115	12	2
7227	Neglect Class III	24	16	1081	610	66	17
7760	Access to Rights System	6	0	12	6	6	0
7545	Retaliation/Harassment	0		18	6	5	0
7060	Notice/Explanation of Rights	1	0	31	21	13	3
7780	Complaint Investigation Process	2	0	15	5	1	0
7840	Appeal Process	0		4	2	2	0
7880	Mediation	1	0	2	1	0	0
7520	Failure to Report	0		100	81	1	0
0772	Rights Protection / other	1	0	20	10	3	0
7050	Second Opinion – Denial of Services	0		19	6	6	2
4090	Second Opinion - Denial of Hospitalization	0		7	3	4	0
4980	Objection to Hospitalization - Minor	0		0	0	4	0
4190	Termination of Voluntary Hospitalization (adult)	1	0	1	0	42	1
4630	Independent Clinical Examination	0		0	0	2	0
4510	Court Hearing/Process	88	0	3	0	134	6
0400	Adm/Disc/2 nd Opinion - Other	48	1	14	3	103	16
7040	Dignity & Respect	237	15	900	315	363	70
7041	Discrimination	6	0	8	1	14	2
7042	Accommodation	6	0	16	2	6	2
7043	Privacy/Search	14	1	18	2	29	5
7044	Religious Practice	17	3	14	2	12	1
7045	Voting	1	0	1	0	1	1
7046	Sexual Expression	0		0	0	1	0
7047	Presumption of Competency	0		1	0	0	0
7048	Marriage/Divorce	0		2	0	0	0
0704	Civil Rights Other	4	0	11	3	35	0
7111	Dignity & Respect	4	0	55	16	39	10
7112	Receipt of General Education Information	0		1	0	4	0
7113	Opportunity to Provide Information	0		3	1	4	0
7261	Visitation	16	1	13	3	25	0
7262	Contact with Attorneys or others regarding legal matters	5	0	0	0	4	0
7263	Access to telephone	32	2	44	15	49	3
7264	Funds for postage, stationery, telephone usage	3	0	3	1	5	2
7265	Written and posted limitations, if established	0		0	0	1	0
7266	Uncensored Mail	9	0	17	3	2	1
7267	Access to entertainment materials, information, news	39	2	13	6	8	2
0726	Communication and Visits Other	10	0	2	1	5	1
7481	Access to Record	10	1	47	20	37	11

Code	Category	State Hospitals		CMHSP's		LPH/Us	
		Received	Substantiated	Received	Substantiated	Received	Substantiated
7482	Copies of Record Information	1	0	7	4	10	1
7483	Identification	0		60	34	15	6
7484	Authorization to Release	9	1	81	34	27	6
7485	Exclusions	0		3	0	4	0
7486	Correction of Record	4	0	14	2	13	5
7487	Access by P & A to Records	0		0	0	0	0
7501	Privileged Communication	1	0	11	3	18	5
0748	Confidentiality/Privileged Communications /Disclosure Other	4	1	48	12	20	4
7081	Safe Environment	261	29	456	181	151	35
7082	Sanitary	52	8	130	53	125	24
7083	Humane	134	25	82	25	52	12
7084	Accessible	10	1	14	3	2	0
7085	Nutrition	107	3	79	17	79	10
7086	Least Restrictive Setting	40	3	33	5	15	3
0708	Treatment Environment Other	80	10	9	2	30	4
7400	Restraint	17	1	17	10	33	7
7420	Seclusion	3	1	1416	7	16	3
7441	Building and grounds Access	143	8	5	3	9	1
7442	Limitations	105	2	22	5	11	3
0744	Freedom of Movement Other	26	1	14	5	8	0
7301	Safeguarding Money	33	3	64	23	3	0
7302	Facility Account	11	0	8	0	1	1
7303	Easy Access to Money in Account	41	1	24	2	0	0
7304	Ability to Spend or Use as Desired	7	0	16	1	0	0
7305	Delivery of Money upon Release	1	0	4	2	0	0
7360	Labor & Compensation	9	0	10	2	0	0
0730	Financial Rights Other	42	1	32	4	4	0
7281	Possession and Use	80	3	57	21	58	7
7282	Storage Space	4	0	6	4	9	2
7283	Inspection at Reasonable Times	1	0	0	0	1	0
7284	Search/Seizure	7	0	8	1	6	1
7285	Exclusions	0		1	0	1	0
7286	Limitations	3	0	2	2	3	0
7287	Receipt to recipient and designated individual	5	0	3	1	8	1
7288	Waiver	0		0	0	0	0
7289	Protection	151	14	35	6	219	74
0728	Personal Property Other	56	11	12	4	15	3
7080	Treatment suited to condition	410	15	1350	381	264	24
7049	Treatment by spiritual means	0		4	0	5	1
7100	Physical & Mental Exams	0		8	1	28	6
7130	Choice of physician/mental health professional	11	0	57	6	51	1
7140	Notice of clinical status	2	1	11	3	18	1
7150	Services of M.H. professional	1	0	23	5	36	3
7003	Informed Consent	0		27	4	16	3
7170	Electro-Convulsive Therapy (ECT)	0		0	0	6	1
7160	Surgery	1	0	0	0	1	0
7158	Medication	136	0	180	56	197	16
7190	Notice of medication side effects	0		3	1	19	1
7180	Psychotropic Drugs	54	0	8	0	10	1
7029	Information on Family Planning	0		0	0	0	0

