



OFFICE OF RECIPIENT RIGHTS
John T. Sanford, III, Director

Annual Report
FY 2008/2009

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

Franklin D. Roosevelt

Table of Contents

DOCUMENT 1:

Introduction	
The Department	2
The Annual Report	2
Organizational Chart	3
Part I A. Peer Support Partnership Project	4
B. Toward A Person-Centered Culture of Gentleness	19
Recommendations	29
Part II - Field Unit/Complaint Activity	32
Rights Training Provided by Field Unit Staff	34
DCH Appeals Committee	35
Part III - Training Unit Overview	36
Educational Offerings	36
Recipient Rights Conference	40
Rights Training Received	41
Part IV - Community Rights Unit	42
CMHSP Rights System Assessment Results	43
Information and Referral	45
Part V - Review of Budgetary Issues	46
<u>Appendix A</u>	
Annual Report Form (2008/2009)	47
<u>Appendix B</u>	
State Hospital/Center Data and Remedial Action Summary	56
DOCUMENT 2:	
<u>Appendix C</u>	
Data Report for All CMHSP Rights Offices	84
<u>Appendix D</u>	
Remedial Action on substantiated complaints for all CMHSP Rights Offices	88
<u>Appendix E</u>	
Data Report for All LPH/U Rights Offices	154
<u>Appendix F</u>	
Remedial Action on substantiated complaints for all LPH/U Rights Offices	158

Mission: To protect and promote the constitutional and statutory rights of recipients of public mental health services and empower recipients to fully exercise these rights.

Vision: 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.

INTRODUCTION

The Department

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

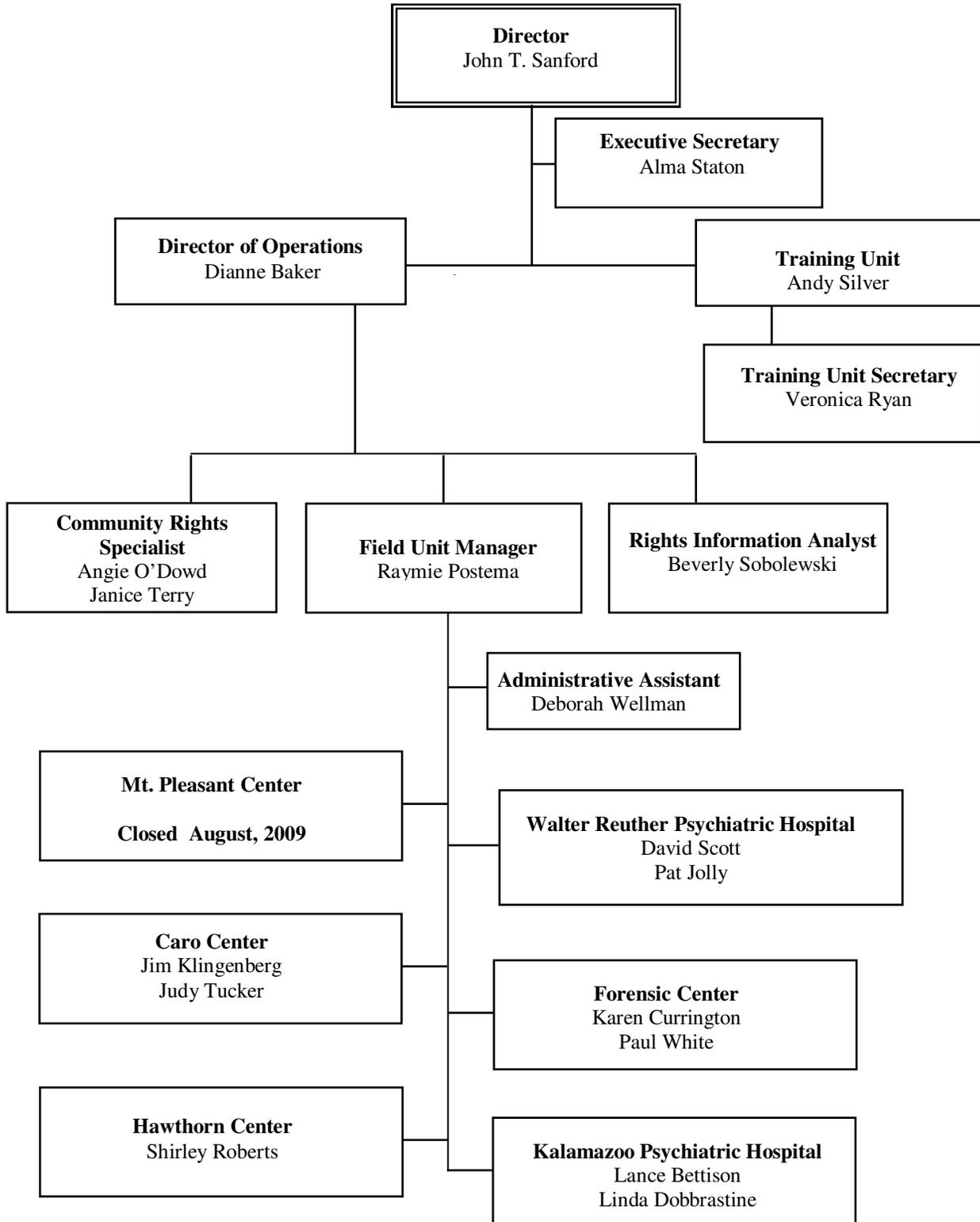
In order to fulfill the statutory mandates, DCH-ORR is organized into three distinct units: the Field Unit, the Training Unit and the Community Rights Unit (See Organizational Chart). This report will summarize the activity in each of these units for FY 2008/2009, as well as discuss any patterns and trends in rights protection in the state of Michigan identified for this period of time.

