Michigan Department of Community Health
OFFICE OF RECIPIENT RIGHTS

ANNUAL REPORT
FY 2011

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Michigan Department Of Community Health

MDCH

"We must scrupulously guard the civil rights and civil liberties of all our 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

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INTRODUCTION

THE OFFICE OF RECIPIENT RIGHTS

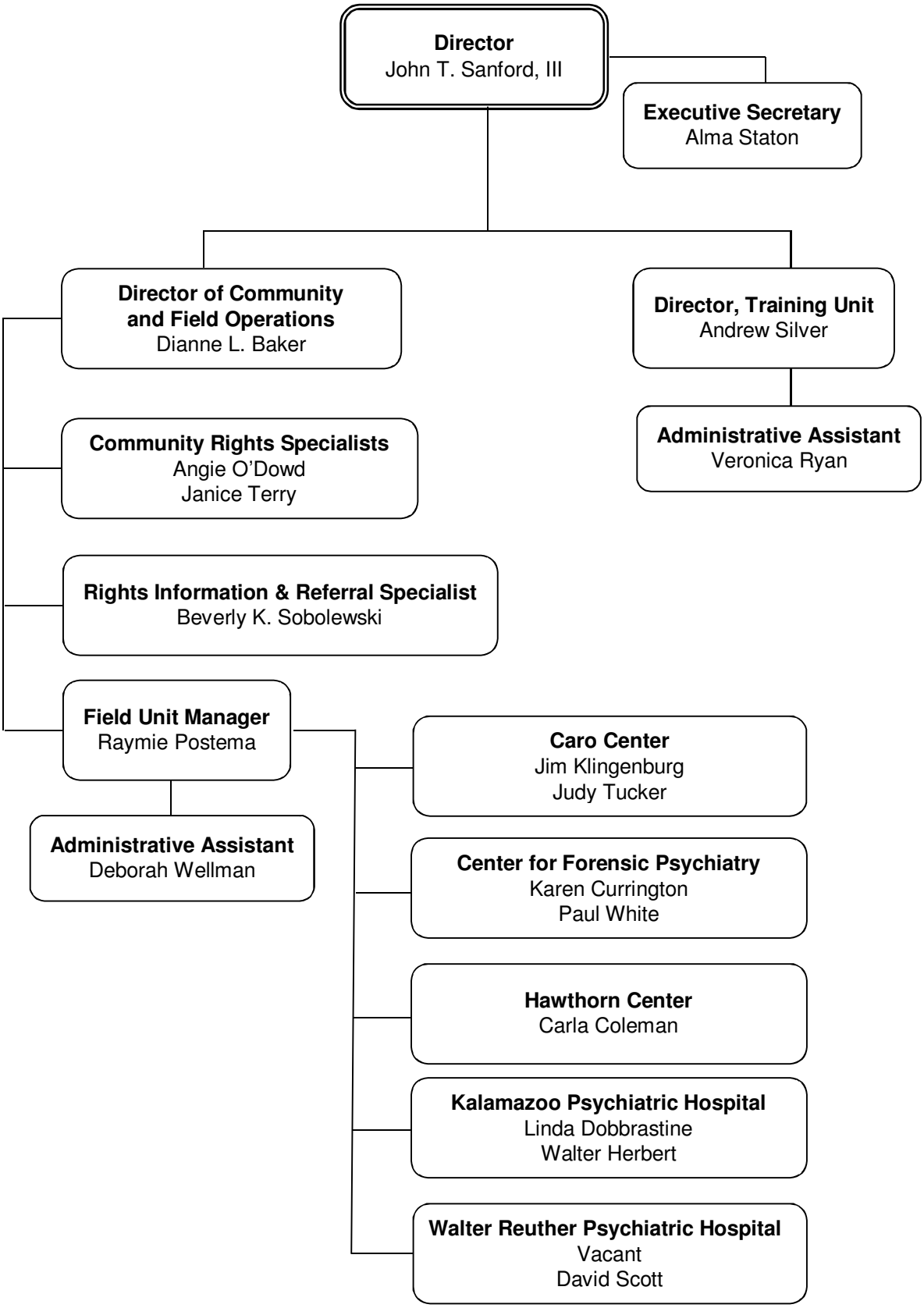
The Michigan Mental Health Code, PA 258 of 1974, establishes the Michigan Department of Community Health Office of Recipient Rights (MDCH-ORR), and in Section 330.1754, defines its functions, and responsibilities. The primary mandates of the office are to: 1) provide direct rights protection and advocacy services to individuals admitted to state psychiatric hospitals and centers for developmental disabilities, and 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). In order to fulfill these mandates, MDCH-ORR is organized into three distinct units (see organizational chart p. 4):

- The Field Unit carries out the day-to-day rights operations in MDCH-operated hospitals and centers. ORR has field offices located at each of the five state hospitals. These offices investigate complaints of rights violations at the facilities and, where appropriate, recommend remedial actions to the directors of the facilities.
- The Training Unit develops and presents training to foster consistent implementation of recipient rights protection across the state. The unit provides workshops to rights staff from the Department, licensed private hospital/units, CMHSPs and their contract agencies. The unit 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. The Unit also oversees the implementation of the annual Recipient Rights Conference.
- The Community Rights Unit provides oversight and technical assistance to CMHSP and LPH/U's. The Mental Health Code requires the establishment of an office of recipient rights in each Community Mental Health Services Program (CMHSP) and every licensed 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 Community Rights Unit creates standards for certification of CMHSP ORR programs.

MISSION AND VISION

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.

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.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Judy Tucker
Center for Forensic Psychiatry
Karen Currington
Paul White
Hawthorn Center
Carla Coleman
Kalamazoo Psychiatric Hospital
Linda Dobbrastine
Walter Herbert
Walter Reuther Psychiatric Hospital
Vacant
David Scott

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:

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*
ii. *The number of substantiated rights violations in each state facility by category*
iii. *The remedial actions taken on substantiated rights violations in each state facility by category*
iv. *Training received by staff of the state office of recipient rights*
v. *Training provided by the state office of recipient rights to staff of contract providers*
vi. *Outcomes of assessments of the recipient rights system of each community mental health services program*
vii. *Identification of patterns and trends in rights protection in the public mental health system in this state*
viii. *Review of budgetary issues including staffing and financial resources*
ix. *Summary of the results of any consumer satisfaction surveys conducted*[1]
x. *Recommendations to the department*

In its continuing effort to make the MDCH-ORR Annual Report useful, informative and reflective of the status of rights protection in the State of Michigan, John T. Sanford, Director, sent out an invitation to all CMHSP and LPH/U rights offices. Each office was invited to submit a narrative description of any projects the rights offices had been engaged in that highlights the office's innovation, creativity, empowerment and advocacy efforts on behalf of individuals served. This was their opportunity to let the Michigan Legislature and the public know of efforts made by the Michigan public mental health rights protection system to assure quality services and empowerment of Michigan citizens to exercise their rights and participate fully in all facets of their lives.

Responses were received from Community Mental Health Service Providers (CMHSPs) and Licensed Psychiatric Hospitals/Units (LPH/Us). A summary of the MDCH continuing initiatives and those from Saginaw County CMH, Lenawee CMH Authority and Munson Medical Center follows.

[1] No surveys were conducted in FY 2011

PART I – SUMMARY OF INITIATIVES

MDCH: During FY 2011, ORR has continued its involvement in two initiatives designed to improve quality of services for individuals receiving services at state operated hospitals and centers.

1. MDCH RESTRAINT/SECLUSION PROCESS IMPROVEMENT TASK FORCE

The fourth strategic objective in the Michigan Department of Community Health Strategic Plan 2009-2011 indicated that the department will: *Continue to Develop, Maintain and Enhance our Ability to Protect Citizens of Michigan.* One of the action steps for that objective states: *In a joint effort, the Office of Recipient Rights and the Bureau of Hospital, Center and Forensic Mental Health Service [will] develop processes to reduce or eliminate the use of seclusion, restraint or physical management.*

On October 14, 2010, the Restraint/Seclusion Process Improvement Steering Committee met for the first time and has met monthly since. The Committee members include representatives from each state operated hospital/center, ORR, the Bureau of Hospitals, Centers and Forensic Mental Health and Peer Support Specialists. *[for more information on this project, see page 5]*

2. MDCH PEER SUPPORT PARTNERSHIP PROJECT

MDCH, through a grant obtained by the Office of Recipient Rights is contracting with Kalamazoo County Mental Health Substance Abuse Services (KCMHSAS) to provide wellness/recovery services to individuals receiving services at Kalamazoo Psychiatric Hospital (KPH). KCMHSAS has sub-contracted with InterAct of Michigan, Inc. to provide these services utilizing Certified Peer Support Specialists (CPSS). CPSSs are individuals who have experienced mental illness first-hand and who use their experience to support others facing similar issues. They have gone through specialized training and testing to earn their certification.

Beginning July 2011, MDCH contracted with The Guidance Center to expand wellness/recovery services to individuals receiving services at Walter Reuther Psychiatric Hospital (WRPH). *[for more information on this project, see page 7]*

COMMUNITY: During FY 2011, ORR received narrative descriptions of three projects the rights offices had been engaged in that showcase the office's innovation, creativity, empowerment and advocacy efforts on behalf of individuals served.

3. SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY SUBSTANTIATED ABUSE & NEGLECT VIOLATIONS QUALITY ANALYSIS PROJECT

Substantiated rights complaints, especially in the areas of abuse and neglect, while having varied levels of seriousness, are always cause for concern for SCCMHA as a PIHP. Given the increase of substantiated recipient rights violations between FY 2009 and FY 2010 for SCCMHA, as noted in routine recent annual summary reports of the SCCMHA ORR office, the Director of Network Services and the Director of Recipient Rights and Customer Services elected to conduct a joint, quality project of review and analysis of the specific FY 2010 violations. *[for more information on this project, see page 8]*

4. MUNSON HEALTHCARE NURSES AID SAFETY COMPANION TRAINING

The Munson Healthcare Rights Office initiated a specialty training for all nurse's aides who are a 1:1 Safety Companion for patients with psychiatric issues, who are admitted to medical floors following a suicide attempt. The training was developed at the request of the Recipient Rights Advisory Committee. *[for more information on this project, see page 14]*

5. LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY ALTERNATIVE COMMUNICATION POSTER

At the recommendation of the Lenawee CMH Recipient Rights Advisory Committee, the Rights Office initiated a project to develop a poster designed to improve communication with recipients, especially those with low reading skills. The resulting poster was created by Karen Rawlings, clerical support staff of the Rights Office. It has been well received by recipients and service sites. The Agency's goal for FY 12 is to create a magnet depicting the top portion of the poster. The magnets will be offered to recipients residing in SIPs. *[for more information on this project, see page 18]*

INITIATIVES OF MDCH AND COMMUNITY RIGHTS OFFICES (FULL DESCRIPTION)

1. MDCH RESTRAINT/SECLUSION PROCESS IMPROVEMENT TASK FORCE

The fourth strategic objective in the Michigan Department of Community Health Strategic Plan 2009-2011 indicated that the department will: Continue to Develop, Maintain and Enhance our Ability to Protect Citizens of Michigan. One of the action steps for that objective states: In a joint effort, the Office of Recipient Rights and the Bureau of Hospital, Center and Forensic Mental Health Services,[will] develop processes to reduce or eliminate the use of seclusion, restraint or physical management.

On October 14, 2010, the Restraint/Seclusion Process Improvement Steering Committee met for the first time and has met monthly since. The Committee members include representatives from each state operated hospital/center, ORR, the Bureau of Hospitals, Centers and Forensic Mental Health and Peer Support Specialists.

Following are the Steering Committee's Mission and Vision Statements:

MISSION STATEMENT

It is the Mission of the Restraint/Seclusion Process Improvement Steering Committee to guide a system transformation of our state hospitals and centers through strategies congruent with our following values:

- ***RESPECT – We believe in personal dignity, diversity and the uniqueness of all***
- ***HOPE – We embrace the principles of recovery and resiliency and expect a positive outcome for all***
- ***EMPOWERMENT – We support each facility in reaching their potential and being an agent for positive change***

- ***CREATIVITY – We believe in constant improvement through an environment that encourages flexibility and inventiveness***
- ***INCLUSION – We commit to ensuring everyone has a voice***

VISION STATEMENT

It is the Vision of the Restraint/Seclusion Process Improvement Steering Committee that the use of restraint, seclusion and physical management will be significantly reduced or eliminated in our state hospitals and centers.

In February of 2011, a Technical Assistance Application was submitted with a letter of support from MDCH Director, Olga Dazzo. The application requested consultation in the following areas:

- Reducing/eliminating restraint/seclusion/physical management
- Steering leadership towards a culture of gentleness
- Creating consumer roles in inpatient settings
- Organizational Healing

August 15, 2011 SAMHSA sent a team to Michigan to provide Trauma Informed Care training to MDCH and the Bureau of Hospitals, Centers and Forensic Mental Health leadership. The team also met with the Steering Committee. These trainings were followed by on-site assessments of Trauma Informed Practices at each of the Hospitals/Centers on the following dates:

- 8/16/11 through 8/19/11 the Center for Forensic Psychiatry, Walter Reuther Psychiatric Hospital and Hawthorn Center.
- 12/5/11 Caro Center.
- 1/23/12 – 1/24/12 Kalamazoo Psychiatric Hospital.

The SAMHSA consultants will provide a separate report for each visit, however there were some common suggestions given at the exit conferences at each Hospital/Center.

- Each Hospital/Center should have its own process improvement task force to address reducing restraint and seclusion through trauma informed practices.
- Make the mission and vision statements inspirational.
- Use peers as leaders, let them sit on committees, find valuable roles for consumers.
- Make the environment less sterile, create comfort rooms, use comfort carts.
- Be aware of language that is not trauma informed and limit rule setting.
- Staff need to understand that behaviors are adaptations; provide training, mentoring and appropriate supervision.
- Hire Peer Support Specialists to work in the inpatient settings.

The MDCH Restraint/Seclusion Process Improvement Steering Committee will continue to work with the hospital/center task forces to guide a system transformation through strategies congruent with the values of *respect, hope, empowerment, creativity and inclusion*.

2. MDCH PEER SUPPORT PARTNERSHIP PROJECT

MDCH, through a grant obtained by the Office of Recipient Rights is contracting with Kalamazoo County Mental Health Substance Abuse Services (KCMHSAS) to provide wellness/recovery services to individuals receiving services at Kalamazoo Psychiatric Hospital (KPH). KCMHSAS has sub-contracted with InterAct of Michigan, Inc. to provide these services utilizing Certified Peer Support Specialists (CPSS). CPSSs are individuals who have experienced mental illness first-hand and who use their experience to support others facing similar issue. They have gone through specialized training and testing to earn their certification.

Beginning July 2011, MDCH contracted with The Guidance Center to expand wellness/recovery services to individuals receiving services at Walter Reuther Psychiatric Hospital (WRPH).

Kalamazoo Psychiatric Hospital

WRAP®, – Wellness Recovery Action Planning: WRAP is an evidence-based system which involves listing personal resources and Wellness Tools, then using those resources to develop Action Plans to use in specific situations as determined by the person. WRAP is adaptable to any situation. WRAP also includes a Crisis Plan or Advance Directive. The 12th semester of WRAP classes was completed in September 2011. The WRAP materials have been divided into 12 week sessions that fit into the KPH Psycho-Social Rehabilitation Program two mornings a week. The classes are 45 minutes in length and are co-led by two Certified Peer WRAP Facilitators. During FY 2010/2011 a total of 57 different individuals participated in WRAP classes. Due to the varying KPH discharge dates, not all participants complete their WRAP, however all participants were given WRAP notebooks to take with them for use either in their continued stay at KPH or in their home community upon discharge. Participants in the WRAP sessions are given the Modified Recovery Scale to complete prior to starting a session and at the end of the 12 week program. The survey includes 20 statements with a 5 point Likert Scale. The statements measure the feelings of participant's in the areas of hope and recovery. Participants that completed the pre/post Modified Recovery Scale improved their overall recovery scores by over an average 10%.

Steps to Change: This is a peer support group that meets one evening a week at KPH for one hour. This session is open to all residents of KPH and individuals come from all seven of the treatment units. The support group averaged 9 individuals per session for a total of 406 attendance units for FY 2010/2011. This group is available to individuals who have not yet committed to participate in WRAP classes or who may be waiting to get into the next semester.

Walter Reuther Psychiatric Hospital

WRAP®, – Wellness Recovery Action Planning: The 1st semester of the WRAP class was completed in September 2011. The WRAP materials have been divided into 12 week sessions that fit into the WRPH Psycho-Social Rehabilitation Program two mornings a week. The classes are 60 minutes in length and are co-led by two Certified Peer WRAP Facilitators. During FY 2010/2011 a total of 11 different individuals participated in WRAP classes. Due to the varying WRPH discharge dates, not all participants complete their WRAP, however all participants were given WRAP notebooks to take with them for use either in their continued stay at WRPH or in their home community upon discharge. Participants in the WRAP sessions are given the Modified

Recovery Scale to complete prior to starting a session and at the end of the 12 week program. The survey includes 20 statements with a 5 point Likert Scale. The statements measure the feelings of participant's in the areas of hope and recovery.

Steps to Change: This is a peer support group that meets one evening a week at WRPH for one hour. This session is open to all residents of WRPH and individuals come from all seven of the treatment units. The support group averaged 11 individuals per session for a total of 31 attendance units for FY 2010/2011. This group is available to individuals who have not yet committed to participate in WRAP classes or who may be waiting to get into the next semester.

3. SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY SUBSTANTIATED ABUSE & NEGLECT VIOLATIONS QUALITY ANALYSIS PROJECT

Substantiated rights complaints, especially in the areas of abuse and neglect, while having varied levels of seriousness, are always cause for concern for SCCMHA as a PIHP. Given the increase of substantiated recipient rights violations between FY 2009 and FY 2010 for SCCMHA, as noted in routine recent annual summary reports of the SCCMHA ORR office, the Director of Network Services and the Director of Recipient Rights and Customer Services elected to conduct a joint, quality project of review and analysis of the specific FY 2010 violations.

Goals of this analysis project were to determine the following:

1. Patterns or trends related to the actual incidents, if any.
2. Patterns or trends related to the larger picture of overall events and annual variations, if any.
3. Other mitigating factors or variables related to the overall incident increase, if any.
4. Any 'lessons learned' or observations at the provider or program level post substantiated events.
5. Compliance with corrective actions taken, including incorporation into SCCMHA policy or training programs as indicated.
6. Possible additional preventative steps indicated to reduce substantiations or limit any future increases.
7. Other actions yet to be taken by ORR or Network Services to impact future incidents.
8. Determine steps to take to ensure trending increase does not continue to escalate.
9. Outline recommendations for ORR or NS&PP department actions for immediate attention and/or FY 2012 planning.

SUMMARY OF PROJECT SCOPE

Collated ORR data for FY 2009 and FY 2010, as reported through annual SCCMHA recipient rights' advisory oversight and quality programs, noted a trend of increase in the number of substantiated abuse and neglect recipient rights events, including all levels of abuse and neglect pertaining to consumer recipients of services. Overall ORR substantiations of abuse and neglect increased from the prior year in 2008, and increased from FY 2009 to FY 2010 as well.