Code	Category	State Hospitals		CMHSP's		LPH/Us	
		Received	Substantiated	Received	Substantiated	Received	Substantiated
0700	Suitable Services Other	29	2	33	2	55	8
7121	Person-centered Process	10	4	99	42	22	4
7122	Timely development	0		26	19	2	1
7123	Request for Review	0		5	1	2	0
7124	Participation by Individual(s) of choice	1	0	2	0	3	2
7125	Assessment of Needs	0		28	17	34	0
0712	Treatment Planning Other:	5	0	17	6	11	3
7241	Prior Consent	0		1	0	1	0
7242	Identification	0		0	0	1	0
7243	Objection	0		0	0	0	0
7244	Release to Others/Return	0		0	0	0	0
7245	Storage/Destruction	0		0	0	0	0
7246	Treatment	0		1	0	0	0
2020	I.S.T.	16	0	0	0	0	0
2050	N.G.R.I.	8	0	0	0	0	0
7000	Recipient to Recipient Sexual Misconduct	16	2	0	0	0	0
	Totals	3053	243	8810	2682	2977	477
0001	Outside Provider Jurisdiction	99		568		118	
0000	No Right Involved	488		692		898	
0002	No Reasonable Suspicion	18		0		0	
	Total of All Complaints	3658		10070		3994	

Complaint Summary by Category and Facility

The following state hospital summary tables reflect the complaints received at each of the 7 state facilities. The combined data for all state facilities is found on page 7.

313 - Center For Forensic Psychiatry	320 Hawthorne Center
335 Kalamazoo Psychiatric Hospital	350 Mt. Pleasant Center
360 Northville Psychiatric Hospital	373 Caro Center
377 Walter Reuther Hospital	

1. Center for Forensic Psychiatry (313)

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7222	Abuse Class II	16	16	0		0
7223	Abuse Class III	13	13	3	01x2, 03x1	0
7224	Sexual Abuse	6	6	0		0
7226	Neglect Class II	1	1	0		0
4510	Court Hearing/Process	10	0	0		10
0400	Adm/Disc/2 nd Opinion - Other	20	0	1	14x1	20
7040	Dignity & Respect	24	8	0		16
7042	Accommodation	2	2	0		0
7044	Religious Practice	2	0	0		2
7045	Voting	1	0	0		1
0704	Civil Rights Other	1	0	0		1
7261	Visitation	1	0	0		1
7262	Contact with Attorneys or others regarding legal matters	2	0	0		2
7263	Access to telephone	3	0	0		3
7264	Funds for postage, stationery, telephone usage	1	0	0		1
7266	Uncensored Mail	9	0	0		9
0726	Communication and Visits Other	4	0	0		4
7486	Correction of Record	1	0	0		1
7081	Safe Environment	23	2	2	12 x 1, 14 x 1	21
7082	Sanitary	4	0	1	14x1	4
7083	Humane	18	0	0		18
7084	Accessible	4	0	0		4
7085	Nutrition	12	0	0		12
7086	Least Restrictive Setting	1	0	0		1
0708	Treatment Environment Other	80	0	1	14x1	80
7420	Seclusion	1	0	0		1
7441	Building and grounds Access	2	0	0		2
7442	Limitations	13	0	0		13
0744	Freedom of Movement Other	5	0	0		5
7301	Safeguarding Money	2	0	0		2
7302	Facility Account	7	0	0		7
7303	Easy Access to Money in Account	6	0	0		6
7304	Ability to Spend or Use as Desired	3	0	0		3
7305	Delivery of Money upon Release	1	0	0		1
7360	Labor & Compensation	2	0	0		2
0730	Financial Rights Other	8	0	0		8
7281	Possession and Use	15	1	1	7x1	14
7282	Storage Space	1	0	0		1
7283	Inspection at Reasonable Times	1	0	0		1
7284	Search/Seizure	4	0	0		4