The Annual Report

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

- (i) Summary data by type or category regarding the rights of recipients receiving services from the department including the number of complaints received by state facility and other state-operated placement agency, the number of reports filed, and the number of reports investigated
- (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 (none FY 08/09)
- (x) Recommendations to the department

Michigan Department of Community Health OFFICE OF RECIPIENT RIGHTS



PART 1

A. Peer Support Partnership Project

In August 2007, the Department of Community Health Office of Recipient Rights applied for a three year grant offered by the Bazelon Center (through the Substance Abuse and Mental Health Services Administration [SAMHSA]). Following is an excerpt from that grant application:

New Freedom Initiative **State Coalitions to Promote Community Based Care**

Background:

Goal 2 of the President’s New Freedom Commission on Mental Health is “Mental Health Care Is Consumer Driven and Family Driven.” Recommendations to achieve this include:

Recommendation 2.2. Involve consumers and families fully in orienting the mental health system toward recovery.

Recommendation 2.5: Protect and enhance the rights of people with mental illnesses.

The Michigan Mental Health Code at MCL 330.1708(3) states that every recipient of public mental health services has the right to treatment suited to their condition in the least restrictive setting. As a result of this, Michigan was not required to develop an *Olmstead* plan. Additionally, MCL 330.1712 mandates that an individualized plan of services and supports be developed in partnership with the recipient utilizing a person-centered planning process.

“It is the policy of MDCH [Michigan Department of Community Health], under the leadership of Director Janet Olszewski and the vision of Governor Granholm, to support our system transformation to one based on the fundamental principal of recovery for adults with mental illness. The major emphasis has been ... the availability of Peer Support Specialists... MDCH strongly believes that persons who have received our services have a valuable perspective on how to help others. Consequently, we believe that by employing them as Peer Support Specialists, we will strengthen our system of support.”¹

MDCH Office of Recipient Rights fully embraces the above philosophy. Because of their life experience with mental illness and mental health services, the peer support specialists provide expertise that professional training cannot replicate. Peer support specialists also provide essential expertise and consultation to a treatment team to promote a culture in which each recipient’s point of view and preferences are recognized, understood, respected and integrated into treatment and rehabilitation. This Office strongly advocates for a system transformation from the institutional “medical model” at MDCH psychiatric hospitals to one based on the fundamental principle of recovery for adults with serious mental illness. This Office firmly believes that the “first foot fall” for an individual’s recovery journey begins while they are institutionalized.

¹ March 1, 2007 Barrie memo to Executive Directors of PIHPs and CMHSPs: MDCH Recovery Policy and the Role of Peer Support Specialists.

Based on the above, MDCH-ORR proposes a partnership with a community mental health services program (CMHSP) to create a new opportunity for individuals hospitalized in a state operated institution to achieve and maintain maximum community integration and reduction in the frequency of inpatient hospitalizations.

Project Title:

The Peer Support Partnership Project

Project Description:

In partnership with a CMHSP, DCH-ORR would identify a Peer Support Specialist(s) (PSS) o work with individuals who receive community based mental health services but who are currently institutionalized in a state operated psychiatric hospital. The project is intended to implement, for the first time in the State of Michigan, the recovery model in an institutional setting.

Goals/Objectives:

1. Protect and enhance the rights of consumers with mental illness
2. To facilitate the full integration and maintenance of consumers in their communities through implementation of the principles of recovery and person-centered planning.
3. To assure that consumers of mental health services stand at the center of and drive the service delivery system at both the institutional and community levels.
4. To enhance access, integration and continuity of services necessary to aid in recovery and reduce the frequency of hospitalizations.
5. To transform the institutional service delivery system from that of the traditional “medical model” to one based on the fundamental principle of recovery for adults with serious mental illness.

DCH-ORR was awarded the grant and during Fiscal Year 2008-2009, a special pilot project was implemented at Kalamazoo Psychiatric Hospital (KPH). This pilot was sponsored by DCH-ORR, Kalamazoo Psychiatric Hospital (KPH), Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS), and InterAct of Michigan, Inc. The purpose of the pilot is to create a new opportunity for consumers (hereinafter referred to as persons served) hospitalized at KPH to achieve and maintain maximum community integration, and reduce the frequency of inpatient psychiatric hospitalizations.

The project has been very successful and both persons served and staff at KPH have benefited greatly from its implementation. Following are excerpts from quarterly reports to John Sanford, DCH-ORR Director and Jeff Patton, KCMHSAS Executive Director from Claudia Wink-Basing, Executive Director and Shannon Kaufmann, Wellness Coordinator InterAct of Michigan, Inc. Additionally, the Modified Recovery Scale used in the Project and quarterly results of the survey have been included for review.

Quarterly Peer Support Partnership Project Reports

September 30, 2008 Peer Support Partnership at KPH Quarterly Report (Excerpts)

InterAct's Wellness Coordinator Shannon Kaufmann has worked closely with KPH (*Kalamazoo Psychiatric Hospital*) Psych-social Rehabilitation (PSR) Coordinator Pam Post to get the project off to a good start. Shannon has taken the lead in developing program materials, assuring recruitment and training of peer staff to implement the project, and holding meetings at KPH with staff and residents to promote participation in the weekly Support Groups and WRAP (*Wellness Recovery Action Planning*) as part of the PSR curriculum.