The FY 2010 combined abuse and neglect substantiations involved 16 different provider sites and 24 substantiations. Three incidents included 2 separate substantiations. One staff member was involved in two substantiated violations. Outcomes from FY 2010 resulted in 13 total

employment terminations from the group of 23 involved individuals. Other outcomes from provider corrective actions taken for FY 2010 violations included policy revision or development, staff training or education and/or other staff disciplines, such as suspension, written reprimands or written counsel. Several outcomes resulted in contract action. Nearly all of the incidents took place in residential settings, with two related to primary case management, several associated with skill building settings, and one an individual community living provider. Four of the incidents occurred at SCCMHA operated programs; the remaining occurred in contract or consumer home settings. Most of the substantiated incidents involved direct care or aide level staff; one involved a case manager, and two involved a supervisor.

METHODOLOGY

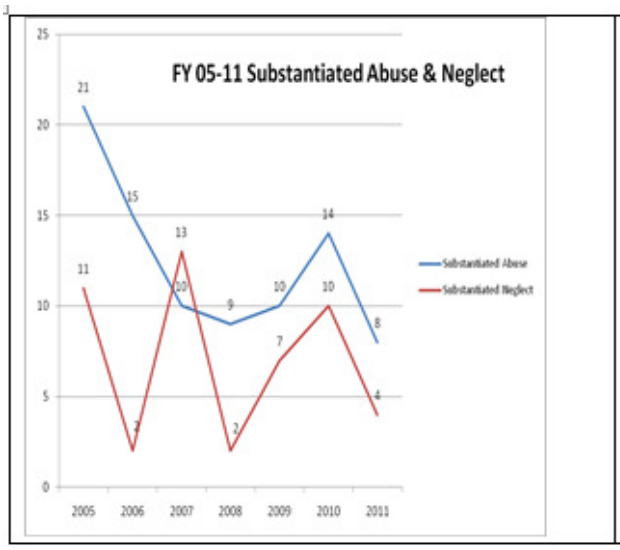
Steps in the review for this quality project included:

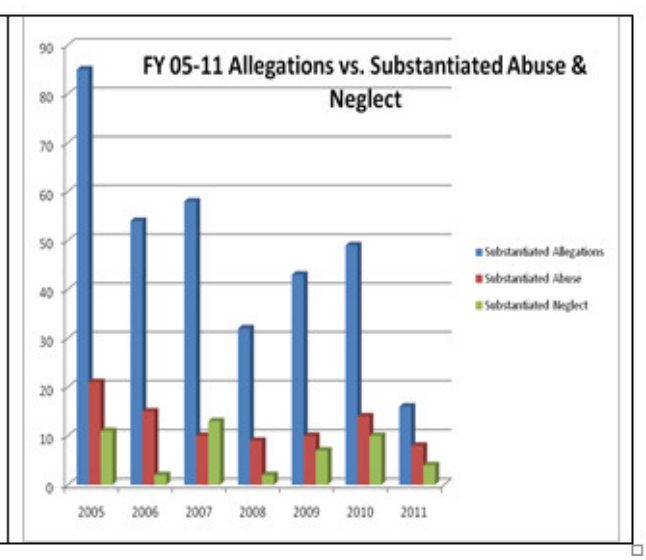
1. Review of the summary data and reports as reported annually.
2. Review of the actual ORR reports associated with the FY 2010 substantiations.
3. Consultation with involved provider sites, assigned organizations, and/or supervisors for collection of observed variables and/or lessons learned .
4. Collation & review of the demographics of individuals involved in the substantiated events, including age, gender, job role and tenure.
5. Review of the training compliance status for involved individuals at the time of the incident.
6. Review of the data associated with the actual events.
7. A look back to FY 2005 - 2009 for trend observations.
8. A look forward at FY 2011 Year-to-Date, to see if there are any repeat individuals or sites as well as overall trending.
9. Review of this analysis with the SCCMHA Recipient Rights Advisory Committee, Residential Watch Committee and SCCMHA Quality Team.

RECIPIENT RIGHTS DATA HISTORY

A review of key recipient rights historical data, including substantiations and allegations was completed as a part of this analysis project. This review was important to gain perspective on the overall trends over time as well as comparison of data from prior years. From this 2005 – 2011 data, the range of substantiated abuses varied between a high of 21 and a low of 8 incidents, and the range of substantiated neglect incidents ranged from a high of 13 to a low of 4 occurrences. The highest substantiation of all allegations was in 2005, which was also the year of the highest total for substantiated abuse. The highest total of substantiated neglect was in 2007.

The following charts graphically depict this historical trend data from 2005 – 2010, as well as 2011 year to date:





ANALYSIS

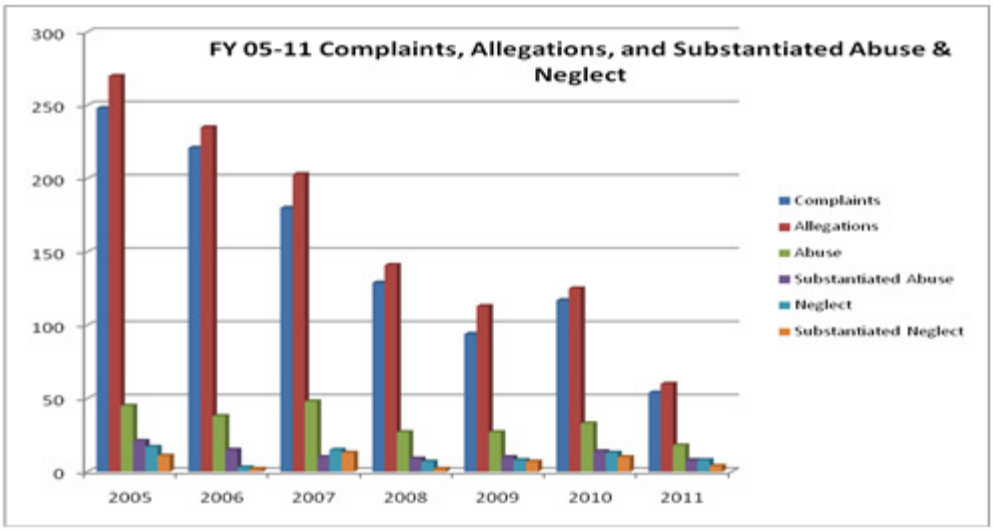
The trend of SCCMHA ORR abuse and neglect substantiations, including trends in percentage of count up or down and going back to FY 2005, was as follows:

2005	2006	2007	2008	2009	2010	2011 *YTD*
32	17	23	11	17	24	12 *ytd*
	47% ↓	**35% ↑**	**52% ↓**	**55% ↑**	**41% ↑**	

Notable is that the highest level of the recent years included was in FY 2005 at 32 substantiated events. The increase from FY 2008 to FY 2009 was 55%, and the increase from FY 2009 to FY 2010 was 41%. The mid-year, year to date for FY 2011, though not necessarily indicative of a trend, appears to be on target to fall at or just below the 2011 level, trending down slightly, and lower than the highest level in 2005. As evidenced from the chart above, the highest volume was in 2005, and the lowest was in 2008, to date.

One factor to keep in mind is the overall and large volume of staff within the SCCMHA network who are each individually responsible to ensure compliance with recipient rights requirements. To keep this in perspective, in FY 2010, a total of 2,253 individuals were trained in some capacity throughout the SCCMHA system; this means that this is the number of individuals who must be compared to the 23 persons who were actually involved in any rights issues, most especially substantiated rights complaints throughout the system throughout the year. Therefore, from the total possible, under 1% of the entire SCCMHA system of available/trained staff for FY 2010 who worked were involved in substantiated abuse and neglect events. Of course this small percentage of experience does not serve to negate the seriousness of any level of incidents, the overall goal of eliminating any substantiations of abuse or neglect, and the rights of consumers to not experience abuse or neglect from the SCCMHA network.

Another factor to keep in mind is the total number of substantiated abuse and neglect incidents compared to all complaints and allegations, as well as the fact that overall complaints have been reduced. For example, the total number of overall allegations (not just abuse and neglect) for FY 2010 was 125, and the total number of substantiated allegations (not just abuse and neglect) for the same period of FY 2010 was 49. Slightly over 30% of the total allegations were substantiated, or to state it another way, two-thirds of the reported allegations were not found to be substantiated based on the ORR standard of a 'preponderance of evidence." See the chart below for this detail:



For FY 2010 total combined substantiated abuse and neglect specifically, incidents involved were a varied list, including the following types of findings: medication errors, sleeping on the job, not following SCCMHA policy or procedure, financial exploitation, failure to report, failure to seek consumer medical attention, shoving, forceful grabbing, hitting, yelling, verbal threat or abuse, use of profanity, degrading or derogatory interactions with consumers, lack of staffing resulting in consumer vulnerability, sexual abuse, negligence resulting in consumer fall, and physical assault.

PROGRAM INPUT AND RELEVANT STAFF DATA

Contact was made with the associated program leadership/employers to determine possible factors with involved staff as well as glean post event feedback from supervisors where available. Data was collected and noted about the age, length of work service, and other demographic factors pertaining to relevant staff members.

From available data collected from involved providers, the ages of involved individuals ranged from early and late 20's to 55 years old at the time of the incident.

While several incidents involved persons who were relatively new to their job in days, weeks or months, others had been on the job several or more years. Length of service ranged from several days to several years or more on the job, but many persons had been on the job a few or more years, including one for 17 years. In other words, the length of service range was broad and statistically insignificant; not all incidents involved newer staff, and even some of the more experienced staff were involved in substantiated incidents.

Keeping in mind that the sample size is not large to begin with, no overall patterns were noted with either age or length of time on the job of the involved staff member.

No training non-compliance was found in the group of incidents, with one exception; one person involved had not completed recipient rights training as required within 30 days of hire.

Observations post the event from provider programs included some of the following comments:

"We teach consumers to report any concerns, in this situation consumers did report the incident, which is a positive thing."

"It is a challenge to teach 'common sense' to staff. He came highly recommended."

"We have been emphasizing orientation and training with our supervisors, with more structure about knowledge of person-centered plans and behavior treatment plans."

"We are being more aggressive with our follow-up to stay on top of concerns, and are considering contacting consumers who are assigned to new employees to check on how it is going."

"We have noted a trend of increasing verbal abuse in our programs. We are finding that many staff members seem already stressed when they arrive at work, some are working more than one job, and some are not as emotionally equipped to handle the job and/or seem to have poorer coping skills."

"For some more tenured staff, events in their life changed, especially economic, and their ability to do their job changed. There is a 'desperation' that wasn't there before. Many of our direct care staff are on food stamps."

"Generally it isn't always the newest staff members who have been recently involved. I attribute our incidents to burn out symptoms."

"We have been conducting staff in-services since our event to help staff use better de-escalation techniques in challenging situations to prevent future incidents."

All involved providers appear to be consistently following up with promised corrective actions and seeking to avoid and prevent future such occurrences.

FINDINGS

Keeping in mind that the sample group is relatively small at 23 persons, there were no specific patterns associated with age, length of service or training compliance status. Given the sample size, formal statistical analysis cannot be made.

Over 50% of the events resulted in staff terminations, all for the more serious levels of abuse and neglect. This means that for over one half of the incidents, the person involved no longer works and will most likely never work again in the SCCMHA network, given the mandatory rights verification process (requiring all applicants consent to have ORR records reviewed for violations of rights, resulting in disciplinary action, prior to hiring).

In nearly all cases, the provider program or site had instituted various improvements post the event to assist in prevention of future incidents, including emphasis in training for all site staff, policy and procedure review and closer supervision of staff where indicated.

Overall, it appears that the level of substantiated rights abuse and neglect incidents may not be continuing to rise, and in fact may be trending back down.

REPEAT FINDINGS

In looking at the current year-to-date substantiated abuse and neglect events, there are two incidents of repeat findings. The one repeat site from FY 2010 to FY 2011 to date, involves a same residential site as the previous year. This will be noted for review by the residential watch committee as this home is already on review status. The second repeat involved a repeat person due to timing of the complaint; this repeat individual however, shows up in the FY 2010 and 2011 data due to the initial investigation not being completed before the second allegation was reported. The person was one of the persons in the group who was terminated from employment by both employers in the SCCMHA system in 2010.

CONCLUSIONS & RECOMMENDATIONS

CONCLUSIONS

Although no specific causal findings may be made as a result of this analysis, several conclusions may be drawn:

1) Persons involved in substantiated rights incidents included both those persons with limited job role tenure, in days or months, rather than years or decades, as well as those who had been on the job many years.

   This finding indicates the need to have two areas of focus in seeking to address and prevent occurrences:

   A) A renewed emphasis with providers on the screening and hiring process for new staff members, as well as close attention on the orientation and supervision of new staff members. SCCMHA addresses this in new home manager training annually.

   B) A recognition of the level of stress that direct care staff experience in part due to their own personal circumstances, as well as demands of the job itself, with support for supervisory recognition of employee stress indicators and consideration on what impact SCCMHA may have to support providers and programs to address these issues in the work setting.

2) Most persons involved with serious incidents were direct care staff level personnel. This is at least in part due to the fact that the greatest volume of staff, service and events fit this category of involved worker. However, SCCMHA recognizes from incident review experience that in many respects, this level of staff tends to have the highest turnover rates, and the least amount of education and work experience, therefore contributing to at minimum potential risk, if not actual risk level for incidents.

RECOMMENDATIONS

Based on this analysis, these findings and the overall goal of reducing/eliminating abuse and neglect substantiations, the following recommendations are being made:

1) SCCMHA will make continued various efforts through training, newsletters, meetings and other provider education venues to reinforce the importance of careful screening and selection of job candidates. For residential provider programs associated with these events, as well as all residential programs with direct care staff, SCCMHA plans to recommend a renewed emphasis on pre-hire screening of staff as part of the annual home manager training program which addresses staff competency.

2) SCCMHA will make continued various efforts through training, newsletters, meetings and other provider education venues to reinforce thorough orientation and close supervision of newly hired staff. Although not due directly to these findings, SCCMHA has recently instituted a plan to have all direct care hired employee staff members in the skill build programs complete all required training prior to work at the actual site.

3) SCCMHA intends to develop a plan to explore direct care staff enrichment, and routinely seeks to offer direct care staff recognition and supports. This was part of the ARR and overall strategic plan. The economic factors of working in direct care positions are notable. SCCMHA will make continued efforts to explore other direct care system improvements where feasible.

4) SCCMHA will promote supervisory awareness and response to staff demonstration of stress factors, including for staff who have been on the job for some time and/or may even have had strong past positive job performance.

5) SCCMHA will continue to review any possible improvements in quality oversight of residential and other direct care settings, through the residential watch committee.

Ultimately, of course, it is the goal of SCCMHA to have no substantiated abuse and neglect incidents. SCCMHA will continue to monitor the trending of abuse and neglect substantiations for future review and/or action.

4. MUNSON HEALTHCARE NURSES AID SAFETY COMPANION TRAINING

The Munson Healthcare Rights Office initiated a specialty training for all nurse's aides who are a 1:1 Safety Companion for patients with psychiatric issues, who are admitted to medical floors following a suicide attempt. The training was developed at the request of the Recipient Rights Advisory Committee. The following is the training outline for N**ursing Assistants and the Behavioral Health Patient: Success Tips When Providing Care**

Outline

I. Background Information

A. Offered as additional education to Nursing Assistants on all types of units
B. Need identified by: Staff identified, job description/performance standard and/or high risk/low volume
C. Presentation style: Lecture, discussion, role play
D. Audience: Nursing Assistants
E. Length: one hour
F. Method of evaluation: classroom evaluation

II. Goal and Objectives

1. State what your main role as Safety Companion is, and what it is not.
2. Explore helpful statements to say to patients to help them stabilize/relax.
3. Describe the basic symptoms of mental illness and mood/cognitive impairments.
4. Identify how to practice good self-care while caring for the cognitively and emotionally impaired patient.
5. Explain what you should do if patient becomes agitated or violent.

III. Equipment and Instructional Aides

A. Handout – Communication Skills For Working With People Who Have Mental Illness

Content Outline

B. Role of Safety Companion very important (Communication Potion of Class)

1. You are to do all of your regular NA duties when you are a safety companion. Assist patients with ADLs, etc.
2. Additionally, keep patient safe from self-harm for your shift. Keep yourself safe at the same time.
3. Establish a working relationship by respectful interactions with patient.
4. Demonstrate communication skills and prevent escalation of behaviors through clear, respectful, helpful directions.
5. Understand you must manage both *your* mind/mood <u>and</u> the patient's, as well.
6. Be the eyes and ears for nurse and know when to ask for help.

C. Basic Understanding of mental, mood and cognitive issues helps compassion.

1. Brain is malfunctioning in mental illness, or any illnesses where there is brain damage, injury or bio-chemical imbalance.
    a. Chemical imbalance in brain has profound effect on mood, judgment, feelings, impulse control and thinking.
    b. Brain is the "software" for the entire human expression.
2. People with mental illness often have multiple life and physical stressors such as:
    a. history of abuse
    b. financial stress
    c. severe headaches
    d. body aches
    e. chronic pain
    f. discord in families
    g. insomnia
3. People with mental illness may turn to drugs, alcohol or Rx drugs.
    a. Impact of drugs (illegal or prescription), alcohol or combination pills has an effect on the brain's ability to problem solve, think clearly or be calm.
4. Suicidal patients
    a. Many patients who have attempted suicide were raised in chaotic homes where their personality development and self-esteem suffered.
    b. Those who have attempted suicide are usually trying to escape emotional pain and overwhelming life stressors.
        1) Deep feeling of hopelessness

        2) Suicide is their "escape"
5. Moods
    a. You may see the following:
        1) crying
        2) overwhelmed
        3) confused
        4) demanding
        5) irritable
        6) nonsensical
        7) hopeless
        8) lethargic
6. Cognitive Impairments
    a. A wish to successfully complete the suicide
    b. Self-disgust to still be alive
    c. Ashamed at having attempted suicide
    d. Poor memory
    e. Slow processing
    f. Little insight
    g. Racing thoughts
    h. Poor frustration tolerance
    i. Psychosis (break from reality)
    j. Impulsivity
7. What patients, in this state of mind, need to stabilize while planning for the next steps in their life:
    a. consistency, respect, and clarity
    b. sleep, medications, water, food, medical care and support
8. Until a patient is stable and in treatment, it is not the right time for them to delve into the psyche or to attempt to solve their problems by talking about them.
    a. Help them focus on TODAY.
9. If possible, provide them with diversions such as music, magazines, etc. Activity is a good distraction from the relentless agitations of the mind.

D. Words That Work – Actual Phrases You Could Use

1. Hello, my name is _____
2. The only thing you have to do today is rest, have dinner and be safe.
3. I will be with you all day, by your doctor's orders, and I will help you to stay safe.
4. I am not a nurse, but I work with your nurse. If there is anything you need, let me know.
5. If you want to talk, I can listen. I am not a counselor. If you don't want to talk, that's fine. Sleep is good.
6. I can help you order you meal.
7. Your doctor will be in to see you today.
8. I am sorry that I need to be with you in the bathroom. It is by doctor's orders for your safety. I will give you all the privacy I can.
9. Things will get better. I know it feels it never will, but sleep and medications will help.
10. You must be going through a hard time right now.
11. Let's write a goal on your white board. How about "eat 3 meals" or "take my medications" or "rest" or "make one phone call".