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7286	Limitations	1	0	0		1
7287	Receipt to recipient and designated individual	3	0	0		3
7289	Protection	24	0	1	14x1	24
0728	Personal Property Other	7	0	0		7
7080	Treatment suited to condition	114	3	1	2x1	111
7130	Choice of physician/mental health professional	1	0	0		1
7158	Medication	35	0	0		35
0700	Suitable Services Other	6	0	0		6
2020	I.S.T.	10	0	0		10
2050	N.G.R.I.	8	0	0		8
7000	Recipient to Recipient Sexual Misconduct	1	0	0		1
	Totals	540	52	11		488
0001	Outside Provider Jurisdiction	18				
0000	No Right Involved	45				
		603				

2. Hawthorn Center (320)

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7222	Abuse Class II	13	13	3	3x1, 43x1, 4x1, 8x1	0
7223	Abuse Class III	11	11	1	3x1	0
7224	Sexual Abuse	1	1	0		0
7225	Neglect Class I	1	1	0		0
7226	Neglect Class II	1	1	1	4x1	0
7227	Neglect Class III	7	7	1	4x1	0
7040	Dignity & Respect	7	3	2	2x1, 4x1	4
7043	Privacy/Search	1	0	0		1
0704	Civil Rights Other	1	0	0		1
7111	Dignity & Respect	1	0	0		1
7263	Access to telephone	1	0	0		1
7267	Access to entertainment materials, information, news	1	0	0		1
0726	Communication and Visits Other	1	0	0		1
7081	Safe Environment	21	2	0		19
7082	Sanitary	3	0	2	11x2	3
7083	Humane	3	0	2	11x1, 14x1	3
7085	Nutrition	6	0	1	14x1	6
0708	Treatment Environment Other	6	0	0		6
7400	Restraint	2	2	1	1x1	0
7441	Building and grounds Access	3	0	0		3
7442	Limitations	1	0	0		1
0744	Freedom of Movement Other	2	0	0		2
0730	Financial Rights Other	1	1	0		0
7281	Possession and Use	1	0	0		1
7080	Treatment suited to condition	6	0	0		6
7158	Medication	2	1	0		1
0700	Suitable Services Other	14	0	1	13x1	14
	Totals	118	43	15		75
0000	No Right Involved	4				
	Totals	122				

3. Kalamazoo Psychiatric Hospital (335)

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7222	Abuse Class II	4	4	1	04x1	0
7223	Abuse Class III	3	3	1	04x1	0
7224	Sexual Abuse	1	1	0		0

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7225	Neglect Class I	3	3	1	8x1	0
7226	Neglect Class II	1	1	1	8x1	0
7227	Neglect Class III	1	1	1	8x1	0
7760	Access to Rights System	1	0	0		1
7060	Notice/Explanation of Rights	1	0	0		1
4510	Court Hearing/Process	4	0	0		4
7040	Dignity & Respect	25	1	7	1x4, 8x1, 12x1, 14x1	24
0704	Civil Rights Other	1	0	0		1
7111	Dignity & Respect	1	0	0		1
7261	Visitation	2	0	1	12x1	2
7263	Access to telephone	1	0	0		1
7267	Access to entertainment materials, information, news	5	0	1	14x1	5
7481	Access to Record	1	0	0		1
7484	Authorization to Release	1	0	0		1
7486	Correction of Record	1	0	0		1
7081	Safe Environment	10	0	1	13x1	10
7082	Sanitary	2	0	0		2
7083	Humane	3	0	1	13x1	3
7085	Nutrition	6	0	1	9x1	6
7086	Least Restrictive Setting	3	0	0		3
0708	Treatment Environment Other	7	0	1	14x1	7
7400	Restraint	3	1	1	1x1	2
7441	Building and grounds Access	5	1	2	10x1, 12x2	4
7442	Limitations	4	0	0		4
7302	Facility Account	1	0	0		1
0730	Financial Rights Other	1	0	0		1
7281	Possession and Use	4	0	1	10x1	4
7284	Search/Seizure	1	1	0		0
7287	Receipt to recipient and designated individual	1	0	0		1
7289	Protection	8	0	1	11x1	8
0728	Personal Property Other	1	0	01		1
7080	Treatment suited to condition	25	0	1	1x1	25
7140	Notice of clinical status	1	0	1	14x1	1
7158	Medication	7	0	0		7
7180	Psychotropic Drugs	4	0	0		4
7121	Person-centered Process	5	0	1	12x1	5
0712	Treatment Planning Other:	1	0	0		1
2020	I.S.T.	4	0	0		4
	Totals	164	17	27		147
0001	Outside Provider Jurisdiction	8				
0000	No Right Involved	75				
	Totals	247				