1. Recruitment and Training of Peer Support Staff for KPH Project:

InterAct has built a team of six peer support staff that will be covering the weekly Support Group and WRAP groups. These individuals were recruited from InterAct's existing peer staff and two people who have been Peer Companions through the advocacy group Power Branch. In this project, all peer staff are employed by InterAct. This assures supervision and training as well as coordination.

July/August: All peer staff completed KPH training requirements for volunteers and have been issued ID badges they wear when working on-site. In addition, they received training by Shannon on group facilitation.

August/September All peer staff that hadn't previously done so completed WRAP Facilitator training.

2. Promotion and Training Activities:

July: InterAct Wellness staff participated along with Power Branch at the annual KPH Summer Fest July 24, 2008, on the grounds of the hospital to meet peers residing at the hospital and promote the upcoming peer project.

August/September: There were 3 promotional presentations held; one for KPH clinical staff and two for KPH residents. At all sessions, the Wellness Team shared their recovery stories and were warmly received by staff and residents alike. Information was provided about the weekly Support Group and the WRAP sessions to promote personal responsibility for recovery that is portable to the peers' home community when they leave KPH. They received excellent ratings for their presentation to the clinical staff (August 21, 2008). One of the staff comments included: "...enjoyed meeting the WRAP group. What they can offer our consumers is of indescribable value. The modeling they provide is vital to the consumer who is motivated to have a life after the hospital."

3. Initiation of WRAP and Peer Support Activities:

Shannon developed a flyer to promote the weekly Wellness Recovery Support Group called "Steps to Change." The flyer was distributed at presentations referenced above. *See attached copy.*

- Support Group: The first Wellness Recovery Support Group called "Steps to Change" was held Wednesday, September 3 from 7:00-8:00 p.m. in PSR 3 at KPH. There were 26 participants who came from every unit at KPH in attendance along with many staff. The group now meets weekly on Wednesdays from 7:00-8:00 p.m. and attendance is averaging 15-20. They utilize materials from WRAP that have been adapted into activities for ease of participation by people at all skill levels. KPH staff have been very supportive, identifying people they feel will particularly be inspired by the opportunity to interact with peers who have a strong message of recovery and hope. An example of a discussion topic was the September 24, 2008 session at which self-advocacy was discussed and participants were informed how to vote by absentee ballot if they are going to be outside their home community at the time of the November elections.

- **WRAP:** The Wellness Recovery Action Plan (WRAP) groups are prepared to launch with the KPH semester that begins September 30, 2008. Sessions will be held on Tuesday and Thursdays from 9:00-9:45 a.m. in a designated PSR classroom. The semester will run 12 weeks. Shannon modified the WRAP curriculum to fit the PSR schedule—*see attached copy of WRAP KPH Syllabus.*
- **Evaluation:** Participants will be given the Modified Recovery Scale to complete pre/post participation in the WRAP groups. This is a 20-statement survey with a 5-point Likert scale (from Strongly Agree to Strongly Disagree). The statements measure the feelings of participants in areas of hope and recovery (i.e. “I have my own plan to stay or become well.” “If I keep trying, I will continue to get better.” “I am hopeful for my future.”). InterAct’s Clinical Director Randy Wolbert will collate the data from these surveys. KPH staff will be asked to assist with data from people who are discharged prior to completing the WRAP sessions. Information will be used to determine if the peer-led WRAP groups are helping participants to feel more positive about their recovery and hope for the future.

January 23, 2009 Peer Support Partnership at KPH Quarterly Report: October – December 2008

As you know from our first quarterly report which consisted of the preparatory activities needed to get the program off the ground, this past quarter was what we had all been waiting for the opportunity to implement peer-run WRAP and Steps to Change Support groups for the residents at KPH.

1. Steps to Change—Peer Support Group

This wellness recovery support group began on September 3, 2008 approximately one month prior to the launch of WRAP as part of the PSR programming at KPH. The group meets every Wednesday evening from 7:00-8:00 p.m. and is open to all residents at KPH. There have been 19 sessions held this quarter and attendance averaged 17 people per session. The format used for each session includes: Check-in, presentation of topic, discussion of topic, group activity based on topic (i.e., role-plays), and check-out. Each session is co-led by two Certified Peer WRAP facilitators. The sessions are used to introduce participants to WRAP concepts to foster their interest in participating in the regular WRAP classes. Topics include: self-esteem, self-advocacy, exercise, and personal responsibility.

2. WRAP—Wellness Recovery Action Planning

InterAct’s Wellness Coordinator Shannon Kaufmann and KPH PSR Coordinator Pam Post continued their effective collaboration and incorporated peer-run WRAP into the KPH PSR schedule on Tuesday and Thursday mornings. The curriculum was divided into 24 sessions conducted in a 45 minutes, twice weekly format during the semester that began 9/30/08 and ran through December. The groups were led by two Certified Peer WRAP Facilitators. KPH Social Work staff member Christine Cherry attended each session; however, all sessions were led by the peer staff. Christine commented, *“the sessions were great, this is the first time I’ve had 100% attendance in a group even though some lacked participation and feedback, they came to each session unless something else came up that interfered with attending.”* There were 11 graduates from this first WRAP cycle and 7 people are participating in Cycle 2. Christine also provided very positive feedback on the two peer facilitators. Her comments included:

- *“Considers and responds appropriately to the needs, feelings and capabilities of each consumer and related well to consumers’ varied backgrounds and situations; demonstrated a high degree of ability, skill, knowledge, and expertise.”*
- *“Outgoing, great sense of humor, very empathetic towards each consumer, motivated and represented InterAct well.”*

3. KPH WRAP Survey Results

Participants in the KPH WRAP sessions are given the Modified Recovery Scale to complete prior to starting sessions and at the end of the 12 week program. The survey includes 20 statements with a 5-point Likert scale (from Strongly Agree to Strongly Disagree). The statements measure the feelings of participants in areas of hope and recovery. The summary results of the pre/post WRAP survey are attached to this memo. As can be seen, participants reported positive impacts in all 20 areas scored “post” WRAP. The six areas with the greatest improvement consisted of the following:

- #4: Fear doesn’t stop me from living the way I want to live. (+1.2)
- #13: Coping with my mental illness is no longer the main focus of my life. (+1.2)
- #14: My symptoms interfere less and less with my life. (+1.3)
- #15: I know what helps me get better. (+1.5)
- #16: I can handle stress. (+2.0)
- #18: I can identify the warning signs of becoming sick. (+1.3)

In addition to the 20 survey questions, participants are given the opportunity to comment on a couple of open-ended questions (what is most helpful about WRAP; and what would improve WRAP). Comments included the following:

- *“Know that I am not alone; I can ask for help.”*
- *“Allowing me to participate in getting my life back.”*
- *“Knowing my triggers.”*
- *“Seeing that others are like me.”*

It appears the project has gotten off to a very good start. InterAct’s Peer Wellness staff who are facilitating groups feel very welcome at KPH and have experienced encouragement for residents there to participate in the groups. There has been a positive reaction to peer-led WRAP that has exceeded the response to previously non-peer led efforts. The survey results indicate people by their own measure have experienced positive impact in the areas of hope and recovery in their lives.

April 23, 2009 Peer Support Partnership at KPH Quarterly Report: January 1 – March 31, 2009

This is our 3rd quarter of operation and we were able to successfully achieve our goal of completing a second round of WRAP classes and the continuation of our Steps to Change support groups for residents at KPH.

1. Steps to Change—Peer Support Group

This wellness recovery support group continued to meet on Wednesday evenings from 7:00-8:00 p.m. at KPH. This session is open to all residents at the hospital and people come from all units. The average attendance was 8 people per week for the 12 weeks represented in the quarter. This group is available to people who have not yet committed to participate in the WRAP classes or who are waiting to get into the next semester. The format continues to consist of: Check-in, presentation of topic, discussion of topic, group activity based on topic (i.e. role plays), and check-out. Each session is co-led by two Certified Peer WRAP facilitators. The topics (such as self esteem, advocacy, and personal responsibility) introduce concepts that will be covered in-depth in the WRAP sessions.

2. WRAP—Wellness Recovery Action Planning

The second semester implementation of the WRAP sessions at KPH was held January - March. The WRAP materials have been divided into 24 sessions to fit into the KPH PSR schedule on Tuesday and Thursday mornings.

The classes are 45 minutes in length and are co-led by two Certified Peer WRAP facilitators. KPH Social Work staff member Christine Cherry continues to provide support to these sessions and the InterAct peers who run the classes. There was an average of 8 people who attended the WRAP classes this semester. They were able complete the full curriculum; however, based on individual discharge dates the participants who started didn't all complete the group. All participants were given WRAP notebooks that they are able to take with them for use either in their continued stay at KPH or in their home community upon discharge.

3. KPH WRAP Survey Results

Participants in the KPH WRAP sessions are given the Modified Recovery Scale to complete prior to starting sessions and at the end of the 12 week program. The survey includes 20 statements with a 5-point Likert scale (from Strongly Agree to Strongly Disagree). The statements measure the feelings of participants in areas of hope and recovery. The results of the pre/post WRAP surveys were positive as participants indicated they improved their recovery scores by 13%. This compares positively to the first group which scored improvement of 12%. Participants were given the opportunity to make comments about what was most helpful about the WRAP program. Their comments included the following:

- *“I learned to identify symptoms of anger.”*
- *“Being around people who have gone through the same thing.”*
- *“Daily living skills, triggers.”*
- *“Diet and exercise.”*
- *“Being facilitated by peer support specialists.”*
- *“Talking with other people with mental illness.”*

4. Next Steps:

It appears the project continues to address its objectives. The current semester implementation of WRAP is on-going along with the continuation of the weekly Steps to Change support groups. In addition, based on the success of this project, Shannon Kaufmann is working with Pamela Post to implement a class at KPH that Shannon has developed at InterAct through a 2-year MDCH Block Grant called “Healing from Trauma.” This will allow trained peers from InterAct’s Wellness Team to share the curriculum Shannon has developed to help people address trauma in a safe environment that offers participants the opportunity to develop basic skills, tools, and an action plan to move through past trauma towards recovery and wellness. We are building on the positive relationships that have been established between our organizations to offer this opportunity to KPH residents while we continue to have grant funds available for this effort. We feel it will prove to be a valuable companion program to WRAP as it has been our experience as offered for InterAct participants in the community. This project will start with the semester that begins in early July. KPH staff will receive training on the Healing from Trauma curriculum in June prior to the start-up.

July 17, 2009 Peer Support Partnership at KPH Quarterly Report: April 1 – June 30, 2009

This is our 4th quarter of operation and we were able to successfully achieve our goal of completing a third round of WRAP classes and the continuation of our Steps to Change support groups for residents at KPH.