E. **Group Interaction and Participation**

1. What examples from your own experiences can you share about difficult behaviors you have seen and had to respond to?

F. **When Should You Call for Assistance or Follow-up?**

Examples are:

1. Patient threatens to leave against medical advice (AMA)
2. Patient manages to get her purse and swallows extra pills from purse
3. Patient makes phone call and threatens suicide when she gets out of the hospital
4. Patient is yelling or uses abusive language
5. Patient has opposite sex visitor and both are in the bed together…what to do?
6. Patient has really odd behavior such as talking to self, picking at objects not there, stating they see things that are not there, picking at skin, trying to injure or cut self, crying, wailing, complaints of severe anxiety, expresses dangerous level of fear
7. Patient tests your authority by demanding a cigarette

G. How Would You Call For Assistance?

1. How soon is help likely to arrive?
    a. medications
    b. Security
    c. another NA/nurse
    d. restraints

H. Ten Basic "Dos"

1. Don't go into the room "blind" with no information.
2. Introduce yourself and explain your role. Apologize for bathroom presence.
3. Ask what's most important to the patient that day
4. Keep calm demeanor and make special effort to convey dignity and respect. (How do you think you could do this?)
5. Keep good boundaries. Don't assume responsibility for helping the patient with their life's problems. Don't "over-identify" with patient.
6. Have calm, positive, upbeat approach. Be supportive and centered. Listen carefully. Avoid pat answers.
7. Do not ignore your own needs. Ask for breaks – food, water, bathroom. On breaks, stretch and leave unit if possible.
8. Have diversion and distraction techniques available for patient: radio, laptop, books, magazines, Bible.
9. Keep a notebook to document specific behaviors and words to report to the nurse. (Can you think of examples?)
10. Arrange for and ask for breaks every 2 hours. Take them!

I. Ten Basic "Don'ts"

1. Don't sit quietly and say nothing. A simple "Hello. How are you?" will help.
2. Don't turn your back on patient for reading or computer.
3. Don't give too many choices to patient.
4. Don't make all choices for patient. Give 1-2 options.
5. Don't get into a power struggle with patient. Be assertive, but not aggressive.

6. Don't feel you must counsel or be a friend to patient. NO personal phone numbers given out – or - sharing of similar experiences.
7. Don't put yourself in harm's way with an aggressive patient. Call for help.
8. Don't ignore your own needs. Get food and walks and drink.
9. Don't set up a hardened defense which makes it easy to dehumanize the patient.
10. Don't go into room empty handed. Have bag of diversion tricks nearby.

J. **How to Keep Yourself and Your Patient Safe** (Safety Portion of class)
1. You are responsible for your own safety. We will give you the tools to keep yourself safe.
2. The number to call for help is ext. 55555. Yell for help. Call the nurse. Call a Code Grey or Silver.
3. What are the warning signs that the patient may get out of control?
   a. early detection and intervention is key
   b. don't try to physically manage the patient alone
4. How to get out of the room when you need to – have a plan
   a. Escape plan
5. Identifying environmental weapons

5 LENAWEE COMMUNITY MENTAL HEALTH AUTHORITY - ALTERNATIVE COMMUNICATION POSTER

At the recommendation of the Lenawee CMH Recipient Rights Advisory Committee, the Rights Office initiated a project to develop a poster designed to improve communication with recipients, especially those with low reading skills. The resulting poster was created by Karen Rawlings, clerical support staff of the Rights Office. It has been well received by recipients and service sites. The Agency's goal for FY 12 is to have created depicting the top portion of the poster. The magnets will be offered to recipients residing in SIPs.

PART II: FIELD UNIT

The Field Unit carries out the day-to-day rights operations in MDCH-operated hospitals and centers. ORR has field offices located at each of the five state hospitals. The staff in these offices investigate complaints of rights violations and, when appropriate, recommend remedial actions to the directors of the facilities. They also provide new hire and annual update training to all employees of the facility and educate consumers about their rights. During FY 2011, ORR had field offices providing rights protection services to individuals receiving inpatient treatment 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. As of September 30, 2011, the Field Unit consisted of a Field Manager, one Administrative Assistant, and eight Rights Advisors.

RELEVANT DEFINITIONS

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.

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).

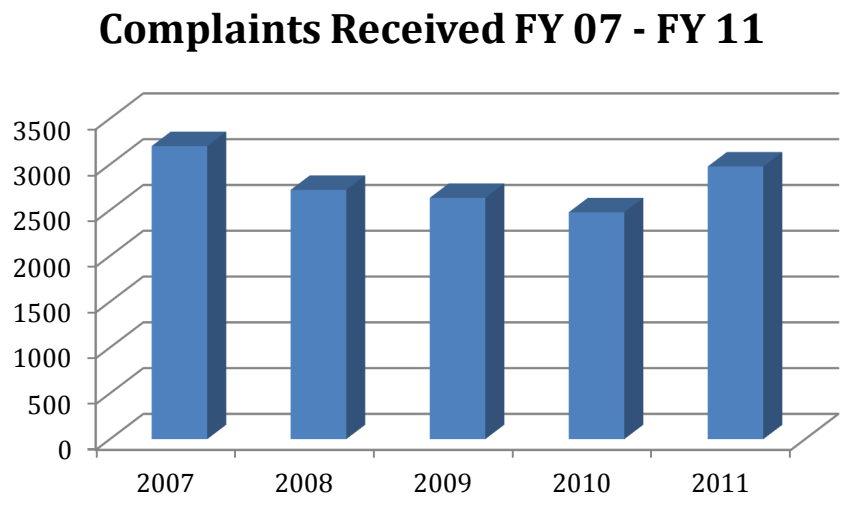
Substantiation: A determination that a right was violated, utilizing a preponderance of evidence standard (evidence which is of greater weight or more convincing than the evidence offered in opposition to it) as proof.

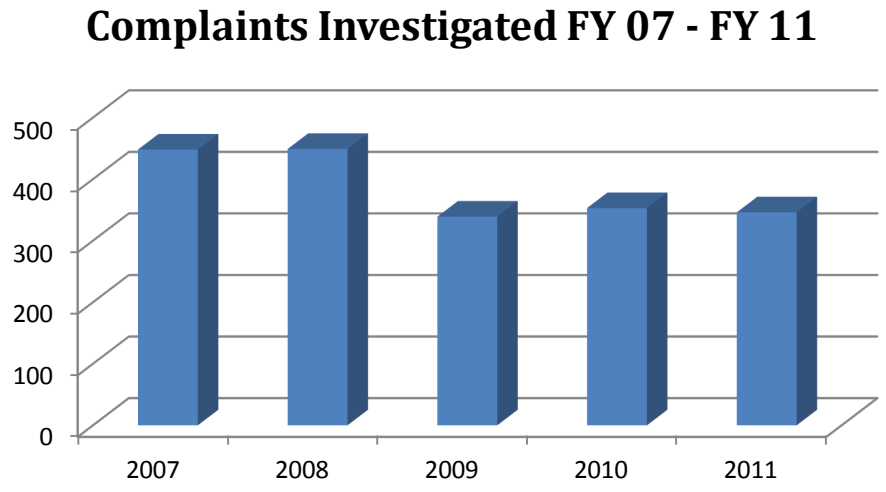
Appropriate Remedial Action: If it has been determined through investigation that a right has been violated, the respondent shall take appropriate remedial action that meets all of the following requirements: (a) Corrects or provides a remedy for the rights violations. (b) Is implemented in a timely 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.

Complaints	Allegations	Allegations Investigated	Allegations Substantiated
2977	3048	346	61

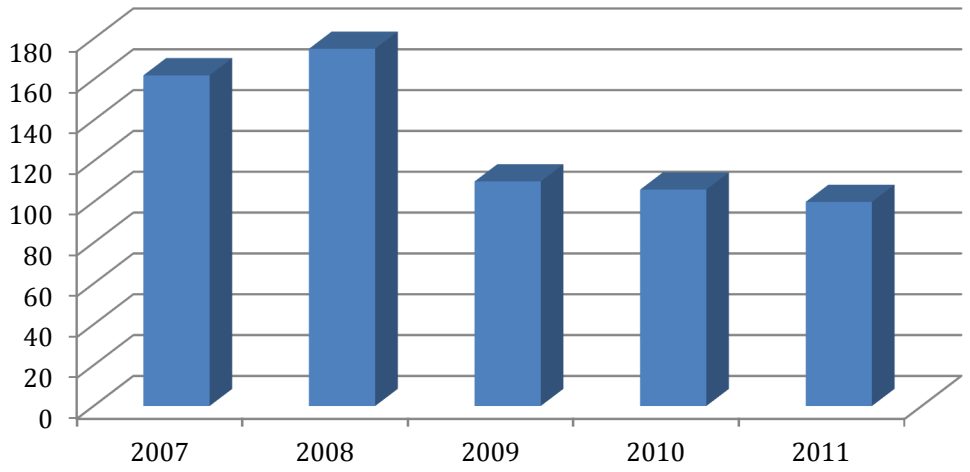
Of the 3048 *allegations* received in state facilities for FY 2011, alleging a violation of a code protected right, 2189 were resolved through intervention. Of these, approximately 1.3% were substantiated. 346 of the allegations were investigated and, of these, 18% were substantiated. The other 513 allegations received did not involve a code protected right or were outside the jurisdiction of the facility's rights office. Of these, 160 were opened and handled as an intervention to help the person resolve the complaint, even though there was a determination that no rights violation was alleged, and 353 were not opened. Hospital/Center specific data on types of rights violations and remedial action taken to remedy them can be found in Appendix B.

The charts below are comparisons of complaint, investigation, and substantiation activity over the past five fiscal years:





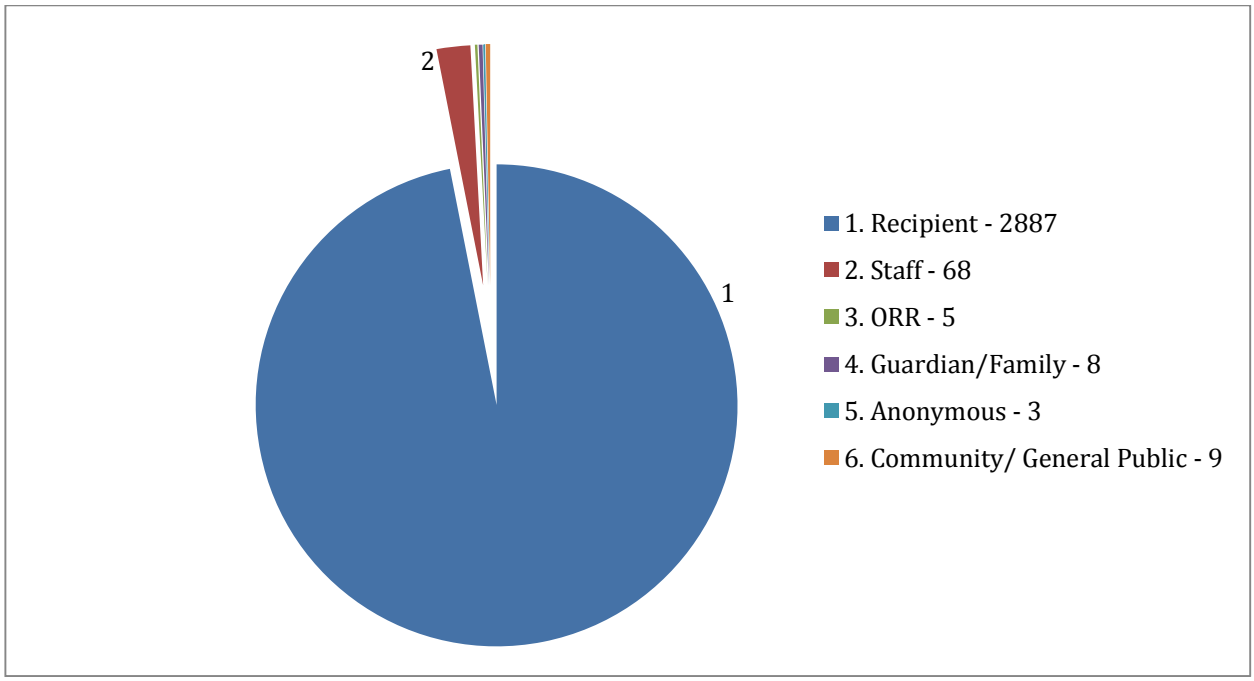
Complaints Substantiated FY 07 - FY 11



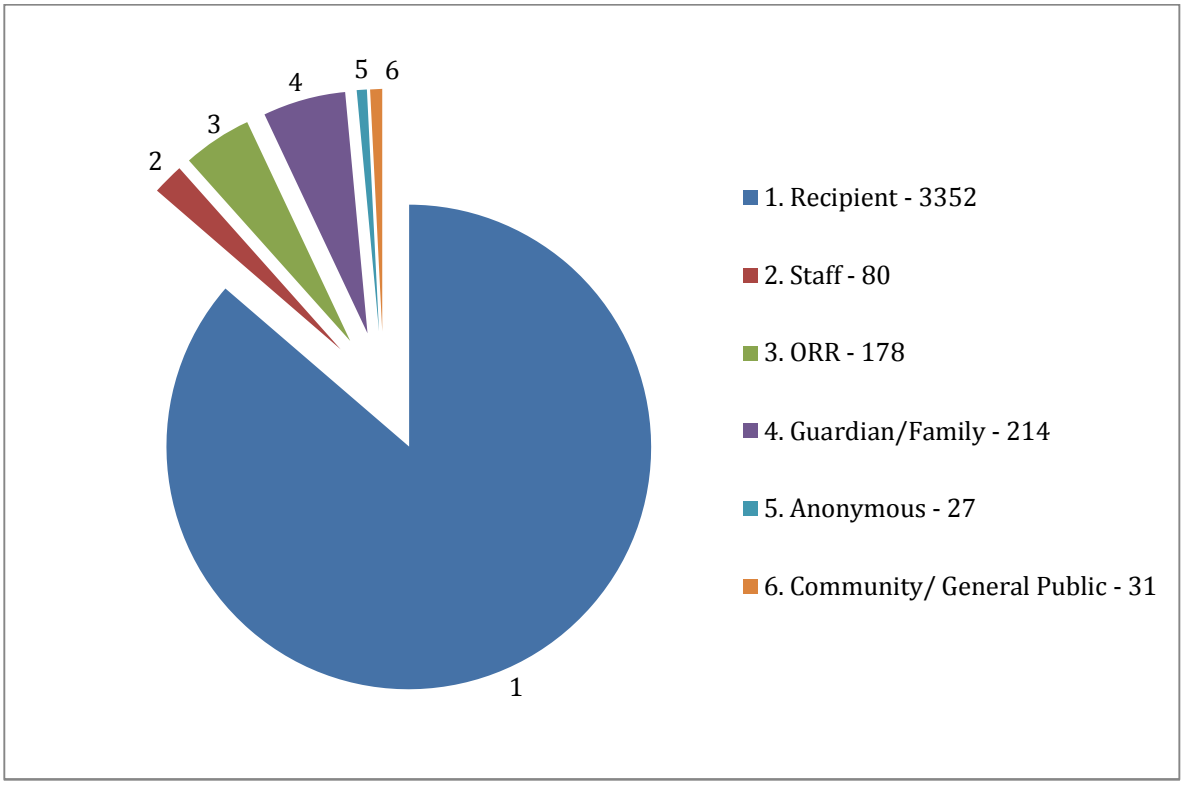
Complaint Sources

In FY 10, information was gathered for the first time in regards to the source of complaints filed with MDCH Hospitals. The FY11 data for State Hospitals, LPH/Us and CMHSPs appears in the tables below:

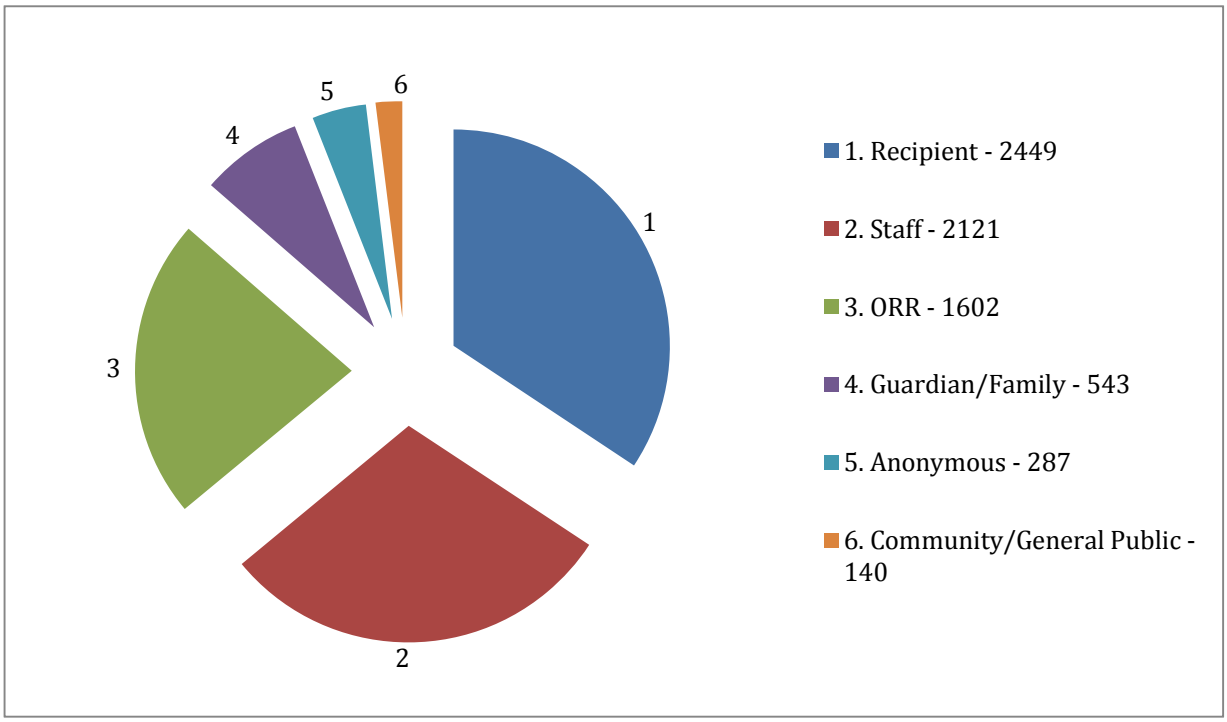
Complainant Types at State Hospitals



Complainant Types at LPH/Us

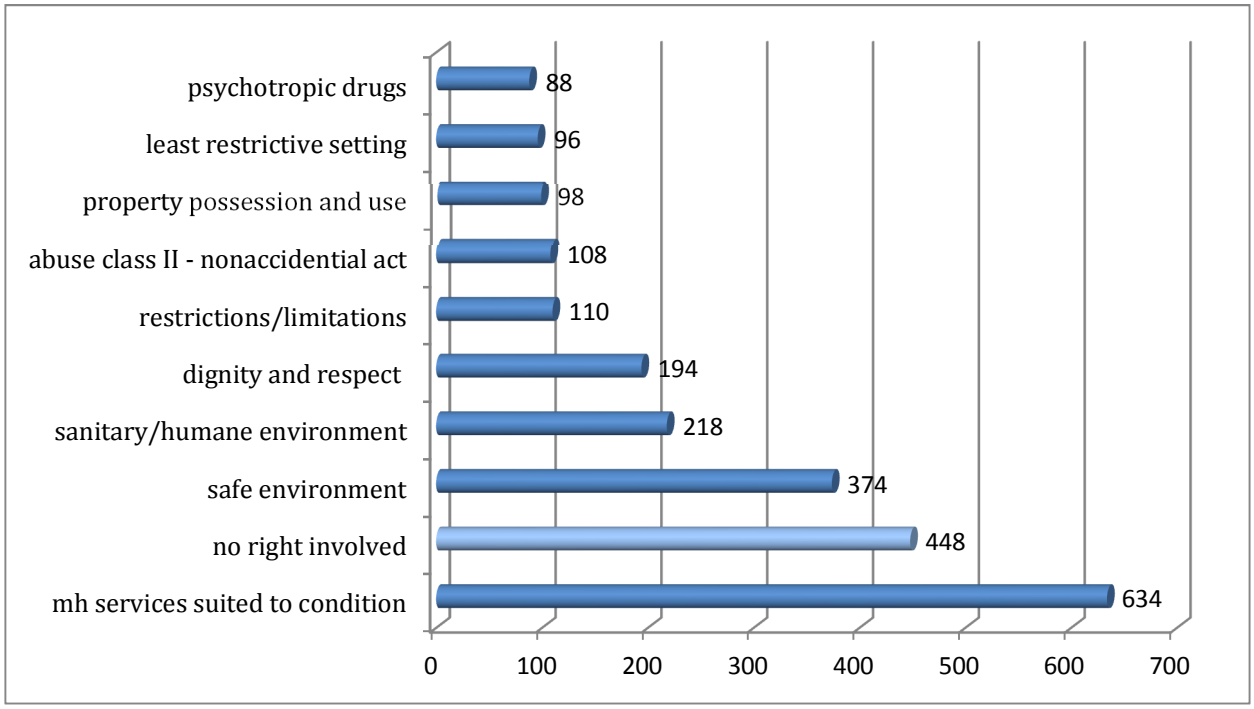


Complainant Types at CMHSPs



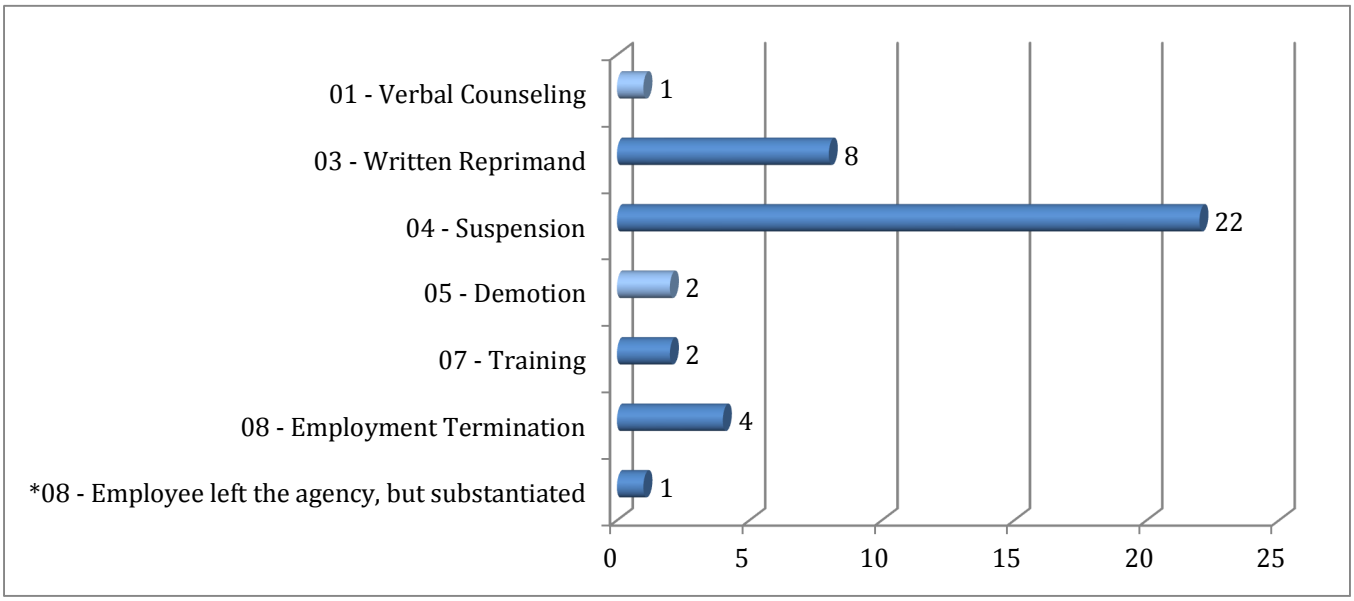
Top Ten Categories of Complaints Received at MDCH Hospitals FY11

During FY11, 2477 complaints were made at the 5 MDCH Hospitals, covering 70 rights categories. The 10 most frequent categories of complaint are indicated in the chart below.



Remedial Action Taken on Abuse and Neglect Violations At MDCH Hospitals FY11

During FY11, 290 investigations into allegations of abuse or neglect were conducted and 40 (14%) were substantiated. MHC 330.1722 requires that disciplinary action be taken when an allegation of abuse or neglect is substantiated. In 3 cases, non-disciplinary (remedial) action was taken. The disciplinary action taken in the 40 substantiated cases are indicated in the chart below.



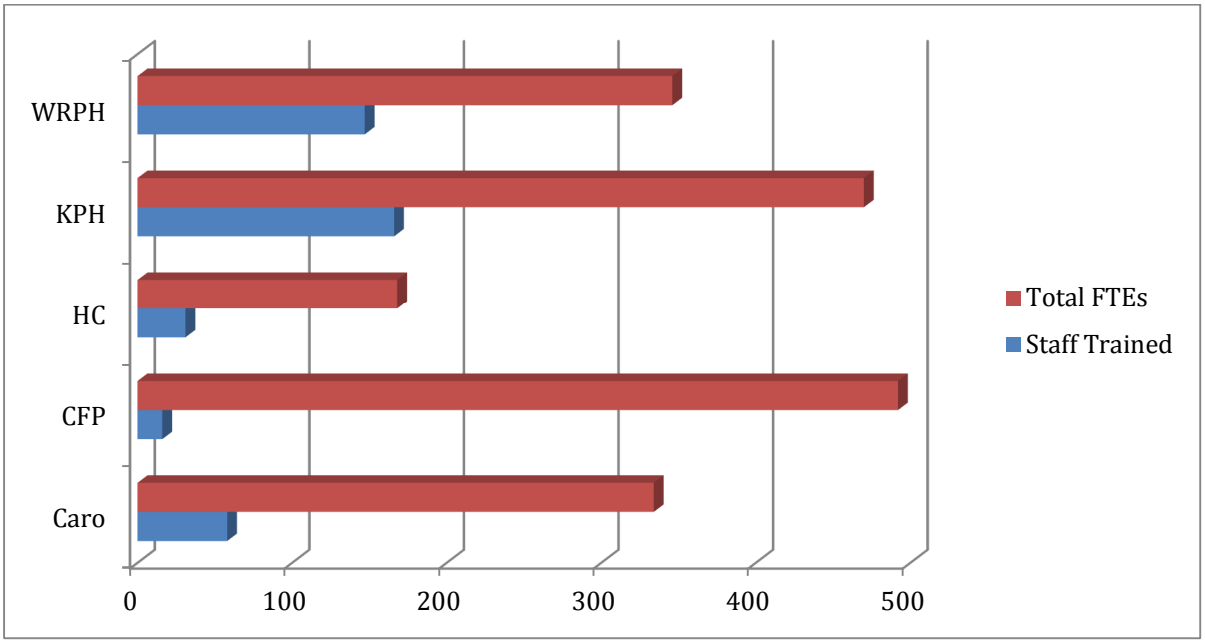
Rights Training at MDCH Operated Hospitals FY11

The MDCH-ORR Field Unit staff works in conjunction with Training Unit to provide mandatory 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 by Field Unit Staff during FY 2011

Hospital	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Consumers
Caro	55	3		106
Center for Forensic Psychiatry	16			34
Hawthorn	3	28		
Kalamazoo	153		13	76
Walter Reuther	107		40	860

Rights Training for Staff at MDCH Operated Hospitals FY11

Based on the above data, the following graph indicates the number of staff who received training from the MDCH-ORR Field Unit staff. The total FTE (full time equivalent) staffing for the hospitals is as follows: Reuther: 346, Kalamazoo: 470, Hawthorn Center: 168, Forensic Center: 492, Caro Center: 334



PART III – TRAINING UNIT

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 Training Unit develops and presents instructional programs with the charge of assuring consistent implementation of recipient rights protection processes across the state.

In order to carry out this mission, the 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 successfully complete;
- Provides rights education programs for newly hired CMHSP Directors;
- Coordinates recipient rights training programs provided to all staff in MDCH Hospitals and Centers;
- 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: FY11 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."

All rights staff across the State continue to be covered by the mandate of the Technical Advisory:

> "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."

The development of these standards is intended to assure that all rights staff meet the Mental Health Code and contract mandates of continuing education in rights protection.

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 skills necessary to do a thorough and effective investigation and write the reports required by the Code, and provides an understanding of the appeals process.

Building Blocks of Report Writing

This course provides a review of the basic concepts of Investigative Report Writing. 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.

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 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 when it is conducting an appeals hearing. 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

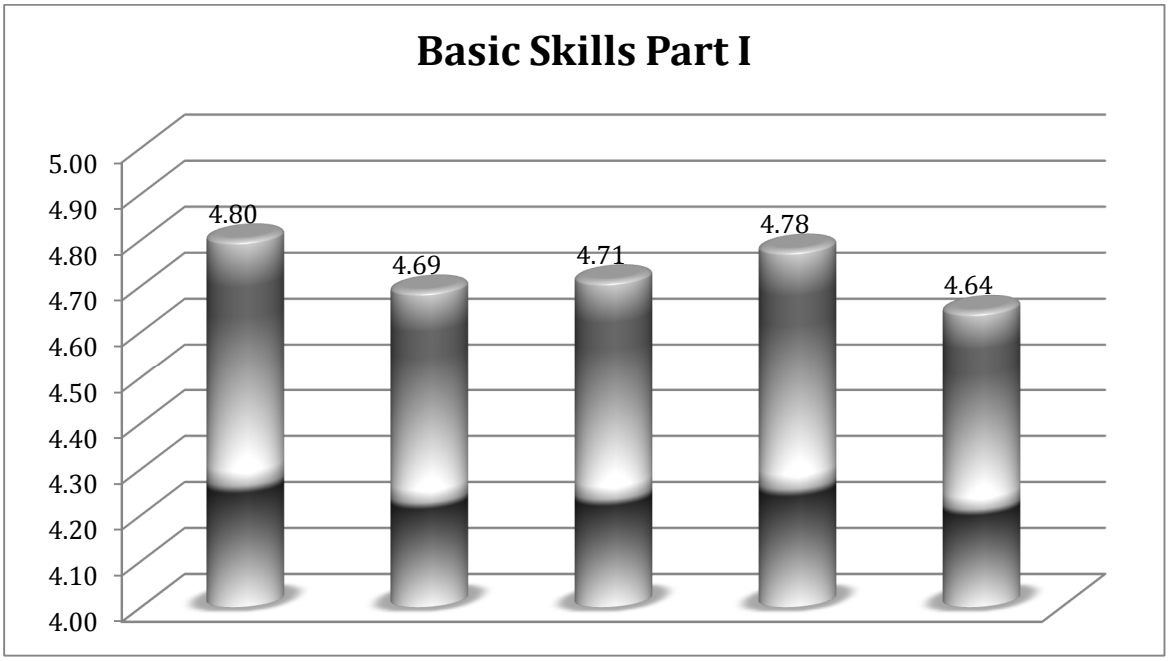
The Training Unit has developed an online Recipient Rights Training Course for all newly hired staff of MDCH Central Office. During FY 2010, 1207 people went through this training program.

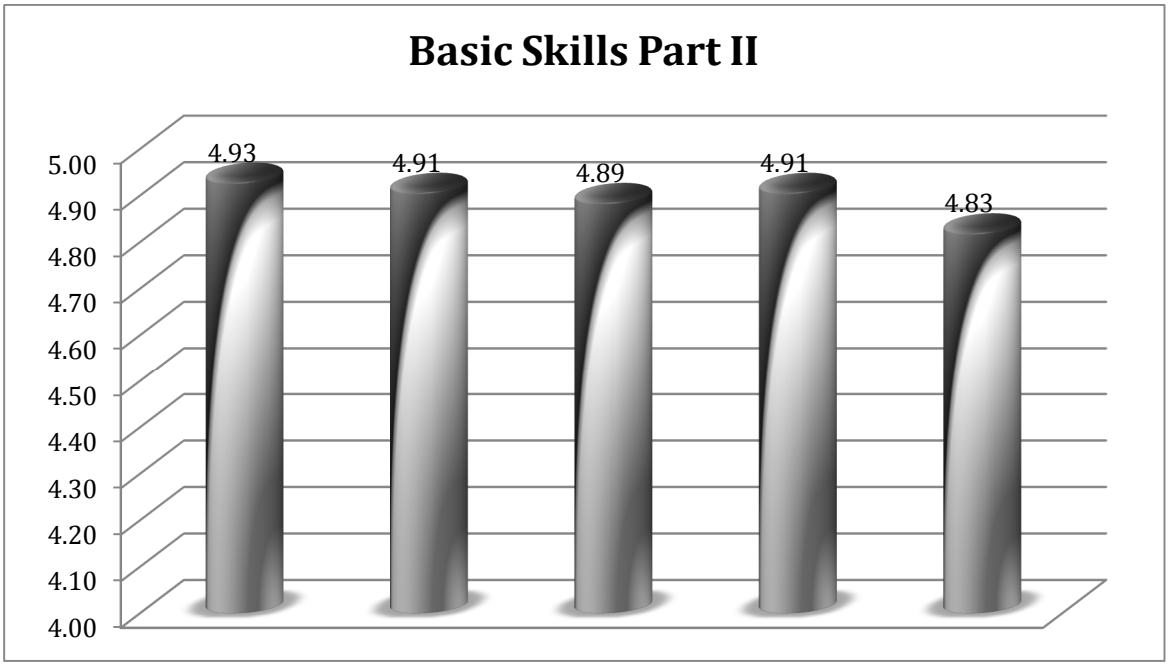
Civil Rights Training for Rights Staff

In conjunction with the Michigan Department of Civil Rights, the Training Unit developed an online training program for rights staff. Content of the two modules include an overview of the Michigan Department of Civil Rights, complaint filing, and methods for working with disabled persons who may have had their rights violated. Twenty-one staff went through these online modules during FY 2010.

A total of 848 persons participated (in person or online) in MDCH-ORR sponsored training programs during FY2010. Responses to the evaluations for the respective programs are presented in the following graphs. Evaluation questions are:

1. The learning objectives were covered in the training materials/content
2. The content was well organized
3. The information was presented effectively
4. The activities reinforced content appropriately
5. After completing the course, I have a much better understanding of my job (scale 5 = excellent to 1 = poor):