4. Mt. Pleasant Center (350)

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7222	Abuse Class II	42	42	8	1x1, 4x4, 8x3	0
7223	Abuse Class III	13	13	7	1x1, 4x1, 5x1, 8x1	0
7224	Sexual Abuse	1	1	1	14x1	0
7225	Neglect Class I	1	1	1	8x1	0
7226	Neglect Class II	2	2	2	4x1, 7x1	0
7227	Neglect Class III	7	7	6	3x1, 4x3, 5x1, 6x1	0
7760	Access to Rights System	1	0	0		1
4510	Court Hearing/Process	7	0	0		7
7040	Dignity & Respect	20	1	1	14x1	19
7041	Discrimination	2	0	0		2
7043	Privacy/Search	4	0	0		4
7044	Religious Practice	3	0	3	7x2, 14x1	3

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
0704	Civil Rights Other	1	0	0		1
7111	Dignity & Respect	1	0	0		1
7261	Visitation	1	0	0		1
7263	Access to telephone	7	0	1	11X1	7
7267	Access to entertainment materials, information, news	3	0	0		3
0726	Communication and Visits Other	1	0	0		1
7081	Safe Environment	59	3	17	1x1, 11x1, 12x5, 13x4, 14x6	56
7082	Sanitary	8	0	4	11x3, 14x1	8
7083	Humane	37	0	13	12x4, 14x9	37
7084	Accessible	3	0	1	7x1	3
7085	Nutrition	6	1	1	7x1	5
7086	Least Restrictive Setting	1	0	0		1
0708	Treatment Environment Other	20	0	5	7x1, 11x3, 14x1	20
7441	Building and grounds Access	4	0	1	11x1	4
7442	Limitations	2	0	0		2
0744	Freedom of Movement Other	7	0	1	14x1	7
7301	Safeguarding Money	2	0	0		2
7303	Easy Access to Money in Account	2	0	1	14x1	2
7304	Ability to Spend or Use as Desired	1	0	0		1
0730	Financial Rights Other	2	0	0		2
7281	Possession and Use	10	0	0		10
7289	Protection	15	0	2	11x1, 14x1	15
0728	Personal Property Other	18	0	6	14x6	18
7080	Treatment suited to condition	24	0	4	7x2, 12x2	24
7158	Medication	11	0	0		11
0700	Suitable Services Other	1	0	1	14	1
0712	Treatment Planning Other:	4	0	0		4
7000	Recipient to Recipient Sexual Misconduct	8	0	1	13x1	8
	Totals	362	71	88		291
0001	Outside Provider Jurisdiction	17				
0000	No Right Involved	31				
0002	No Reasonable Suspicion	2				
		412				

5. Northville Psychiatric Hospital (360)

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7221	Abuse Class I	1	1	0		0
7222	Abuse Class II	48	48	3	3x1, 4x1, 8x1	0
7223	Abuse Class III	44	44	5	3x2, 4x2, awaiting	0
7224	Sexual Abuse	9	9	0		0
7225	Neglect Class I	1	1	0		0
7760	Access to Rights System	3	3	3	3x2, 4x1	0
7060	Notice/Explanation of Rights	1	0	0		1
7780	Complaint Investigation Process	1	0	0		1
4510	Court Hearing/Process	59	0	0		59
0400	Adm/Disc/2 nd Opinion - Other	6	0	0		6
7040	Dignity & Respect	98	1	0		97
7041	Discrimination	4	0	0		4
7042	Accommodation	4	1	0		3
7043	Privacy/Search	4	0	0		4
7044	Religious Practice	2	0	0		2
7261	Visitation	7	0	0		7
7262	Contact with Attorneys or others regarding legal matters	3	0	0		3
7263	Access to telephone	11	0	0		11