1. Steps to Change—Peer Support Group

This wellness recovery support group continued to meet on Wednesday evenings from 7:00-8:00 p.m. at KPH. This session is open to all residents at the hospital and people come from all units. The average attendance was 12 people per week for the 12 weeks represented in the quarter—with attendance ranging from 10 to 19. This group is available to people who have not yet committed to participate in the WRAP classes or who are waiting to get into the next semester.

The format continues to consist of: Check-in, presentation of topic, discussion of topic, group activity based on topic (i.e. role plays), and check-out. Each session is co-led by two Certified Peer WRAP facilitators. Discussion topics this quarter included such things as meditation, stress management, and self advocacy including talking about person-centered planning. These are similar to topics that are covered in-depth in the WRAP sessions.

2. **WRAP—Wellness Recovery Action Planning**

The third semester implementation of the WRAP sessions at KPH was held this quarter. The WRAP materials have been divided into 24 sessions to fit into the KPH PSR schedule on Tuesday and Thursday mornings. The classes are 45 minutes in length and are co-led by two Certified Peer WRAP facilitators. KPH Social Work staff member Christine Cherry continues to provide support to these sessions and the InterAct peers who run the classes. There was an average of 8 people who attended the WRAP classes this semester. They were able complete the full curriculum; however, based on individual discharge dates the participants who started didn't all complete the group. All participants were given WRAP notebooks that they are able to take with them for use either in their continued stay at KPH or in their home community upon discharge.

3. **KPH WRAP Survey Results**

Participants in the KPH WRAP sessions are given the Modified Recovery Scale to complete prior to starting sessions and at the end of the 12 week program. The survey includes 20 statements with a 5-point Likert scale (from Strongly Agree to Strongly Disagree). The statements measure the feelings of participants in areas of hope and recovery. There were 8 individuals who completed the pre/post Modified Recovery Scale. The results of the pre/post WRAP surveys were the most positive we've documented since initiating this project. Participants this quarter indicated they improved their recovery scores by 20%. This compares positively to the first group which scored improvement of 12% and the second group at 13%. Participants were given the opportunity to make comments about what was most helpful about the WRAP program. Their comments included the following:

- *“I learned how to focus and live better with myself and others and to take my meds. I think you don't need any improvements; it's right just the way it is. It helped me tremendously. I really enjoyed this class.”*
- *“Talking with other people.”*
- *“The wonderful notebook we worked on and get to keep.”*
- *“Giving me self-confidence where I had none.”*
- *“Soothing conversation.”*
- A recommendation for improvement: *“videotapes of important discussion; more leisure activities where we all go out in a van sightseeing or out for coffee and donuts.”*

4. **Next Steps:**

- It appears the project continues to address its objectives.
- We had hoped to offer an implementation of the “Healing from Trauma” curriculum beginning in July but with the departure of Shannon Kaufmann as our Wellness Coordinator we are not able to staff another 2 day per week class as part of the KPH Psychosocial Rehab curriculum.

October 28, 2009 Peer Support Partnership at KPH Quarterly Report: July 1 – September 30, 2009

This is our 5th quarter of operation and we were able to successfully achieve our goal of completing a 4th round of WRAP classes and the continuation of our Steps to Change support groups for residents at KPH.

1. Steps to Change—Peer Support Group

This wellness recovery support group continues to meet on Wednesday evenings from 7:00-8:00 p.m. at KPH. This session is open to all residents at the hospital and people come from all units. The average attendance was 10 people per week for the 11 sessions represented in the quarter—with attendance ranging from 5 to 14 and 97 total attendance units. This group is available to people who have not yet committed to participate in the WRAP classes or who may be waiting to get into the next semester. The format continues to consist of: Check-in, presentation of topic, discussion of topic, group activity based on topic (i.e. role plays), and check-out. Each session is co-led by two Certified Peer WRAP facilitators. Discussion topics this quarter included such things as laughter, stress management, and self advocacy. These are similar to topics that are covered in-depth in the WRAP sessions.

2. WRAP—Wellness Recovery Action Planning

The fourth semester implementation of the WRAP sessions at KPH was held from July 1-September 25, 2009. The WRAP materials have been divided into sessions to fit into the KPH PSR schedule on Tuesday and Thursday mornings. The classes are 45 minutes in length and are co-led by two Certified Peer WRAP facilitators. KPH Social Work staff member Christine Cherry continues to provide support to these sessions and the InterAct peers who run the classes. An average of 7 people attended the 22 WRAP classes this semester representing 145 total attendance units. Attendance ranged from 4 to 9 individuals per session. Due to varying KPH discharge dates, not all participants completed 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.

3. KPH WRAP Survey Results

Participants in the KPH WRAP sessions were given the Modified Recovery Scale to complete prior to starting sessions and at the end of the 12 week program. The survey includes 20 statements with a 5-point Likert scale (from Strongly Agree to Strongly Disagree). The statements measure the feelings of participants in areas of hope and recovery. There were 14 individuals who completed the pre/post Modified Recovery Scale this semester. Participants this quarter indicated they improved their recovery scores by 10%. This is not as dramatic as the 20% improvement noted in the 3rd quarter; however, it's comparable to the first two quarters. The two areas that scored the highest amount of improvement were in response to the questions:

- “I have my own plan for how to stay or become well.” = 15% increase
- “I continue to have new interests.” = 33% increase

Participants were given the opportunity to make comments about what was most helpful about the WRAP program. Their comments included the following:

- *“Openness, honesty, non-judgmental, freedom to express my opinions whether negative or positive.”*
- *“Learning how to handle and deal with triggers.”*
- *“The co-trainers.”*
- *“We get to talk about our illness and everybody is there to help everyone.”*
Learning to build my self-esteem.”