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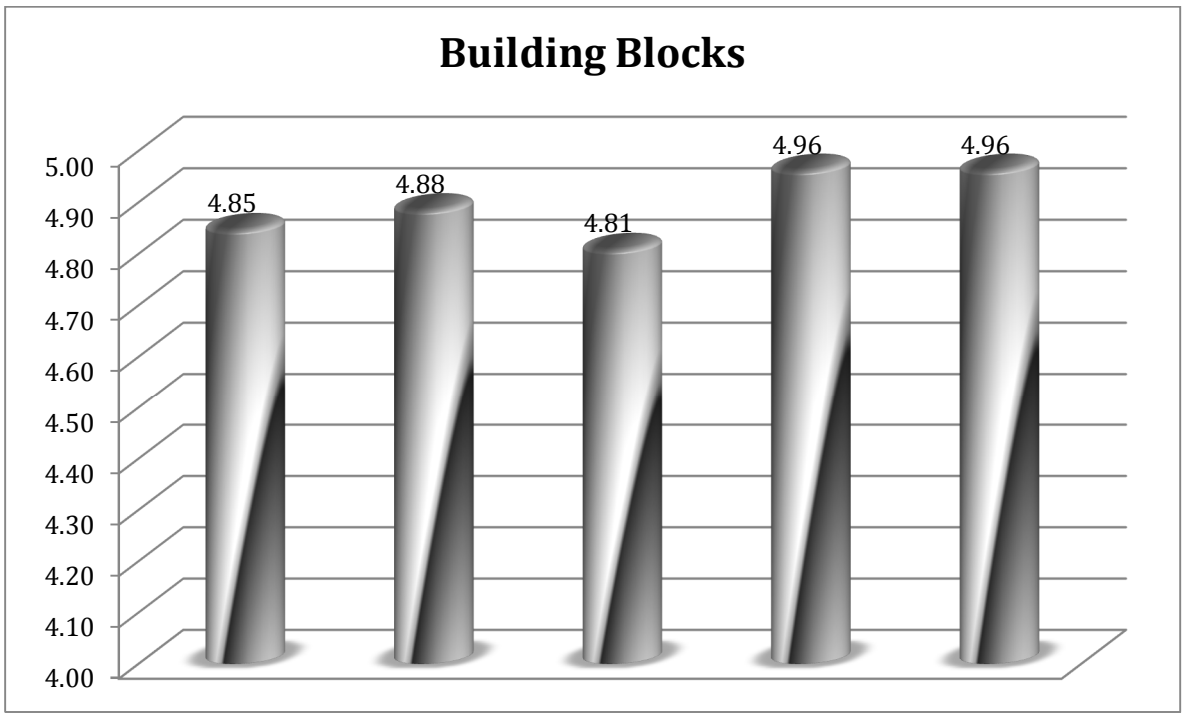
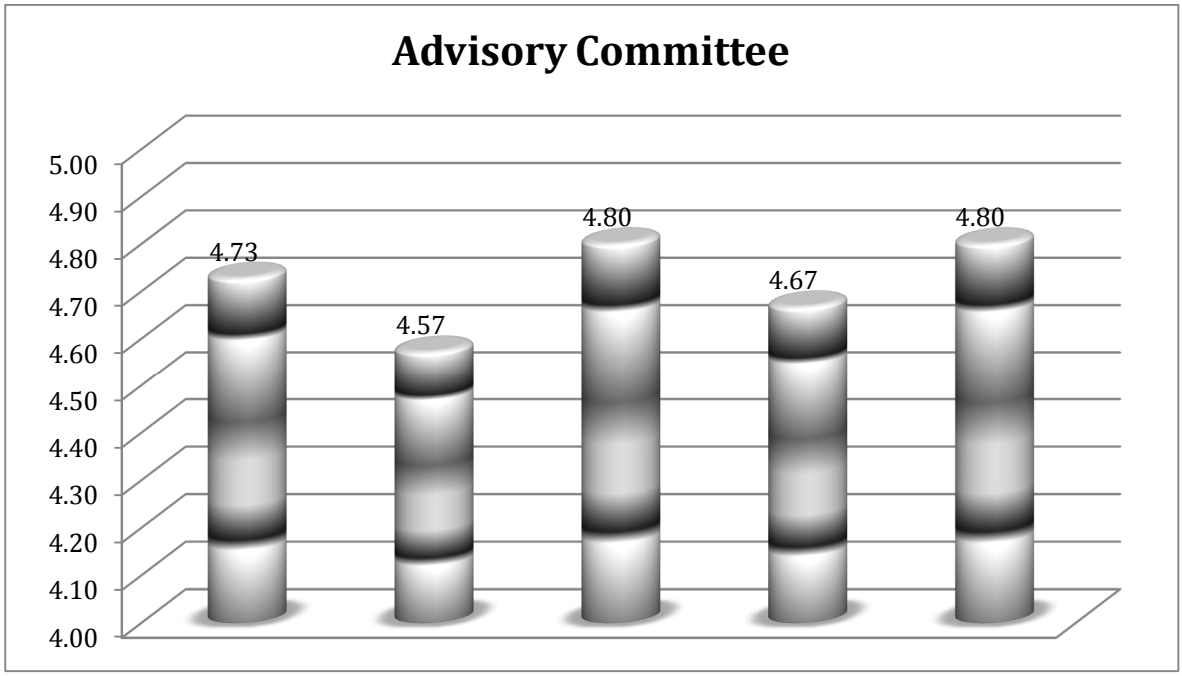
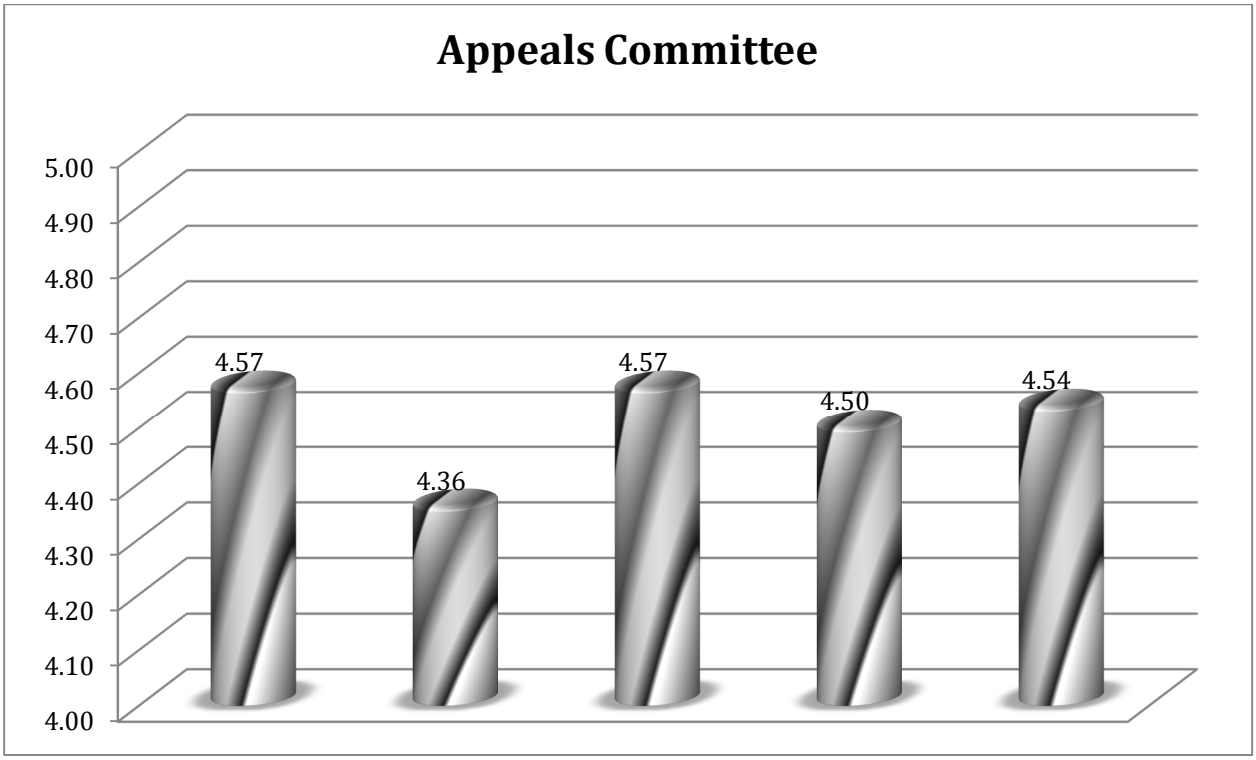
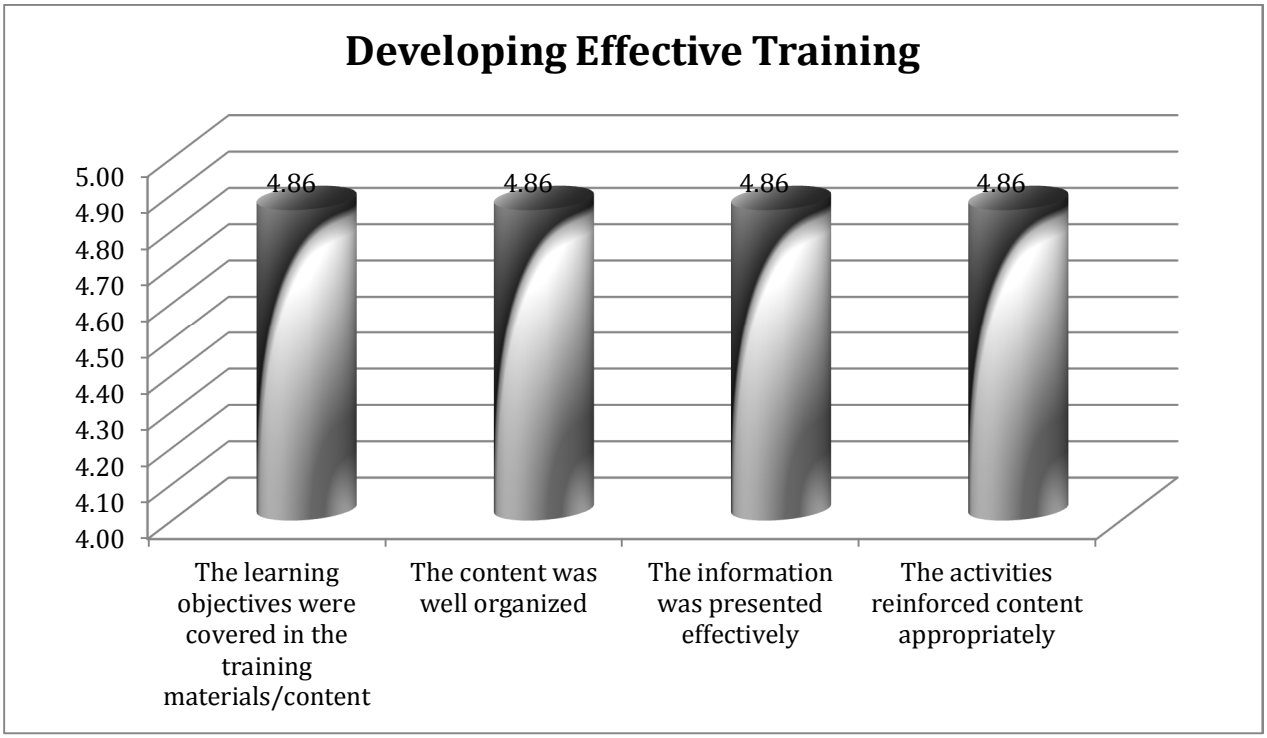








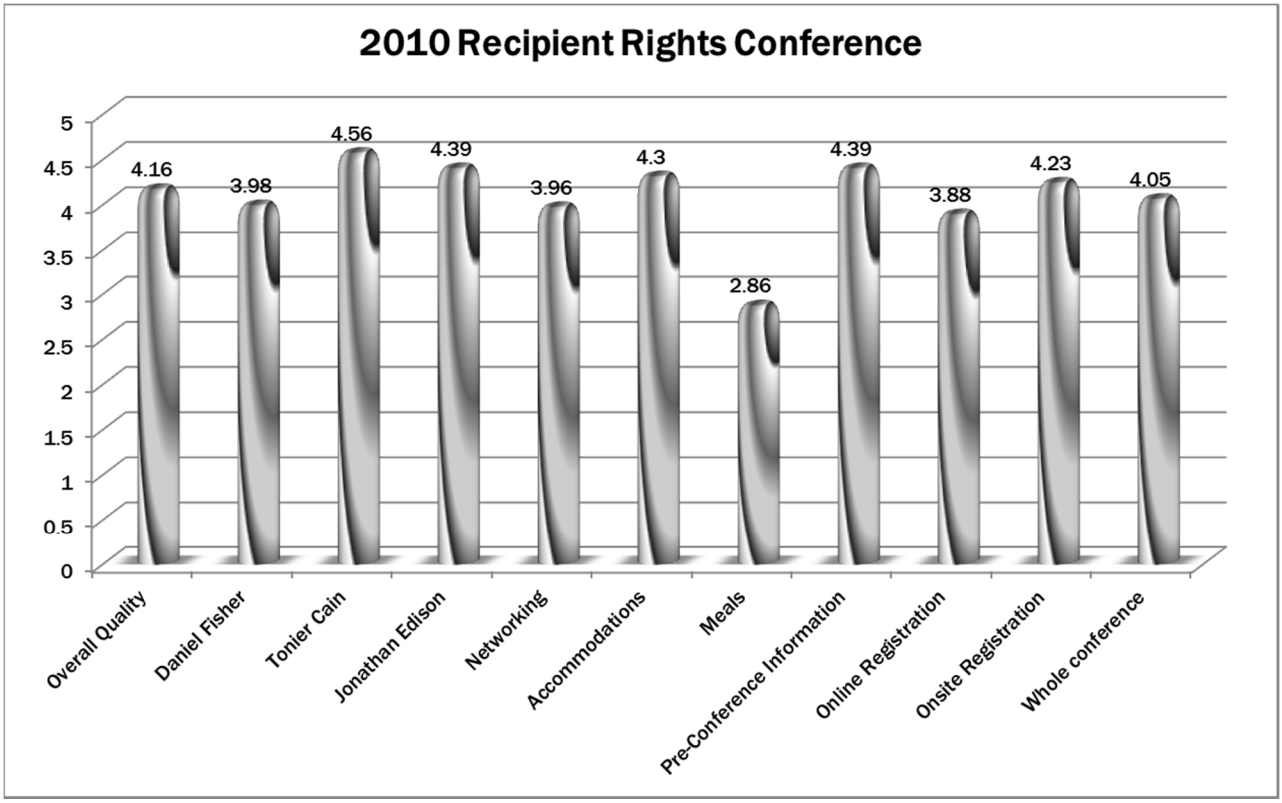
2010 RECIPIENT RIGHTS CONFERENCE

The Recipient Rights Conference has been held each year since 1994. 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,

and 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 CMHSP's. The conference covers the cost of registration and hotel accommodations; travel expenses are provided by the sponsoring CMHSP. The manager 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 17th annual conference was held October 5 – 9, 2010, at the Radisson Plaza Hotel in Kalamazoo. Approximately 240 individuals attended, including six consumers who were chosen to receive scholarships. Once again, this year, the Michigan Social Work Continuing Education Collaborative approved the conference for continuing education units for Michigan Social Workers.

The conference featured a pre-conference session on Statement Analysis and Cognitive Interviewing, 22 breakout sessions whose topics included Prevention of Adult Abuse & Neglect, Dealing with Difficult People and Situations, The Role of Culture and Race in the Investigative Process, Confidentiality and Privileged Information, Taming the E-Mail Beast, and Effective Training Design & Presentation. Responses to the conference evaluation indicated an overall satisfaction level of 3.95 on a scale of 1 to 5. The responses, and the areas they evaluated are depicted in the graph below:



MDCH DIRECTOR'S AWARDS FOR RECIPIENT RIGHTS

The 2010 MDCH Director's Awards for Recipient Rights were presented at the Rights Conference. Honorees were:

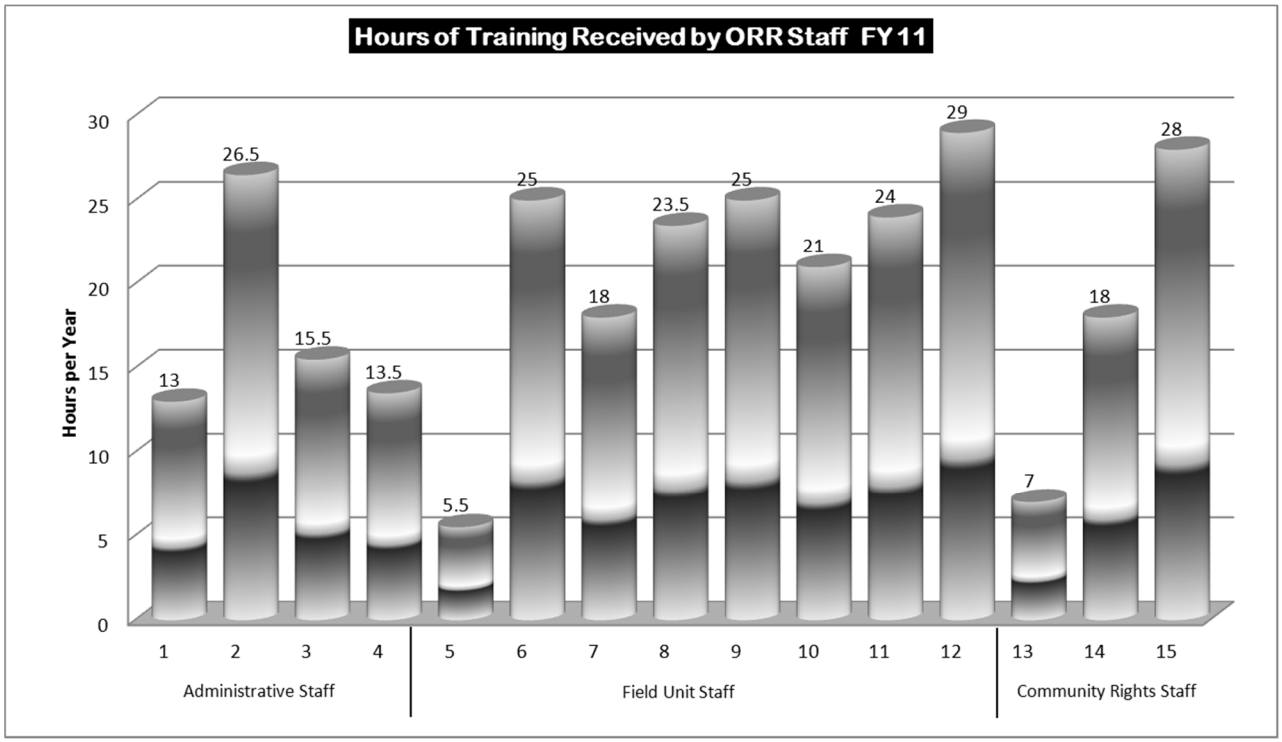
The Bay-Arenac Behavioral Health Rights Office for Innovation in Rights Protection

Christina Wilkins, War Memorial Hospital, Sault Saint Marie, for Advocacy on Behalf of Mental Health Recipients;

Renee Uitto, Oakland County Community Mental Health for Consumer Empowerment.

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." For tracking purposes, each staff was assigned a number from one through fifteen. The chart below indicates the number of hours received by each ORR staff person during FY11.



CMHSP RIGHTS SYSTEMS ASSESSMENTS

Section 755 of the Michigan Mental Health Code requires the establishment of an office of recipient rights in each community mental health services program (CMHSP).

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 DCH, through its Office of Recipient Rights established pursuant to Section 754 of the statute, 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.

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. Annually, the Rights Specialists also conduct an onsite assessment of approximately one-third of the CMHSPs. This three day onsite review includes an entrance conference; compliance review of complaint case files, logs, Code-mandated reports and notices, appeals cases; 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 and an exit conference. Site visits were discontinued in FY 2008 in order that the Community Rights Specialist could provide more direct technical assistance to the CMHSP rights office and more adequately review the quality and thoroughness of the site monitoring conducted by the CMHSP rights office.

Assessments Results – FY 2011

Sixteen (16) CMHSP rights protection systems were evaluated through onsite assessments conducted by the Office of Recipient Rights Community Rights Unit Specialists during FY 2011.

As a means of more expediently identifying in which specific areas a rights system excels or has difficulty, Attachment A, Standards, was revised and reformatted to reflect the weighting of particular standards. Attachment A standards are now organized into seven rather than eight separate sections, each with its own weighted multiplier specified as follows:

Section	Multiplier	Points
Section I: CMHSP Responsibilities	1.5	39
Section II: ORR Requirements	1.5	39
Section III: Semi and Annual Reports	1.0	6
Section IV: Policies	1.0	50
Section V: Recipient Rights Advisory Committee	1.0	22
Section VI: Complaint Investigation/Resolution	1.5	105
Section VII: Appeal/Dispute Resolution	1.0	16
	Full Compliance	277 total

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. CMHSPs that attained 100% compliance **are listed in bold and contain the name of both the executive director and rights office director** in the table which follows.

A rights system is scored as being in less than substantial compliance, even if the overall score was in the range of substantial compliance, if the specialist determined that a deficiency which was previously cited in the last assessment three (3) years prior had not been corrected at the time of the current assessment. CMHSPs that were scored in this manner have an * in the table which follows. Evidence that the repeat citation has been corrected must be provided to DCH-ORR within 30 days of receipt by the CMHSP of the assessment report.