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7264	Funds for postage, stationery, telephone usage	1	0	0		1
7266	Uncensored Mail	2	0	0		2
7267	Access to entertainment materials, information, news	7	0	0		7
0726	Communication and Visits Other	1	0	0		1
7481	Access to Record	5	0	0		5
7482	Copies of Record Information	1	0	0		1
7484	Authorization to Release	1	0	0		1
7486	Correction of Record	1	0	0		1
7501	Privileged Communication	1	0	0		1
0748	Confidentiality/Privileged Communications /Disclosure Other	3	0	0		3
7081	Safe Environment	78	3	2	13x3	75
7082	Sanitary	12	0	0		12
7083	Humane	24	0	0		24
7084	Accessible	1	0	0		1
7085	Nutrition	25	0	0		25
7086	Least Restrictive Setting	20	0	1	13x1	20
0708	Treatment Environment Other	2	0	0		2
7400	Restraint	13	1	0		12
7441	Building and grounds Access	54	0	0		54
7442	Limitations	49	0	0		49
0744	Freedom of Movement Other	2	0	0		2
7301	Safeguarding Money	24	1	3	14x2, awaiting x 1	23
7302	Facility Account	2	0	0		2
7303	Easy Access to Money in Account	22	0	0		22
7304	Ability to Spend or Use as Desired	2	0	0		2
7360	Labor & Compensation	5	0	0		5
0730	Financial Rights Other	4	0	0		4
7281	Possession and Use	22	0	0		22
7282	Storage Space	1	0	0		1
7284	Search/Seizure	1	0	0		1
7289	Protection	58	2	8	1x1, 14x7	56
0728	Personal Property Other	3	0	0		3
7080	Treatment suited to condition	120	2	0		118
7130	Choice of physician/mental health professional	1	0	0		1
7140	Notice of clinical status	1	0	0		1
7150	Services of M.H. professional	1	0	0		1
7158	Medication	19	0	0		19
7180	Psychotropic Drugs	48	0	0		48
7121	Person-centered Process	4	2	2	10x2	2
7000	Recipient to Recipient Sexual Misconduct	6	6	0		0
	Totals	953	126	27		828
0001	Outside Provider Jurisdiction	25				
0000	No Right Involved	37				
		1015				

6. Caro Center (373)

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7221	Abuse Class I	2	2	0		0
7222	Abuse Class II	26	26	6	3x1 4x3, 8x2	0
7223	Abuse Class III	13	13	1	3x1	0
7224	Sexual Abuse	2	2	0		0

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7226	Neglect Class II	2	2	2	4x2	0
7227	Neglect Class III	3	3	3	3x2, 10x1	0
7760	Access to Rights System	2	0	0		2
7780	Complaint Investigation Process	2	1	0		1
0772	Rights Protection / other	1	0	0		1
4510	Court Hearing/Process	1	0	0		1
0400	Adm/Disc/2 nd Opinion - Other	1	0	0		1
7040	Dignity & Respect	57	1	2	1x1, 3x1	56
7043	Privacy/Search	1	0	1	1x1	1
7044	Religious Practice	1	0	0		1
7111	Dignity & Respect	1	0	0		1
7261	Visitation	4	0	0		4
7263	Access to telephone	6	0	1	12x1	6
7264	Funds for postage, stationery, telephone usage	1	0	0		1
7266	Uncensored Mail	6	0	0		6
7267	Access to entertainment materials, information, news	10	0	0		10
7481	Access to Record	4	0	1	14x1	4
7484	Authorization to Release	7	0	1	11x1	7
7486	Correction of Record	1	0	0		1
0748	Confidentiality/Privileged Communications /Disclosure Other	1	1	1	3x1	0
7081	Safe Environment	49	2	5	10x1, 11x3, 12x1	47
7082	Sanitary	18	0	1	12x1	18
7083	Humane	49	0	9	7x1, 11x8	49
7084	Accessible	1	0	0		1
7085	Nutrition	33	0	0		33
7086	Least Restrictive Setting	13	1	2	10x1, 12x1	12
0708	Treatment Environment Other	7	0	2	14x2	7
7441	Building and grounds Access	27	0	5	14x5	27
7442	Limitations	26	0	2	14x2	26
0744	Freedom of Movement Other	2	0	0		2
7301	Safeguarding Money	2	0	0		2
7302	Facility Account	1	0	0		1
7303	Easy Access to Money in Account	5	0	0		5
7304	Ability to Spend or Use as Desired	1	0	0		1
7360	Labor & Compensation	1	0	0		1
0730	Financial Rights Other	5	0	0		5
7281	Possession and Use	25	0	1	1x1	25
7282	Storage Space	2	0	0		2
7286	Limitations	6	0	0		6
7287	Receipt to recipient and designated individual	1	0	0		1
7289	Protection	33	0	2	14x2	33
0728	Personal Property Other	1	0	0		1
7080	Treatment suited to condition	94	0	7	10x2, 13x1, 14x4	94
7130	Choice of physician/mental health professional	4	0	0		4
7158	Medication	35	1	0		34
7180	Psychotropic Drugs	2	0	0		2
0700	Suitable Services Other	1	0	0		1
7121	Person-centered Process	1	0	1	12x1	1
7124	Participation by Individual(s) of choice	1	0	0		1
2020	I.S.T.	2	0	0		2
	Totals	603	55	56		548