- *“The WRAP program gives you tools to help you in tough times.”*
- *“It teaches self-esteem.”*
- *“It helped me make a plan for when I really need it.”*

Modified Recovery Scale
Used in the Peer Support Partnership Project

The following is a list of statements that describe how people sometimes feel about themselves and their lives. Please circle the response that best describes the extent to which you agree or disagree with the statement.

	Strongly Agree (5)	Agree (4)	Not Sure (3)	Disagree (2)	Strongly Disagree (1)
1. I have my own plan for how to stay or become well.	5	4	3	2	1
2. I have goals in my life that I want to reach.	5	4	3	2	1
3. I believe I can meet my personal goals.	5	4	3	2	1
4. Fear doesn't stop me from living the way I want to live it.	5	4	3	2	1
5. I can help myself become better.	5	4	3	2	1
6. I can identify what triggers the symptoms of my mental illness.	5	4	3	2	1
7. There are things that I can do that help me deal with unwanted symptoms.	5	4	3	2	1
8. I like myself.	5	4	3	2	1
9. If I keep trying, I will continue to get better.	5	4	3	2	1
10. I am the person most responsible for my improvement.	5	4	3	2	1
11. I am hopeful for my future.	5	4	3	2	1
12. I continue to have new interests.	5	4	3	2	1
13. Coping with my mental illness is no longer the main focus of my life.	5	4	3	2	1
14. My symptoms interfere less and less with my life.	5	4	3	2	1
15. I know what helps me get better.	5	4	3	2	1
16. I can handle stress.	5	4	3	2	1
17. I have people I can count on.	5	4	3	2	1
18. I can identify the warning signs of becoming sick.	5	4	3	2	1
19. It is important to have healthy habits.	5	4	3	2	1
20. I can learn from my mistakes.	5	4	3	2	1

21. What has been the most helpful thing about the WRAP program?
22. What would improve the WRAP program?

Modified Recovery Scale - Results

KPH October – December 2008

	Pre	Post	Difference
1. I have my own plan for how to stay or become well.	4	4.5	+0.5
2. I have goals in my life that I want to reach.	4	4.3	+0.3
3. I believe I can meet my personal goals.	3.6	4.2	+0.6
4. Fear doesn't stop me from living the way I want to live it.	3.3	4.5	+1.2
5. I can help myself become better.	3.8	4.3	+0.5
6. I can identify what triggers the symptoms of my mental illness.	3.3	4.2	+0.9
7. There are things that I can do that help me deal with unwanted symptoms.	3.7	4.5	+0.8
8. I like myself.	3.8	4.5	+0.7
9. If I keep trying, I will continue to get better.	4.0	4.5	+0.5
10. I am the person most responsible for my improvement.	4.2	4.5	+0.3
11. I am hopeful for my future.	3.7	4.5	+0.8
12. I continue to have new interests.	3.5	4.5	+1.0
13. Coping with my mental illness is no longer the main focus of my life.	3.3	4.5	+1.2
14. My symptoms interfere less and less with my life.	3	4.3	+1.3
15. I know what helps me get better.	2.8	4.3	+1.5
16. I can handle stress.	2.3	4.3	+2.0
17. I have people I can count on.	3.5	4	+0.5
18. I can identify the warning signs of becoming sick.	3.0	4.3	+1.3
19. It is important to have healthy habits.	4.2	4.5	+0.3
20. I can learn from my mistakes.	4.2	4.5	+0.3
Total Average	3.6	4.4	+0.8

21 – What has been most helpful about WRAP?

- Know that I am not alone, I can ask for help
- Allowing me to participate in getting my life back
- Knowing my triggers
- Seeing that others are like me

22 – What would improve WRAP?

More educated people

KPH April – June 2009 – N=8

Modified Recovery Scale - Results

	Pre	Post
1. I have my own plan for how to stay or become well.	4.25	5
2. I have goals in my life that I want to reach.	4	4.75
3. I believe I can meet my personal goals.	4	4.75
4. Fear doesn't stop me from living the way I want to live it.	3.14	4.875
5. I can help myself become better.	3.75	4.875
6. I can identify what triggers the symptoms of my mental illness.	3.42	4.875
7. There are things that I can do that help me deal with unwanted symptoms.	4	4.75
8. I like myself.	4.5	5
9. If I keep trying, I will continue to get better.	4.125	4.875
10. I am the person most responsible for my improvement.	4.43	5
11. I am hopeful for my future.	4.125	5
12. I continue to have new interests.	4.125	5
13. Coping with my mental illness is no longer the main focus of my life.	2.625	3.75
14. My symptoms interfere less and less with my life.	2.5	3.75
15. I know what helps me get better.	3.875	4.75
16. I can handle stress.	2.875	4.5
17. I have people I can count on.	3.875	4.5
18. I can identify the warning signs of becoming sick.	4.125	4.6
19. It is important to have healthy habits.	4.625	5
20. I can learn from my mistakes.	4.375	5
Total Average	3.79	4.72

21. What has been most helpful thing about the WRAP program?

- I learned how to focus and live better with myself and others and to take my meds. I think you don't need any improvements its right just the way it is. It helped me tremendously I really enjoyed this class.
- Talking with other people
- The wonderful notebook we worked on and get to keep
- Giving me self-confidence where I had none
- Soothing conversation

22. What would improve the WRAP program?

- Videotapes of important discussion, more leisure activities where we all go out in a van sightseeing out for coffee and donuts.