FY 2009 Rights System Assessment Results

FC: Full Compliance: Bay-Arenac, Livingston, Ottawa, Pathways

SC: Substantial Compliance: Shiawassee, Clinton-Ingham-Ingham, Barry, Central Michigan, Lifeways, Ionia, Berrien/Riverwood, Copper Country, Detroit-Wayne, Lenawee

LSC: Less than Substantial Compliance - score of less than 263: None

LSC*: Less than Substantial Compliance – Repeat Citation(s): VanBuren (2), Manistee-Benzie/Centra Wellness (3)

Date	CMHSP	Score	Results
10/19-10/21/2010	Shiawassee	276	SC
11/3 – 11/5	VanBuren	272.5	*LSC
11/16 – 11/18	Clinton-Eaton-Ingham	274	SC
11/30 – 12/2	Barry	274	SC
3/22 – 3/24/2011	Central Michigan	272	SC
4/5 – 4/7	Lifeways	269	SC
4/19 – 4/21	Ionia	274	SC
5/3 – 5/5	**Bay-Arenac** **Robert Blackford, Executive Director** **Linda Maze, Recipient Rights Manager**	277	FC
5/17 – 5/19	Berrien/Riverwood	269.5	SC
6/7 – 6/9	**Livingston** **Angus M. Miller, Executive Director** **Kristen Ora, Elizabeth Mooney, Recipient Rights Officers**	277	FC
6/28 – 6/30	Manistee-Benzie/Centra Wellness	271	*LSC
7/12 – 7/14	Copper Country	276	SC
7/26 – 7/28	**Ottawa** **Michael Brashears, Psy.D., Executive Director** **Briana Fowler, Recipient Rights Officer**	277	FC
8/9 – 8/11	**Pathways** **Gail Hall, Executive Director** **Mary Swift, Recipient Rights Supervisor**	277	FC

Date	CMHSP	Score	Results
8/22 – 8/26	Detroit-Wayne	267.5	SC
9/20 – 9/22	Lenawee	271	SC

CMHSP COMPARATIVE DATA

In late 2007 and early 2008, MDCH-ORR conducted a series of brainstorming sessions with stakeholders in the public mental health rights protection system that could be characterized as a self-evaluation from the perspective of these individuals. Stakeholders included:

- CMHSP Executive Directors (MACMHB)
- Licensed Hospital Directors/Designees
- CMHSP Rights Officers
- Licensed Hospital Rights Advisors
- Recipient Rights Officers Association of Michigan (RROAM)
- MDCH-ORR
- Consumers of public mental health services
- Consumer advocacy groups

A recurring theme was the question as to what is a sufficient staffing level for the CMHSP rights office. As a result, the template for the Office of Recipient Rights Annual Report to MDCH-ORR included the unduplicated number of consumers served and the staffing resources for each rights office. In an effort to be further responsive and provide sufficient data to allow the Executive Directors, Rights Offices and Recipient Rights Advisory Committees to do a comparative analysis, the table below 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 11.

CMHSP	Geographical Area in Sq. Miles	Unduplicated Count	Rights Office Staffing Level/FTE	Number of Group Home Site Visits	Number of Allegations	# of Investigations	# of Substantiated Allegations
Allegan	827.5	1458	1	76	142	114	64
AuSable Valley	1678.4	2356	0.6	17	31	14	14
Barry	556.1	2235	0.5	26	6	4	1
Bay-Arenac	811.1	5685	2.8	87	148	107	97
Berrien/River-wood	571	4246	1.7	182	32	24	18
C-E-I	1707.1	9578	4	123	122	83	21
CMH for Central MI	3290.7	9592	5.15	141	320	313	139
Copper Country	3768.2	1110	0.6	38	30	12	8

CMHSP	Geographical Area in Sq. Miles	Unduplicated Count	Rights Office Staffing Level/FTE	Number of Group Home Site Visits	Number of Allegations	# of Investigations	# of Substantiated Allegations
Detroit-Wayne	614.2	69481	41	682	1537	1158	326
Genesee	639.6	12589	4.5	161	519	373	127
Gogebic	1101.9	504	0.1	13	9	6	2
Gratiot	570.1	1513	0.5	15	44	32	23
Hiawatha	3760.8	1466	1.4	24	45	22	20
Huron Behavioral Health	836.5	1502	0.5	15	23	22	9
Ionia	573.2	2333	1	28	67	30	12
Kalamazoo	561.9	9675	6.4	140	506	287	133
Lapeer	654.2	1021	1	43	35	16	8
Lenawee	750.5	1707	1.25	35	100	89	55
Lifeways	1305.4	6057	2	96	494	420	266
Livingston	568.4	2228	2	35	123	113	58
Macomb	480.4	12250	10.5	258	1089	1027	418
Manistee-Benzie	864.9	1187	1	40	91	71	33
Monroe	551.1	2177	2	23	222	212	106
Montcalm	708	1205	1	14	18	15	5
Muskegon	509.1	4736	3	68	233	184	109
network180	856.2	16525	4	214	506	385	166
Newaygo	842.4	1598	1.25	20	57	46	33
North Country	3152.8	4072	1.5	73	93	62	57
Northeast	2456.3	2318	1.5	57	76	68	51
Northern Lakes	2459.8	1513	2	39	79	31	37
Northpointe Behavioral Healthcare Systems	2976.2	8509	3	140	250	202	111
Oakland	872.5	20769	14	675	820	722	283
Ottawa	565.7	3401	1	62	94	58	20
Pathways	3894.2	2497	3.74	67	219	196	87
Pines Behavioral Health Services	507.4	1855	1.1	13	12	7	7
Van Buren - Professional Management Systems	610.9	4793	2.8	148	105	80	31
Saginaw	808.9	1247	1.25	52	75	64	53

CMHSP	Geographical Area in Sq. Miles	Unduplicated Count	Rights Office Staffing Level/FTE	Number of Group Home Site Visits	Number of Allegations	# of Investigations	# of Substantiated Allegations
Sanilac	963.8	1487	2	17	84	57	56
Shiawassee	538.7	4100	1.5	89	54	45	16
St. Clair	724.4	1992	0.75	33	42	7	6
St. Joseph	503.7	7682	2.5	51	168	84	49
Summit Pointe	708.7	1311	1	42	50	26	13
Tuscola	812.4	2610	1	54	10	9	8
Washtenaw	709.9	3558	3.5	60	312	292	124
West Michigan	1603.1	2271	1.3	54	67	42	42
Woodlands	492.2	1036	1	64	64	48	26

In October 2012, MDCH-ORR assembled a committee of rights offices from across the state and solicited input regarding data that would be useful to the Directors of LPH/Us as well as to Rights Offices and Recipient Rights Advisory Committees. The committee recommended that the same type of data that CMHSPs were able to review be presented for LPH/Us. The table below indicates, in addition to the number of patient days and the number of hours devoted to rights/40, the basic complaint information for FY 11.

LPH/U	Patient Days	# of Hours /40	Number of Allegations	# of Investigations	# of Substantiated Allegations
Allegiance Health	8202	10	106	7	35
Alpena Regional Medical Center	2958	16	9	4	2
Bay Regional Medical Center	6922	1	15	6	1
BCA StoneCrest Center	20579	20	137	13	6
Behavioral Center of MI	12084	60	325	9	24
Borgess Medical Center	13633	16	21	10	5
Botsford Hospital	8580	10	4	2	2
Bronson Battle Creek/Fieldstone Center	7055	20	161	75	79
Bronson Lakeview Community Hospital	2596	1	1	0	1
Carson Behavioral Center	1896	8	23	13	2
Chelsea Community Hospital	5622	7	39	6	3
Community Health Center of Branch Co.	2764	10	31	3	2
Crittenton Hospital	5930	32	104	20	7
DMC Receiving	6480	40	84	16	16
DMC Sinai	6163	1	63	3	3
Doctor's Hospital of MI	10089	50	94	2	11

LPH/U	Patient Days	# of Hours /40	Number of Allegations	# of Investigations	# of Substantiated Allegations
Forest View Psychiatric Hospital	20400	20	20	11	5
Harbor Oaks Hospital	13561	30	82	1	7
Havenwyck	67800	40	79	27	17
HealthSource Saginaw	17496	40	242	22	33
Henry Ford Kingswood Hospital	19936	40	64	11	17
Henry Ford Macomb Hospital	20629	30	263	26	14
Henry Ford Wyandotte Hospital	16421	40	71	2	5
Herrick Medical Center	393	4	17	4	3
Hillsdale Community Health Center	2518	15	12	0	0
Holland Community Hospital	4897	4	26	3	0
Hurley Medical Center	9026	8	139	21	5
Lakeland Regional Health System	8329	56	7	1	1
Madison Community Hospital	8004	20	65	7	12
Marquette General Health System	10561	40	68	3	15
McLaren Greater Lansing GEMS Unit	no data				
McLaren - Lapeer Region	2585	20	51	2	3
McLaren Regional Medical Center	9552	16	11	3	4
Memorial Medical Center of West MI	2184	40	6	0	0
Mercy Health Partners Hackley Campus	5743	20	0	6	0
Mercy Memorial Hospital - Monroe	3592	2	2	0	0
MidMichigan Medical Center - Gratiot	5388	5	18	5	2
MidMichigan Medical Center - Midland	4114	10	18	3	0
Munson Medical Center	3951	18	26	5	5
Oaklawn Hospital	3290	2	34	12	1
Oakwood Hospital - Heritage	14460	40	67	5	3
Owosso Memorail Healthcare	5881	24	6	4	0
Pine Rest Christian Mental Health Services	15935	40	17	0	2
Pontiac Osteopathic Hospital	6397	10	9	7	2
Port Huron Hospital	6295	20	82	1	6
Providence Hospital	4876	20	128	13	3
Samaritan Health Center	9532	40	364	21	123
Sparrow/St Lawrence Hospital	13710	40	47	37	26
St. John Hospital and Medical Center	8492	104	99	15	11
St. John Macomb-Oakland Hospital - Macomb Center	9273	5	88	6	3

LPH/U	Patient Days	# of Hours /40	Number of Allegations	# of Investigations	# of Substantiated Allegations
St. John Macomb-Oakland Hospital - Oakland Center	7245	5	73	5	7
St. Joseph Mercy Health System (Ann Arbor)	6535	4	25	4	0
St. Joseph Mercy Hospital - Oakland	9908	24	87	10	4
St. Mary Mercy Hospital of Livonia	10090	20	66	10	11
St. Mary's Healthcare	36557	40	305	3	25
University of Michigan	11347	24	47	35	19
War Memorial Hospital	4232	10	10	4	4
William Beaumont Hospital	7529	25	3	1	0

COMPLAINT DATA

In addition to the complaint data collected in the past, all CMHSPs and LPH/U's have submitted information regarding the length of time required to complete investigations. The following tables indicate the total number of allegations and substantiations in the categories of abuse and neglect I and II. However, timeframes for completion include abuse III (language, or other means of communication, to degrade, threaten or sexually harass) and neglect III (neglect class III: acts of commission or omission by an employee… that result from noncompliance with a standard of care or treatment required by law and/or rules, etc…that either placed or could have placed a recipient at risk of physical harm or sexual abuse or the failure to report apparent or suspected abuse class III or neglect class III) for FY 11.

Comparative Abuse & Neglect Data	Abuse I & II Received	Abuse I & II Substantiated	Neglect I & II Received	Neglect I & II Substantiated	Total	≤30	≤60	≤90	>90
Allegan	14	5	3	3	35	1	1	20	13
AuSable	2	0	0	0	10	10	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay-Arenac	16	8	7	6	46	41	1	4	0
Berrien-Riverwood	6	5	0	0	16	13	2	1	0
CEI	19	6	9	2	44	26	6	12	0
CMHCM	158	84	52	22	0	45	12	17	8
Copper Co	2	1	0	0	660	2	0	0	2
DWCCMHA	186	41	48	17	419	30	95	122	172
Genesee	76	10	16	9	171	46	88	37	0
Gogebic	0	0	1	0	2	0	0	2	0
Gratiot	5	2	0	0	12	10	1	1	0

Comparative Abuse & Neglect Data	Abuse I & II Received	Abuse I & II Substantiated	Neglect I & II Received	Neglect I & II Substantiated	Total	≤30	≤60	≤90	>90
Hiawatha	3	3	2	0	597	8	1	2	0
Huron	2	0	0	0	444	5	1	0	0
Ionia	1	0	0	0	464	0	5	2	0
Kalamazoo	114	8	23	81	2	35	21	5	3
Lapeer	4	2	0	0	445	11	0	0	0
Lenawee	47	20	22	5	0	10	1	9	9
Lifeways	292	4	23	177	88	62	33	27	10
Livingston	47	27	20	0	0	12	2	2	1
Macomb	414	15	45	257	97	159	55	41	22
Manistee Benzie - Centra Wellness	6	5	0	0	20	0	0	20	0
Monroe	99	61	38	0	0	25	2	7	2
Montcalm	4	1	0	0	6	2	4	0	0
Muskegon	23	5	1	48	109	63	27	19	0
Network 180	42	8	12	8	139	80	47	11	1
Newaygo	4	3	1	0	9	6	6	0	0
North Country	9	6	7	4	46	10	14	10	12
Northeast Michigan	3	1	0	0	35	24	9	2	0
Northpointe	7	3	1	0	21	14	7	0	0
Northern Lakes	9	6	9	7	68	1	0	39	28
Oakland	126	30	34	12	279	81	102	82	14
Ottawa	13	2	3	2	24	19	5	0	0
Pathways	30	6	7	2	82	46	18	18	0
Pines - Branch Co	3	2	0	0	4	4	0	0	0
Saginaw	23	11	8	4	48	4	16	27	1
Sanilac	13	10	0	0	39	26	13	0	0
Shiawassee	11	5	3	3	51	15	10	26	0
St. Clair	9	1	10	4	20	18	2	0	0
St. Joseph	4	0	0	0	7	6	0	1	0
Summit Pointe (Calhoun)	7	3	2	1	27	20	6	1	0
Tuscola	4	1	4	3	13	7	6	0	0
Van Buren	1	1	0	0	1	1	0	0 0	
Washtenaw	30	11	8	4	118	49	60	9	0
West Michigan	6	2	1	1	16	16	0	0	0
Woodlands	13	5	9	4	15	5	7	2	1

Comparative Abuse & Neglect Data	Abuse I & II Received	Abuse I & II Substantiated	Neglect I & II Received	Neglect I & II Substantiated	Total	≤30	≤60	≤90	>90
Allegiance Health	4	1	1	1	0	1	3	1	0
Alpena Regional Medical Center	1	0	0	0	2	2	0	0	0
Bay Regional Medical Center	0	0	0	0	1	1	0	0	0
BCA StoneCrest Center	10	5	1	1	12	12	0	0	0
Behavioral Center of MI	5	1	0	0	9	0	9	0	0
Borgess Medical Center	2	1	0	0	39	2	1	1	0
Botsford Hospital	1	0	0	0	2	2	0	0	0
Bronson Battle Creek/Fieldstone Center	4	0	0	0	14	5	6	3	0
Bronson Lakeview Community Hospital	0	0	0	0	0	0	0	0	0
Carson Behavioral Center	1	0	1	0	2	1	1	0	0
Chelsea Community Hospital	0	0	1	0	2	0	2	0	0
Community Health Center of Branch Co.	0	0	0	0	0	0	0	0	0
Crittenton Hospital	3	0	0	0	3	1	2	0	0
DMC Receiving	4	0	1	1	8	8	0	0	0
DMC Sinai	0	0	1	0	2	2	0	0	0
Doctor's Hospital of MI	2	0	0	0	2	2	0	0	0
Forest View Psychiatric Hospital	0	0	2	0	2	0	0	2	0
Harbor Oaks Hospital	0	0	1	0	1	0	0	1	0
Havenwyck	5	2	0	0	8	0	0	8	0
HealthSource Saginaw	2	0	1	1	8	7	0	0	0
Henry Ford Kingswood Hospital	1	1	1	1	8	4	0	0	0
Henry Ford Macomb Hospital	1	0	2	1	3	3	0	0	0
Henry Ford Wyandotte Hospital	1	1	1	1	2	0	2	0	0
Herrick Medical Center	2	1	0	0	3	1	0	0	2
Hillsdale Community Health Center	0	0	0	0	0	0	0	0	0
Holland Community Hospital	0	0	1	0	3	3	0	0	0
Hurley Medical	1	0	0	0	4	0	1	3	0

Comparative Abuse & Neglect Data	Abuse I & II Received	Abuse I & II Substantiated	Neglect I & II Received	Neglect I & II Substantiated	Total	≤30	≤60	≤90	>90
Center									
Lakeland Regional Health System	1	1	0	0	1	1	0	0	0
Madison Community Hospital	3	0	0	0	5	5	0	0	0
Marquette General Health System	1	1	0	0	3	3	0	0	0
McLaren Greater Lansing GEMS Unit	no data								
McLaren - Lapeer Region	0	0	0	0	1	1	0	0	0
McLaren Regional Medical Center	2	1	0	0	3	1	1	1	0
Memorial Medical Center of West MI	0	0	0	0	0	0	0	0	0
Mercy Health Partners Hackley Campus	2	0	0	0	3	0	0	1	2
Mercy Memorial Hospital - Monroe	0	0	0	0	0	0	0	0	0
MidMichigan Medical Center - Gratiot	1	0	0	0	1	1	0	0	0
MidMichigan Medical Center - Midland	1	0	0	0	1	0	1	0	0
Munson Medical Center	2	1	0	0	2	2	0	0	0
Oaklawn Hospital	0	0	0	0	1	1	0	0	0
Oakwood Hospital - Heritage	0	0	2	0	5	5	0	0	0
Owosso Memorail Healthcare	2	0	0	0	2	2	0	0	0
Pine Rest Christian Mental Health Services	0	0	0	0	0	0	0	0	0
Pontiac Osteopathic Hospital	2	2	0	0	2	2	0	0	0
Port Huron Hospital	0	0	1	0	1	0	1	0	0
Providence Hospital	10	0	1	0	11	0	11	0	0
Samaritan Health Center	5	1	0	0	17	6	1	4	6
Sparrow/St Lawrence Hospital	2	1	1	0	8	6	1	1	0
St. John Hospital and Medical Center	5	0	1	1	12	0	5	7	0
St. John Macomb-Oakland Hospital - Macomb Center	1	0	1	0	6	6	0	0	0

Comparative Abuse & Neglect Data	Abuse I & II Received	Abuse I & II Substantiated	Neglect I & II Received	Neglect I & II Substantiated	Total	≤30	≤60	≤90	>90
St. John Macomb-Oakland Hospital - Oakland Center	0	0	0	0	5	5	0	0	0
St. Joseph Mercy Health System (Ann Arbor)	1	1	0	0	2	2	0	0	0
St. Joseph Mercy Hospital - Oakland	2	0	1	0	3	1	0	2	0
St. Mary Mercy Hospital of Livonia	5	3	0	0	6	6	0	0	0
St. Mary's Healthcare	0	0	0	0	1	1	0	0	0
University of Michigan	3	0	1	0	7	0	7	0	0
War Memorial Hospital	0	0	0	0	1	1	0	0	0
William Beaumont Hospital	0	0	1	0	1	0	0	1	0

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 below indicate the training activities carried out by CMHSPs and LPH/Us FY 2011. Due to the variations in training length and titles, the FY 11 report will only address number of attendees. In FY2012, the focus will be on training for new hire employees.