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
0001	Outside Provider Jurisdiction	25				
0000	No Right Involved	154				
0002	No Reasonable Suspicion	16				
		798				

8. Walter Reuther (377)

Code	Category	Received	Investigation	Substantiated	Remedial Action	Intervention
7222	Abuse Class II	16	16	0		0
7223	Abuse Class III	14	14	0		0
7224	Sexual Abuse	1	1	0		0
7225	Neglect Class I	4	4	0		0
7226	Neglect Class II	3	3	2	3x1, 4x1	0
7227	Neglect Class III	3	3	2	4x1, 10x1	0
7060	Notice/Explanation of Rights	1	1	0		0
4190	Termination of Voluntary Hospitalization (adult)	1	0	0		1
4510	Court Hearing/Process	3	0	0		3
0400	Adm/Disc/2 nd Opinion - Other	21	0	0		21
7040	Dignity & Respect	11	4	2	2x1, 3x1	7
7043	Privacy/Search	1	0	0		1
7044	Religious Practice	3	0	0		3
7261	Visitation	1	0	0		1
7263	Access to telephone	3	0	0		3
7266	Uncensored Mail	1	0	0		1
0726	Communication and Visits Other	3	0	0		3
7081	Safe Environment	21	0	2	11x1, 12x1	21
7082	Sanitary	5	0	0		5
7084	Accessible	1	0	0		1
7085	Nutrition	19	0	0		19
7086	Least Restrictive Setting	2	0	0		2
0708	Treatment Environment Other	21	0	1	14x1	21
7400	Restraint	1	1	0		0
7441	Building and grounds Access	48	0	0		48
7442	Limitations	10	0	0		10
0744	Freedom of Movement Other	8	0	0		8
7301	Safeguarding Money	3	0	0		3
7303	Easy Access to Money in Account	6	1	0		5
7360	Labor & Compensation	1	0	0		1
0730	Financial Rights Other	21	0	1	14x1	21
7281	Possession and Use	3	0	0		3
7284	Search/Seizure	1	0	0		1
7289	Protection	13	0	0		13
0728	Personal Property Other	26	0	5	12x1, 14x3	26
7080	Treatment suited to condition	27	5	2	3x1, 10x1	22
7130	Choice of physician/mental health professional	5	0	0		5
7160	Surgery	1	0	0		1
7158	Medication	27	0	0		27
0700	Suitable Services Other	5	0	0		5
0712	Treatment Planning Other:	1	0	0		1
7000	Recipient to Recipient Sexual Misconduct	1	1	1	10x1	0
	Totals	367	54	18		313
0001	Outside Provider Jurisdiction	7				
0000	No Right Involved	130				
		504				

**Department of Community Health –Office of Recipient Rights
Recommendations & Department of Community Health Response to FY
2000-2001 Annual Report Recommendations**

DCH-ORR Recommendations

1. ORR recommends that DCH continue to support ORR in the areas of staff resources as well as information technology assistance.
2. Based upon the preceding data analysis, the Office of Recipient Rights recommends that the DCH Quality Improvement Steering Committee charter a process improvement team of involved stakeholders to address and ameliorate the areas of deficiency relative to implementation of Administrative Directive 07-C-1712/AD-00, Person-Centered Planning Process for the Development of the Individualized Plan of Service.
3. ORR recommends that DCH continue to support ORR in the areas of staff resources as well as information technology assistance.
4. Based upon the preceding data analysis, the Office of Recipient Rights recommends that the DCH Quality Improvement Steering Committee charter a process improvement team of involved stakeholders to address and ameliorate the areas of deficiency relative to implementation of Administrative Directive 07-C-1712/AD-00, Person-Centered Planning Process for the Development of the Individualized Plan of Service.
5. The DCH Office of Recipient Rights recommends that the department maintain its support for the current staffing resources for the ORR Community Rights Unit.