Modified Recovery Scale - Results

KPH July – September 2009 – N=14

	Pre	Post
1. I have my own plan for how to stay or become well.	4	4.7
2. I have goals in my life that I want to reach.	4.2	4.7
3. I believe I can meet my personal goals.	4	4.6
4. Fear doesn't stop me from living the way I want to live it.	4	4.4
5. I can help myself become better.	4.5	4.7
6. I can identify what triggers the symptoms of my mental illness.	4.1	4.3
7. There are things that I can do that help me deal with unwanted symptoms.	4.1	4.5
8. I like myself.	4.6	4.5
9. If I keep trying, I will continue to get better.	4.6	4.8
10. I am the person most responsible for my improvement.	4.6	4.8
11. I am hopeful for my future.	4.7	4.8
12. I continue to have new interests.	3.2	4.8
13. Coping with my mental illness is no longer the main focus of my life.	3.7	2.8
14. My symptoms interfere less and less with my life.	4.5	4.3
15. I know what helps me get better.	4.1	4.5
16. I can handle stress.	4.4	4.2
17. I have people I can count on.	4.4	4.5
18. I can identify the warning signs of becoming sick.	4.4	4.6
19. It is important to have healthy habits.	4.8	4.7
20. I can learn from my mistakes.	4.6	4.8
Total Average	4.3	4.5

21. What has been most helpful thing about the WRAP program?

Openness, honesty, non-judgmental, freedom to express my opinions whether negative or positive.

Learning how to handle and deal with triggers.

The co-trainers.

We get to talk about our illness and everybody there to help everyone.

Learning to build my self-esteem.

The quiet people.

The WRAP program gives you tools to help you in tough times.

- It teaches self esteem.
- It helped me make a plan for when I really need it.

Modified Recovery Scale – Results

22. What would improve the WRAP program?
- More time together more freedom of expression.
 - Less paperwork.
 - To be able to spend more time on the different subjects.
 - More Spanish people.
 - Some tools to deal with anxiety, depression, and heartbreak.

Goal and Recommendations for the Enhancement and Expansion of Peer Support Services at Michigan’s State Psychiatric Hospitals²

GOAL: Transform the institutional service delivery system of state psychiatric hospitals from that of the traditional “medical model” to one based on the fundamental principles of recovery for adults with serious mental illness.

RECOMMENDATIONS:

1. Incorporate and expand recovery-based services statewide in each of the state psychiatric hospitals for adults with mental illnesses.
2. The notion of recovery, when placed in the broader context of public policy, should be regarded as a community inclusion and integration concept, with its primary focus directed on preparing and supporting persons served to lead the kind of lives they choose in communities of their choice. State psychiatric hospitals should formally adopt the principles of recovery in their policies and procedures. In addition, recovery language should be a requirement in contracts between state psychiatric hospitals and CMHSPs.
3. The goal to transform the institutional service delivery system of state psychiatric hospitals from that of the traditional “medical model” to one based on the fundamental principles of recovery for persons with mental illness should include the integration of hospital services with those of CMHSPs.
4. The Department should establish a civil service classification for Certified Peer Support Specialists. This will permit the employment of Certified Peer Support Specialists in state psychiatric hospitals, who would provide peer-delivered recovery-based services such as WRAP, and work with the hospitals’ treatment teams, CMHSP hospital liaisons, CMHSP Integrated Recovery Specialists (i.e., case managers, or supports coordinators), and CMHSP Certified Peer Support Specialists in identifying program environments that are conducive to recovery, and lend their unique insight into mental illness and what makes recovery possible during and after a person’s period of hospitalization.

² From “PEER SUPPORT SPECIALIST SERVICES AT MICHIGAN’S STATE PSYCHIATRIC HOSPITALS, A Transformation to Recovery and Community Integration”, Sanford, Patton, 2/15/2010; proposal submitted to Janet Olszewski, Director of the Michigan Department of Community Health

**Goal and Recommendations for the Enhancement and Expansion of
Peer Support Services at Michigan's State Psychiatric Hospitals**²

5. A person's transition from the community to a state psychiatric hospital should be regarded equally as important as his or her transition from the hospital to the community.
6. The Department should discontinue placing most of its efforts on transforming and perfecting state psychiatric hospitals, PIHPs and CMHSPs, and concentrate mainly on the realities in the way people served actually live their lives in communities they reside.
7. State-operated and private community psychiatric hospitals should no longer be considered only as treatment facilities. They should be more responsive to communities they serve, provide a much greater continuum of services and supports to persons with mental illnesses before, during, and after the period in which a person is hospitalized in their facilities.
8. Both state-operated and private community psychiatric hospitals should be regarded primarily as short-term facilities with a much greater linkage to and integration with PIHP/CMHSP specialty mental health supports and services.
9. State psychiatric hospitals should partner with CMHSPs to create new opportunities for persons hospitalized to achieve and maintain maximum community integration, and reduction in the frequency of inpatient hospitalizations.

B. Toward A Person-Centered Culture of Gentleness
Process Improvement Initiative
for the Michigan Department of Community Health

Reduction in the Use of Restraint, Seclusion and Physical Management

“The use of seclusion and restraint creates significant risks for all individuals involved. These risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. In light of these potential serious consequences, seclusion and restraint should be used only when there exists an imminent risk of danger to the individual or others and no other safe and effective intervention is possible.”