CMHSP Comparative Training Data				
Agency	**# Agency Staff**	**# Contractual Staff**	**# and Type Other Staff**	**# of Consumers**
Allegan	184	468		2
AuSable	4			
Barry	73	13	12	5
Bay Arenac	602	1729	5	
Berrien-Riverwood	195	680	12	79
CEI	671	651		
CMHCM	53	828		42
Copper Country	277	41		61
DWCCMHA	51	12406		
Genesee	377	3857		47
Gogebic	178	3	15	21

CMHSP Comparative Training Data				
Agency	**# Agency Staff**	**# Contractual Staff**	**# and Type Other Staff**	**# of Consumers**
Gratiot	123	164	26	12
Hiawatha	210	73		
Huron	149	22	25	4
Ionia	99	74	43	48
Kalamazoo	35	711		86
Lapeer	84	40	248	102
Lenawee	62	302	24	9
Lifeways	89	1076	1	
Livingston	182	335	6	
Macomb	43	1547		
Manistee Benzie (Centra Wellness)	145	171	5	
Monroe	74	464		2
Montcalm	61	112		
Muskegon	264	994	158	6
network180	1780			46
Newaygo	190	3	31	11
North Country	63	1301	40	40
Northeast Michigan	516	128	23	6
NorthPointe	188	168	1	
Northern Lakes	274	727	81	
Oakland	36	10146	405	1658
Ottawa	216	1040	209	65
Pathways	238	547	10	58
Pines - Branch Co	67	127	16	10
Saginaw	208	711	4	
Sanilac	156	360	30	9
Shiawassee	181	251		7
St. Clair	889	364	42	
St. Joseph	35	176	70	
Summit Pointe	120	717	4	
Tuscola	146		240	20
Van Buren	33	95	45	10
Washtenaw	164	516		
West Michigan	160	119	41	
Woodlands	93	292	2	20

LPH/U Comparative Training Data				
Agency	**# Agency Staff**	**# Contractual Staff**	**# and Type Other Staff**	**# of Consumers**
Allegiance Health	107			
Alpena Regional Medical Center	76			
Bay Regional Medical Center	40			

LPH/U Comparative Training Data				
Agency	**# Agency Staff**	**# Contractual Staff**	**# and Type Other Staff**	**# of Consumers**
BCA StoneCrest Center	101	10		
Behavioral Center of MI	288	3	11	5
Borgess Medical Center	150		115	
Botsford Hospital	7			
Bronson Battle Creek/Fieldstone Center	1235			
Bronson Lakeview Community Hospital	41			
Carson Behavioral Center	58			
Chelsea Community Hospital	1162			
Community Health Center of Branch Co.	18			
Crittenton Hospital	271		122	25
DMC Receiving	55			
DMC Sinai	78	12	83	90
Doctor's Hospital of MI	174			
Forest View Psychiatric Hospital	215			6
Harbor Oaks Hospital	161		10	
Havenwyck	717	33		
HealthSource Saginaw	525	7		
Henry Ford Kingswood Hospital	219	14	112	
Henry Ford Macomb Hospital	181	22		109
Henry Ford Wyandotte Hospital	822	20	58	25
Herrick Medical Center	21			
Hillsdale Community Health Center	798	5		
Holland Community Hospital	44			
Hurley Medical Center	72		127	
Lakeland Regional Health System	72			
Madison Community Hospital	48		22	25
Marquette General Health System	287			
McLaren Greater Lansing GEMS Unit	*no data*			
McLaren - Lapeer Region	37			44
McLaren Regional Medical Center	448			
Memorial Medical Center of West MI	38			
Mercy Health Partners Hackley Campus	3823			
Mercy Memorial Hospital - Monroe	1227			
MidMichigan Medical Center - Gratiot	297			
MidMichigan Medical Center - Midland	35			
Munson Medical Center	55			
Oaklawn Hospital	55		8	84
Oakwood Hospital - Heritage	328		162	

LPH/U Comparative Training Data				
Agency	**# Agency Staff**	**# Contractual Staff**	**# and Type Other Staff**	**# of Consumers**
Owosso Memorial Healthcare	8			
Pine Rest Christian Mental Health Services	1767	4	87	
Pontiac Osteopathic Hospital	42			
Port Huron Hospital	123		67	476
Providence Hospital	268			
Samaritan Health Center	146	8	10	
Sparrow/St Lawrence Hospital	100	1	30	
St. John Hospital and Medical Center	25		1636	
St. John Macomb-Oakland Hospital - Macomb Center	55			
St. John Macomb-Oakland Hospital - Oakland Center	38			
St. Joseph Mercy Health System (Ann Arbor)	46			
St. Joseph Mercy Hospital - Oakland	459			
St. Mary Mercy Hospital of Livonia	241	7		
St. Mary's Healthcare	1947	4	87	
University of Michigan	139			
War Memorial Hospital	49		43	
William Beaumont Hospital	23			

"In giving rights to others which belong to them, we give rights to ourselves and to our country"

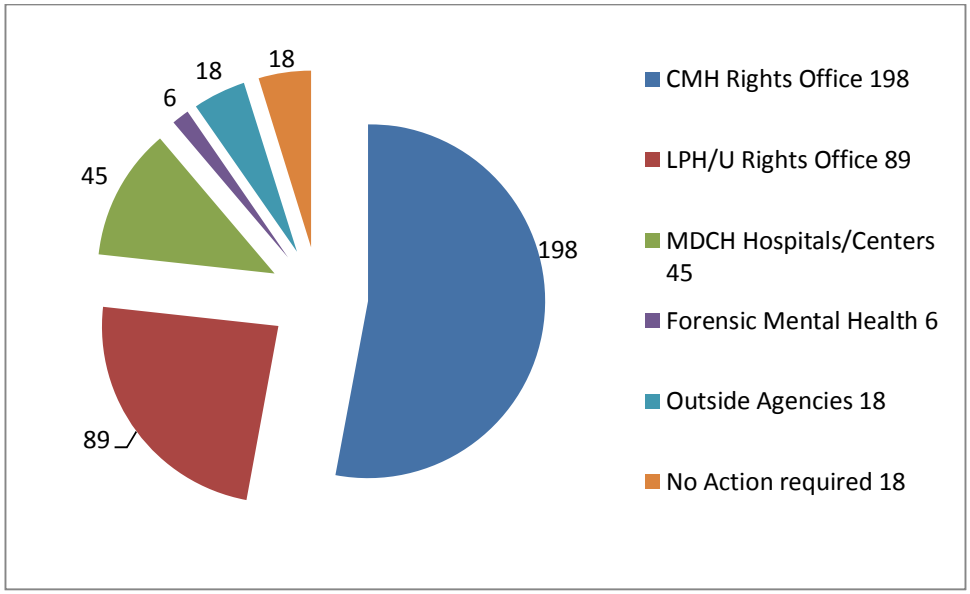
John F. Kennedy

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 374 complaints received during FY 2011 is indicated in the chart below:

Complaints Referred FY 2011



In order to expedite the receipt of complaints by the rights offices and agencies having jurisdiction over the complaint, all complaints are sent by fax from MDCH-ORR, unless the condition of the complaint or the number of pages prohibits this method. In FY 2012, the office will transition to "Zipped" files, sent by e-mail, which rights officer must "unlock" in order to access. It is anticipated that this method will facilitate more rapid reception of complaints.

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. In FY2011 the specialist participated in a grant program through Bridges4Kids, providing information to families on the recipient rights complaint, investigation and appeal process. Fifty-seven community members participated in the four sessions that were offered. The MDCH-ORR also maintains a directory of rights officers and advisors for use by rights offices. distributed twice per year.

PART V: MDCH RECIPIENT RIGHTS APPEALS COMMITTEE

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 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 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. Eight LPH/Us do not have an agreement with the MDCH to use its Appeals Committee. Following is a data summary of activity for the MDCH Appeals Committee for FY 2011.

Total Number of Requests for Appeals 9

Acknowledgement: Total received that were not heard: 1

0 Request filed > 45 day time frame
1 Request stating no ground for appeal
0 Request misfiled/referred back to local CMHSP/LPH

Total Number Appeals Heard from State Hospital/Centers 3

2 Forensic Center
1 Caro Center

Total Number Appeals Heard from LPH/Us 5

1 Community Health Center of Branch Co.
1 Crittenton Hospital
1 Forest View Hospital
1 Havenwyck Hospital
1 Sparrow/St. Lawrence

Appeal Committee Decisions on Appeals Heard

3 Upheld findings of rights office and action taken

5 Returned to ORR for re-investigation

0 Returned to facility for different or additional action

PART VI - 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 08 through FY 11 are listed in the table below.

	FY 2008	**FY 2009**	**FY 2010**	**Variance from FY 09**	**FY 2011**	**Variance from FY 10**
Source of Expenditures	General Fund	General Fund	General Fund		General Fund	
FTE	20.0	19.0	19.0	0	19.0	
Salary & Fringe	$ 2,011,100	$ 1,922,000	$ 1,922,000	0	$1,933,117	$11,117
CSS&M	$ 75,000	$ 82,000	$ 82,000	0	$86,771	$4,771
ORR Printing	$ 20,000	0	0	0	0	$0
Travel	$70, 000	$ 62,000	$ 62,000	0	$52,133	($9,867)
Total	$ 2, 176, 100	$ 2,066,000	$ 2,066,000	0	$2,072,021	$6,021

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

Will Rogers

PART VII – RECOMMENDATIONS TO THE DEPARTMENT

1) The Department of Community Health should continue its support of the Restraint/Seclusion Process Improvement Steering Committee to assure the system transformation of our hospitals to excellent and compassionate services that are person-centered, trauma informed and recovery based.

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) The Department of Community Health should fill the Rights Advisor vacancy at Walter Reuther Psychiatric Hospital in order to assure the maintenance of federal funding from the Centers for Medicaid and Medicare Services (CMS)in regard to the protection of rights of beneficiaries.

4) The Department of Community health should place as a priority on its legislative agenda for FY 2013 the proposed Mental Health Code amendments submitted to the department by the Office of Recipient Rights.

APPENDIX A: ANNUAL REPORT FORM FY 2011

Demographic Data for: ***Agency Name***

CMHSP:

Geographic Area: _____ sq. mi (One time- completed by DCH)

Number of Consumers Served (unduplicated count): _____

Number of Service Sites:

Type of Site	In Catchment Area	Out of Catchment	Site Visit Required
Out Patient			
Residential MI			
Residential DD			
Inpatient			
Day Program MI			
Day Program DD			
Workshop (prevocational)			
Supported Employment			
ACT			
Case Management			
Psychosocial Rehab			
Partial Hospitalization			
SIP			
Other			

Total Number of Service Sites that Require Site Visits: _____

Total Number of Site Visits Conducted: _____

Number of Rights FTEs*: _____

Please explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers:

Number of Complainants (unduplicated Count): _____

LPH/U: Number of Patient Days:

Populations Served: _____ MI, SED, both

Number of Hours in Rights/40: _____

Please explain the breakdown of staff (if there is one); investigators, clerical/support, trainers:

Number of Complainants (unduplicated Count): _____

Michigan Department of Community Health

Recipient Rights Data Report

Agency: _____

CMHSP's: Indicate DCH assigned two-digit CMHSP Board Number:
Officer:

Reporting Period: 10/1/2010 to 9/30/2011

Annual ☑ Semi-Annual ☐

Section I: *Complaint Data Summary:*

Part A: Totals

Complaints Received	0
Allegations Involved	0
Allegations Investigated	0
Interventions Substantiated	0
Investigations Substantiated	0
Complaints Received	0

Complaint Source

Recipient	
Staff	
ORR	
Guardian/Family	
Anonymous	
Community/General Public	
Total	0

Timeframes of Completed Investigations

	Total	≤30	≤60	≤90	>90
Abuse/Neglect	0	0	0	0	0
All others	0	0	0	0	0

Recipient Population	
MI	Adult with Mental Illness (as primary diagnosis)
DD	Adult or Child with Developmental Disability (as primary diagnosis)
SED	Child with Serious Emotional Disturbance

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
72210	abuse class I								
72221	abuse class II - nonaccidental act								
72222	abuse class II - unreasonable force								
72223	abuse class II - emotional harm								
72224	abuse class II - treating as incompetent								
72225	abuse class II - exploitation								
72230	abuse class III								
72240	abuse class I - sexual abuse								

2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
72251	neglect class I								
72252	neglect class I - failure to report								
72261	neglect class II								
72262	neglect class II - failure to report								
72271	neglect class III								
72272	neglect class III - failure to report								

3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	notice/explanation of rights								
7520	failure to report								
7545	retaliation/harassment								
7760	access to rights system								
7780	complaint investigation process								
7840	appeal process/mediation								

4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	second opinion - denial of hospitalization								
4190	termination of voluntary hospitalization (adult)								
4510	court hearing/process								
4630	independent clinical examination								
4980	objection to hospitalization (minor)								
7050	second opinion - denial of services								

5. Civil Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	civil rights: discrimination, accessibility, accommodation								
7044	religious practice								
7045	Voting								
7047	presumption of competency								
7284	search/seizure								

6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	family dignity & respect								
7112	receipt of general education information								
7113	opportunity to provide information								

7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	visits								
7262	contact with attorneys or others regarding legal matters								
7263	access to telephone, mail								
7264	usage								
7265	written and posted limitations, if established								
7266	uncensored mail								

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	disclosure - confidential information								
7485	withholding of information (includes recipient access to records)								
7486	correction of record								
7487	access by p & a to records								
7501	privileged communication								

9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	safe environment								
7082	sanitary/ humane environment								
7086	least restrictive setting								

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	restrictions/limitations								
7400	restraint								
7420	seclusion								

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	safeguarding money								
7302	facility account								
7303	easy access to money in account								
7304	ability to spend or use as desired								
7305	delivery of money upon release								
7360	labor & compensation								

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	access to entertainment materials, information, news								
7281	possession and use								
7281	possession and use								
7282	storage space								
7283	inspection at reasonable times								
7285	exclusions								
7286	limitations								
7287	receipts to recipient and to designated individual								
7288	waiver								
7289	protection								

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	dignity & respect								
7003	informed consent								
7029	information on family planning								
7049	treatment by spiritual means								
7080	mh services suited to condition								
7100	physical and mental exams								
7130	choice of physician/mental health professional								
7140	notice of clinical status/progress								
7150	srvcs of mental health professional								
7160	surgery								
7170	electro convulsive therapy (ect)								
7180	psychotropic drugs								
7190	notice of medication side effects								

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	person-centered process								
7122	timely development								
7123	requests for review								
7124	participation by individual(s) of choice								
7125	assessment of needs								

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	prior consent								
7242	identification								
7243	objection								
7244	release to others/return								
7245	storage/destruction								

17. No Right Involved

Code	Category	Received	insert the same number	
0000	no right involved		⟹	

18. Outside Provider Jurisdiction

Code	Category	Received	insert the same number	
0001	outside provider jurisdiction		⟹	

Totals: (will auto-fill)	0	0	0	0	0	0	0	0

Part C: Remediation of Substantiated Rights Violations (includes complaints investigated and those addressed through other interventions). Identify service sites & remedial action. If you have more than one action, it should all be placed in 1 box with the lower number first. List the number of recipients in each population involved:

SEDW	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.
DD-CWP	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).
HSW	The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.
ABW	The Adult Benefits Waiver provides basic health insurance coverage to residents of the State of Michigan with countable incomes at or below 35% of the federal poverty level.

				Population						
				(see page 52)			Waiver Populations			
Code (from Section I)	Category (from Section I)	Specific Provider Type (number only)	Specific Remedial Action Type (number only)	MI	DD	SED	SED-W	DD-CWP	HSW	ABW

Section II: *Training Activity:*

Part A: Training Received by Office Staff

CEU's Type:
Operations - I, Legal Foundations - II, Leadership - III, Augmented Training - IV

Staff Name	Topic	# Hours	CEUs Type I	CEUs Type II	CEUs Type III	CEUs Type IV

Part B: Training Provided by Rights Office

Please use this template to identify methods used in training on the Annual Report in Section II B "Training Provided by Rights Office" in Column G. Use as many as apply.

Method of Training	
Face-to-Face	01
Video	02
Computer	03
Paper	04
Training includes face to face follow up	05
Other (please describe)	

Is Update Training Required? Yes ___ No ___

If Yes, how often: (Annual, Every 2 years, etc.) _____

Topic	# Hours	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Consumers	Method of Training

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 2010

1.		
	☐ Accomplished ☐ Ongoing	Comments:
2.		
	☐ Accomplished ☐ Ongoing	Comments:
3.		
	☐ Accomplished ☐ Ongoing	Comments:

Outcomes established by the office for FY 2011: (add as many as needed)

1.	
2.	

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The Advisory Committee recommends the following: (add as many as needed)

1.	
2.	

APPENDIX B: STATE HOSPITAL/CENTER DATA AND REMEDIAL ACTION SUMMARY

Following is the MDCH-ORR complaint data and remedial action taken for specific types of rights violations for fiscal years FY 2011 by individual facility.

Agency: Caro Center
Rights Advisors: Jim Klingenberg and Judy Tucker

Section I: Complaint Data Summary:
Part A: Totals

Complaints Received	1010
Allegations Involved	1034
Allegations Investigated	74
Interventions Substantiated	2
Investigations Substantiated	6
Complaints Received	1010

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
72210	abuse class I					
72221	abuse class II - nonaccidential act	21	21			1
72222	abuse class II - unreasonable force	11	11			1
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III	17	17			
7224	abuse class I - sexual abuse	13	13			

2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
72251	neglect class I	1	1			
72252	neglect class I - failure to report					
72261	neglect class II					
72262	neglect class II - failure to report					
72271	neglect class III	2	2			1
72272	neglect class III - failure to report					

3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7060	notice/explanation of rights					
7520	failure to report					
7545	retaliation/harassment					
7760	access to rights system	2		2		
7780	complaint investigation process					
7840	appeal process/mediation					

4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
4090	second opinion - denial of hospitalization					
4190	termination of voluntary hospitalization (adult)					
4510	involuntary admission process	1		1		
4630	independent clinical examination					
4980	objection to hospitalization (minor)					
7050	second opinion - denial of services					

5. Civil Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7041	civil rights: discrimination, accessibility, accommodation, etc.	4		4		
7044	religious practice	4	2	2		
7045	Voting	1		1		
7047	presumption of competency					
7284	search/seizure	8		8	1	

6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7111	family dignity & respect					
7112	receipt of general education information					
7113	opportunity to provide information					

7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7261	Visits	6		6		
7262	contact with attorneys or others regarding legal matters					
7263	access to telephone, mail	34		34		
7264	funds for postage, stationery, telephone usage	1		1		
7265	written and posted limitations, if established					
7266	uncensored mail	1		1		

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7481	disclosure of confidential information	1		1		
7485	withholding of information (includes recipient access to records)	1		1		
7486	correction of record	8		8		
7487	access by p & a to records					
7501	privileged communication					

9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7081	safe environment	131		131		
7082	sanitary/humane environment	107		107		
7086	least restrictive setting	24		24		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	21	1	20		
7400	restraint	1		1		
7420	seclusion	1	1			

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money	18		18		
7302	facility account	4		4		
7303	easy access to money in account	1		1		
7304	ability to spend or use as desired	4		4		
7305	delivery of money upon release					
7360	labor & compensation	1		1		

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7267	access to entertainment materials, information, news	5		5		
7281	possession and use	42		42	1	
7282	storage space	1		1		
7283	inspection at reasonable times	2		2		
7285	Exclusions					
7286	Limitations					
7287	receipts to recipient and to designated individual					
7288	Waiver					
7289	Protection	23		23		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	43	4	39		2
7003	informed consent					
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	250	1	249		1
7100	physical and mental exams	5		5		
7130	choice of physician/mental health professional	2		2		
7140	notice of clinical status/progress					
7150	services of mental health professional					
7160	Surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs	45		45		
7190	notice of medication side effects	2		2		

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7121	person-centered process	1		1		
7122	timely development					
7123	requests for review					
7124	participation by individual(s) of choice	1		1		
7125	assessment of needs					

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7241	prior consent	5		5		
7242	Identification					
7243	Objection					
7244	release to others/return					
7245	storage/destruction					

17. No Right Involved

Code	Category	Received	insert the same number	
0000	no right involved	145	⇨	145

18. Outside Provider Jurisdiction

Code	Category	Received	insert the same number	
0001	outside provider jurisdiction	12	⇨	12

Totals:	1034	74	960	2	6

Remedial Action Key					
01	Verbal Counseling	06	Staff Transfer	10	Policy Revision/Development
02	Written Counseling	07	Training	11	Environmental Repair /Enhancement
03	Written Reprimand	08	Employment Termination	12	Plan of Service Revision
04	Suspension	*08	Employee left the agency, but Substantiated	13	Recipient Transfer to Another Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Caro Center

Code	Category	Action Taken
1708	dignity and respect	02
1708	dignity and respect	02
7080	mh services suited to condition	07
7281	personal property/possession and use	14

Code	Category	Action Taken
7284	search/seizure	07
72221	abuse class II - nonaccidental act	08
72222	abuse class II - unreasonable force	08
72271	neglect class III	03

Agency: Center for Forensic Psychiatry
Rights Advisors: Karen Currington and Paul White

Section I: Complaint Data Summary:

Part A: Totals

Complaints Received	590
Allegations Involved	594
Allegations Investigated	54
Interventions Substantiated	5
Investigations Substantiated	10
Complaints Received	590

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7221	abuse class I					
72221	abuse class II - nonaccidential act	2	2			
72222	abuse class II - unreasonable force	5	5			1
72223	abuse class II - emotional harm	18	18			3
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III					
7224	abuse class I - sexual abuse	2	2			

2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
72251	neglect class I					
72252	neglect class I - failure to report					
72261	neglect class II	2	2			
72262	neglect class II - failure to report					
72271	neglect class III	4	4			
72272	neglect class III - failure to report	1	1			1

3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7060	notice/explanation of rights					
7520	failure to report					
7545	retaliation/harassment					
7760	access to rights system	1		1		
7780	complaint investigation process					
7840	appeal process/mediation					

4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
4090	second opinion - denial of hospitalization					
4190	termination of voluntary hospitalization (adult)					
4510	involuntary admission process	3		3		
4630	independent clinical examination					
4980	objection to hospitalization (minor)					
7050	second opinion - denial of services					

5. Civil Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7041	civil rights: discrimination, accessibility, accommodation, etc.	5		5		
7044	religious practice					
7045	voting	1		1		
7047	presumption of competency					
7284	search/seizure	2	1	1		

6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7111	family dignity & respect	1		1		
7112	receipt of general education information					
7113	opportunity to provide information					

7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7261	visits					
7262	contact with attorneys or others regarding legal matters	2		2	1	
7263	access to telephone, mail	13	1	12		
7264	funds for postage, stationery, telephone usage	3		3		
7265	written and posted limitations, if established					
7266	uncensored mail	2		2		

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7481	disclosure of confidential information	1	1			1
7485	withholding of information (includes recipient access to records)	2		2		
7486	correction of record					
7487	access by p & a to records					
7501	privileged communication					

9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7081	safe environment	27	2	25	1	
7082	sanitary/humane environment	30		30		
7086	least restrictive setting					

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	12	3	9		1
7400	restraint					
7420	seclusion					

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money	10		10		
7302	facility account	10		10		
7303	easy access to money in account	5	1	4		1
7304	ability to spend or use as desired	2		2		
7305	delivery of money upon release					
7360	labor & compensation					

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7267	access to entertainment materials, information, news					
7281	possession and use	26	1	25	1	1
7282	storage space	1		1		
7283	inspection at reasonable times	1		1		
7285	Exclusions					
7286	Limitations					
7287	receipts to recipient and to designated individual					
7288	Waiver	1		1		
7289	Protection	12		12	1	

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	26	8	18		1
7003	informed consent	1		1		
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	132	2	130	1	
7100	physical and mental exams					
7130	choice of physician/mental health professional					
7140	notice of clinical status/progress					
7150	services of mental health professional					
7160	Surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs	5		5		
7190	notice of medication side effects	2		2		

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7121	person-centered process	1		1		
7122	timely development					
7123	requests for review	2		2		
7124	participation by individual(s) of choice					
7125	assessment of needs					

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7241	prior consent					
7242	Identification					
7243	Objection	1		1		
7244	release to others/return					
7245	storage/destruction					

17. No Right Involved

Code	Category	Received	insert the same number	
0000	no right involved	190	⇨	190

18. Outside Provider Jurisdiction

Code	Category	Received	insert the same number	
0001	outside provider jurisdiction	27	⇨	27

Totals:	594	54	540	5	10

Remedial Action Key					
01	Verbal Counseling	06	Staff Transfer	10	Policy Revision/Development
02	Written Counseling	07	Training	11	Environmental Repair /Enhancement
03	Written Reprimand	08	Employment Termination	12	Plan of Service Revision
04	Suspension	*08	Employee left the agency, but Substantiated	13	Recipient Transfer to Another Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Center for Forensic Psychiatry

Code	Category	Action Taken
1708	dignity and respect	02
7080	mh services suited to condition	14
7081	safe environment	11
7262	contact with attorneys or others regarding legal matters	14
7281	personal property/possession and use	10
7281	personal property/possession and use	14
7289	personal property/protection	14
7303	easy access to money in account	07
7441	restrictions/limitations	12
7481	disclosure of confidential information	07
72222	abuse class II - unreasonable force	04
72230	abuse class III	01
72230	abuse class III	03
72230	abuse class III	07
72272	neglect class III - failure to report	07

Agency: Hawthorn Center
Rights Advisor: Shirley Roberts

Section I: Complaint Data Summary:

Part A: Totals

Complaints Received	130
Allegations Involved	154
Allegations Investigated	63
Interventions Substantiated	11
Investigations Substantiated	14
Complaints Received	130

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7221	abuse class I					
72221	abuse class II - nonaccidential act	19	19			5
72222	abuse class II - unreasonable force	15	15			2
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III	16	16			1
7224	abuse class I - sexual abuse	1	1			

2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
72251	neglect class I					
72252	neglect class I - failure to report					
72261	neglect class II	2	2			2
72262	neglect class II - failure to report	3	3			2
72271	neglect class III					
72272	neglect class III - failure to report					

3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7060	notice/explanation of rights					
7520	failure to report					
7545	retaliation/harassment					
7760	access to rights system					
7780	complaint investigation process					
7840	appeal process/mediation					

4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
4090	second opinion - denial of hospitalization					
4190	termination of voluntary hospitalization (adult)					
4510	involuntary admission process					
4630	independent clinical examination					
4980	objection to hospitalization (minor)	2		2		
7050	second opinion - denial of services					

5. Civil Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7041	civil rights: discrimination, accessibility, accommodation, etc.					
7044	religious practice	1		1	1	
7045	voting					
7047	presumption of competency					
7284	search/seizure					

6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7111	family dignity & respect					
7112	receipt of general education information					
7113	opportunity to provide information					

7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7261	visits					
7262	contact with attorneys or others regarding legal matters					
7263	access to telephone, mail					
7264	funds for postage, stationery, telephone usage					
7265	written and posted limitations, if established					
7266	uncensored mail					

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7481	disclosure of confidential information	1		1	1	
7485	withholding of information (includes recipient access to records)					
7486	correction of record					
7487	access by p & a to records					
7501	privileged communication					

9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7081	safe environment	24	2	22		
7082	sanitary/humane environment	20		20	8	
7086	least restrictive setting	1		1		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations					
7400	restraint					
7420	seclusion					

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money					
7302	facility account					
7303	easy access to money in account					
7304	ability to spend or use as desired					
7305	delivery of money upon release					
7360	labor & compensation					

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7267	access to entertainment materials, information, news	1		1		
7281	possession and use	1		1	1	
7282	storage space					
7283	inspection at reasonable times					
7285	exclusions					
7286	limitations					

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7287	receipts to recipient and to designated individual					
7288	waiver					
7289	protection					

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	8	5	3		2
7003	informed consent					
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	14		14		
7100	physical and mental exams					
7130	choice of physician/mental health professional					
7140	notice of clinical status/progress					
7150	services of mental health professional					
7160	surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs					
7190	notice of medication side effects					

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7121	person-centered process					
7122	timely development					
7123	requests for review	1		1		
7124	participation by individual(s) of choice					
7125	assessment of needs					

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7241	prior consent					
7242	identification					
7243	objection					
7244	release to others/return					
7245	storage/destruction					

17. No Right Involved

Code	Category	Received	insert the same number ⇨	
0000	no right involved	24		24

18. Outside Provider Jurisdiction

Code	Category	Received	insert the same number ⇨	
0001	outside provider jurisdiction			

Totals:	154	63	91	11	14

Remedial Action Key					
01	Verbal Counseling	06	Staff Transfer	10	Policy Revision/Development
02	Written Counseling	07	Training	11	Environmental Repair /Enhancement
03	Written Reprimand	08	Employment Termination	12	Plan of Service Revision
04	Suspension	*08	Employee left the agency, but Substantiated	13	Recipient Transfer to Another Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Hawthorn Center

Code	Category	Action Taken
1708	dignity and respect	03
1708	dignity and respect	03
7044	religious practice	07
7082	sanitary/humane environment	11
7082	sanitary/humane environment	11
7082	sanitary/humane environment	11
7082	sanitary/humane environment	11
7082	sanitary/humane environment	11
7082	sanitary/humane environment	11
7082	sanitary/humane environment	11
7082	sanitary/humane environment	11
7281	personal property/possession and use	01
7481	disclosure of confidential information	10
72221	abuse class II - nonaccidential act	04
72221	abuse class II - nonaccidential act	04
72221	abuse class II - nonaccidential act	04
72221	abuse class II - nonaccidential act	08
72221	abuse class II - nonaccidential act	*08
72222	abuse class II - unreasonable force	04
72222	abuse class II - unreasonable force	04
72230	abuse class III	04
72261	neglect class II	04
72261	neglect class II	08
72271	neglect class III	03
72271	neglect class III	04

Agency: Kalamazoo Psychiatric Hospital
Rights Advisor: Linda Dobbrastine, Walter Herbert

Section I: Complaint Data Summary:

Part A: Totals

Complaints Received	611
Allegations Involved	615
Allegations Investigated	89
Interventions Substantiated	8
Investigations Substantiated	27
Complaints Received	611

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7221	abuse class I	2	2			
72221	abuse class II - nonaccidential act	30	30			2
72222	abuse class II - unreasonable force	7	7			6
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation	3	3			
7223	abuse class III	7	7			1
7224	abuse class I - sexual abuse	9	9			

2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
72251	neglect class I	1	1			
72252	neglect class I - failure to report					
72261	neglect class II	1	1			1
72262	neglect class II - failure to report	1	1			1
72271	neglect class III	12	12			6
72272	neglect class III - failure to report					

3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7060	notice/explanation of rights	1		1		
7520	failure to report					
7545	retaliation/harassment					
7760	access to rights system	2		2		
7780	complaint investigation process					
7840	appeal process/mediation					

4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
4090	second opinion - denial of hospitalization					
4190	termination of voluntary hospitalization (adult)					
4510	involuntary admission process	3		3		
4630	independent clinical examination					
4980	objection to hospitalization (minor)					
7050	second opinion - denial of services					

5. Civil Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7041	civil rights: discrimination, accessibility, accommodation, etc.					
7044	religious practice	1		1		
7045	Voting					
7047	presumption of competency					
7284	search/seizure					

6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7111	family dignity & respect					
7112	receipt of general education information					
7113	opportunity to provide information					

7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7261	Visits					
7262	contact with attorneys or others regarding legal matters					
7263	access to telephone, mail	18		18		
7264	funds for postage, stationery, telephone usage					
7265	written and posted limitations, if established					
7266	uncensored mail	3		3		

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7481	disclosure of confidential information	2		2		
7485	withholding of information (includes recipient access to records)	3		3		
7486	correction of record					
7487	access by p & a to records					
7501	privileged communication					

9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7081	safe environment	105	2	103	1	
7082	sanitary/humane environment	46		46	1	
7086	least restrictive setting	68		68		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	25	2	23	1	1
7400	Restraint	4	2	2		1
7420	Seclusion					

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money	10	2	8		2
7302	facility account	5		5		
7303	easy access to money in account	2	1	1	1	1
7304	ability to spend or use as desired	1		1		
7305	delivery of money upon release					
7360	labor & compensation	1		1		

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7267	access to entertainment materials, information, news	3		3	1	
7281	possession and use	12	1	11		1
7282	storage space					
7283	inspection at reasonable times	1		1		
7285	Exclusions					

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7286	Limitations	6	1	5		1
7287	receipts to recipient and to designated individual					
7288	Waiver					
7289	Protection	15		15		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	98	3	95	2	1
7003	informed consent	1		1		
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	69	1	68	1	1
7100	physical and mental exams					
7130	choice of physician/mental health professional	1		1		
7140	notice of clinical status/progress					
7150	services of mental health professional					
7160	Surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs	1		1		
7190	notice of medication side effects					

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7121	person-centered process	4		4		
7122	timely development					
7123	requests for review					
7124	participation by individual(s) of choice					
7125	assessment of needs	1	1			1

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7241	prior consent					
7242	Identification					
7243	Objection	1		1		
7244	release to others/return					
7245	storage/destruction					

17. No Right Involved

Code	Category	Received	insert the same number	
0000	no right involved	22	⇨	22

18. Outside Provider Jurisdiction

Code	Category	Received	insert the same number	
0001	outside provider jurisdiction	7	⇨	7

Totals:	615	89	526	8	27

Remedial Action Key					
01	Verbal Counseling	06	Staff Transfer	10	Policy Revision/Development
02	Written Counseling	07	Training	11	Environmental Repair /Enhancement
03	Written Reprimand	08	Employment Termination	12	Plan of Service Revision
04	Suspension	*08	Employee left the agency, but Substantiated	13	Recipient Transfer to Another Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Kalamazoo Psychiatric Hospital

Code	Category	Action Taken
1708	dignity and respect	07
1708	dignity and respect	07
1708	dignity and respect	07
7080	mh services suited to condition	01
7080	mh services suited to condition	07
7081	safe environment	07
7082	sanitary/humane environment	07
7125	assessment of needs	07
7267	access to entertainment materials, information, news	07
7281	personal property/possession and use	07
7286	limitations	07
7301	safeguarding money	07
7301	safeguarding money	07
7303	easy access to money in account	10
7303	easy access to money in account	12
7400	restraint	07
7441	restrictions/limitations	07
7441	restrictions/limitations	07
72221	abuse class II - nonaccidential act	04
72221	abuse class II - nonaccidential act	05
72222	abuse class II - unreasonable force	03
72222	abuse class II - unreasonable force	04
72222	abuse class II - unreasonable force	04
72222	abuse class II - unreasonable force	04
72222	abuse class II - unreasonable force	04
72222	abuse class II - unreasonable force	04
72230	abuse class III	05
72261	neglect class II	04
72262	neglect class II - failure to report	04

Code	Category	Action Taken
72271	neglect class III	03
72271	neglect class III	03
72271	neglect class III	03
72271	neglect class III	03
72271	neglect class III	04
72271	neglect class III	04

Agency: Walter Reuther Psychiatric Hospital
Rights Advisors: Patricia Jolly and David Scott

Section I: Complaint Data Summary:

Part A: Totals

Complaints Received	**636**
Allegations Involved	**642**
Allegations Investigated	**68**
Interventions Substantiated	**3**
Investigations Substantiated	**4**
Complaints Received	**636**

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
72210	abuse class I					
72221	abuse class II - nonaccidential act	36	36			1
72222	abuse class II - unreasonable force	2	2			
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent	1	1			
72225	abuse class II - exploitation					
72230	abuse class III	16	16			
72240	abuse class I - sexual abuse	2	2			

2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
72251	neglect class I					
72252	neglect class I - failure to report					
72261	neglect class II					
72262	neglect class II - failure to report	1	1			1
72271	neglect class III	3	3			1
72272	neglect class III - failure to report	1	1			

3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7060	notice/explanation of rights					
7520	failure to report	1	1			
7545	retaliation/harassment					
7760	access to rights system					
7780	complaint investigation process					
7840	appeal process/mediation					

4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
4090	second opinion - denial of hospitalization					
4190	termination of voluntary hospitalization (adult)					
4510	involuntary admission process	3		3		
4630	independent clinical examination					
4980	objection to hospitalization (minor)	12		12		
7050	second opinion - denial of services					

5. Civil Rights

Code	**Category**	**Received**	**Investigation**	**Intervention**	**Interventions Substantiated**	**Investigations Substantiated**
7041	civil rights: discrimination, accessibility, accommodation, etc					
7044	religious practice	1		1		
7045	Voting					
7047	presumption of competency					
7284	search/seizure	1		1		

6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7111	family dignity & respect					
7112	receipt of general education information					
7113	opportunity to provide information					

7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7261	Visits	8		8		
7262	contact with attorneys or others regarding legal matters					
7263	access to telephone, mail	13		13		
7264	funds for postage, stationery, telephone usage	1		1		
7265	written and posted limitations, if established					
7266	uncensored mail					

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7481	disclosure of confidential information	1		1		
7485	withholding of information (includes recipient access to records)					
7486	correction of record					
7487	access by p & a to records					
7501	privileged communication					

9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7081	safe environment	87	2	85		
7082	sanitary/humane environment	15		15		
7086	least restrictive setting	3		3	1	

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	52		52		
7400	restraint	1	1			1
7420	seclusion					

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money	2		2		
7302	facility account	8		8		
7303	easy access to money in account	1		1		
7304	ability to spend or use as desired	2		2		
7305	delivery of money upon release					
7360	labor & compensation	1		1		

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7267	access to entertainment materials, information, news	5		5		
7281	possession and use	17		17		
7282	storage space	1		1		
7283	inspection at reasonable times					
7285	exclusions					
7286	limitations					
7287	receipts to recipient and to designated individual					
7288	waiver					
7289	protection	34		34		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	19		19		
7003	informed consent					
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	169	2	167	2	
7100	physical and mental exams					
7130	choice of physician/mental health professional	2		2		
7140	notice of clinical status/progress	1		1		
7150	services of mental health professional					
7160	surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs	37		37		
7190	notice of medication side effects	1		1		

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7121	person-centered process	3		3		
7122	timely development					
7123	requests for review	2		2		
7124	participation by individual(s) of choice					
7125	assessment of needs					

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7241	prior consent					
7242	identification					
7243	objection					
7244	release to others/return					
7245	storage/destruction					

17. No Right Involved

Code	**Category**	**Received**
0000	no right involved	67

insert the same number ⇨ 67

18. Outside Provider Jurisdiction

Code	**Category**	**Received**
0001	outside provider jurisdiction	9

insert the same number ⇨ 9

Totals:	642	68	574	3	4

Remedial Action Key					
01	Verbal Counseling	06	Staff Transfer	10	Policy Revision/Development
02	Written Counseling	07	Training	11	Environmental Repair /Enhancement
03	Written Reprimand	08	Employment Termination	12	Plan of Service Revision
04	Suspension	*08	Employee left the agency, but Substantiated	13	Recipient Transfer to Another Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Walter Reuther Psychiatric Hospital

Code	Category	Action Taken
7080	mh services suited to condition	06
7080	mh services suited to condition	06
7086	least restrictive setting	07
7400	restraint	04
72221	abuse class II - nonaccidential act	04
72262	neglect class II - failure to report	04
72271	neglect class III	04