National Association of State Mental Health Program Directors, July 2007

Historically, restraint and seclusion have been utilized in order to manage the behavior of people with mental health diagnoses. The use of these measures have come under intense scrutiny over the past decade as researchers and clinicians have determined that there are significant physical and psychological risks – including death, disabling physical injuries, and significant trauma – that accompany the use of these interventions. At the same time, many effective, inexpensive alternatives to restraint and seclusion have been developed, resulting in an acknowledgement that the use of restraint and seclusion can be reduced significantly. Therefore, a clear consensus has emerged that restraint and seclusion are safety interventions of last resort and that the use of these interventions can, and should, be reduced significantly.

Courts have long recognized that people with mental illnesses have the right to be free from the improper use of seclusion and restraint. In the landmark 1982 case, *Youngberg v. Romeo*, the Supreme Court recognized that the use of restraint is a drastic deprivation of personal liberty, holding that “[t]he right to be free from undue bodily restraint is the core of the liberty interest protected by the Due Process Clause from arbitrary governmental action.” *Youngberg v. Romeo*, 457 U.S. 307, 316 (1982). The legal consequences of inappropriate use of restraint and seclusion can include civil damages, administrative sanctions (including the loss of Medicaid and Medicare certification), and criminal prosecution. This attention to the use of restraint and seclusion has resulted in a legal and regulatory environment that discourages their use and increases the risks of litigation for clinicians and facilities that rely on these practices.

The fourth strategic objective in the Michigan Department of Community Health Strategic Plan 2009-2011 indicates 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 and physical management.*

In addition to the Department’s focus on reducing these intrusive measures, the National Association of State Mental Health Program Directors (NASMHPD) issued a position statement in July 2007 reiterating their belief “*that seclusion and restraint, including ‘chemical restraints,’ are safety interventions of last resort and are not treatment interventions.*” They go on to indicate that “*Violence*

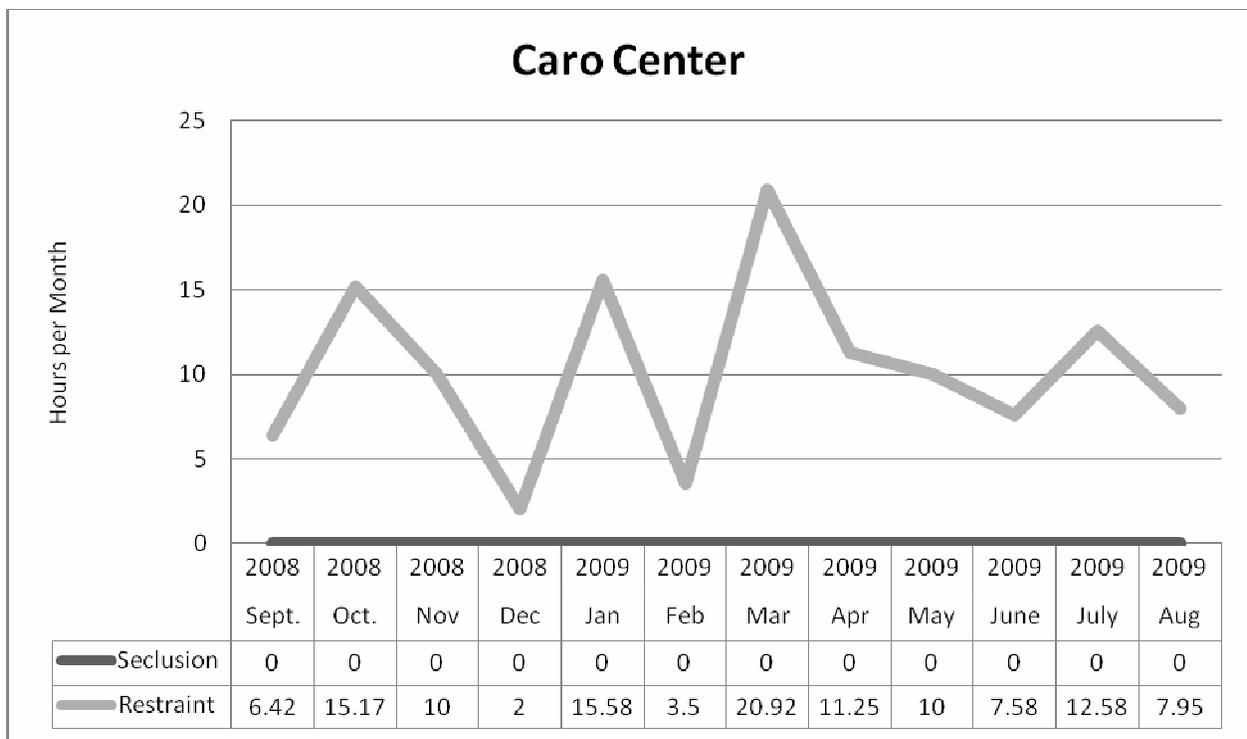
*free and coercion free mental health treatment environments can be accomplished using the **Six Core Strategies to Reduce the Use of Seclusion and Restraint Planning Tool** developed by the National Technical Assistance Center (NTAC). Seclusion and restraint should never be used for the purposes of discipline, coercion, or staff convenience, or as a replacement for adequate levels of staff or active treatment”*

The leaders who participated in the development of the “Toolkit” felt a sense of urgency because:

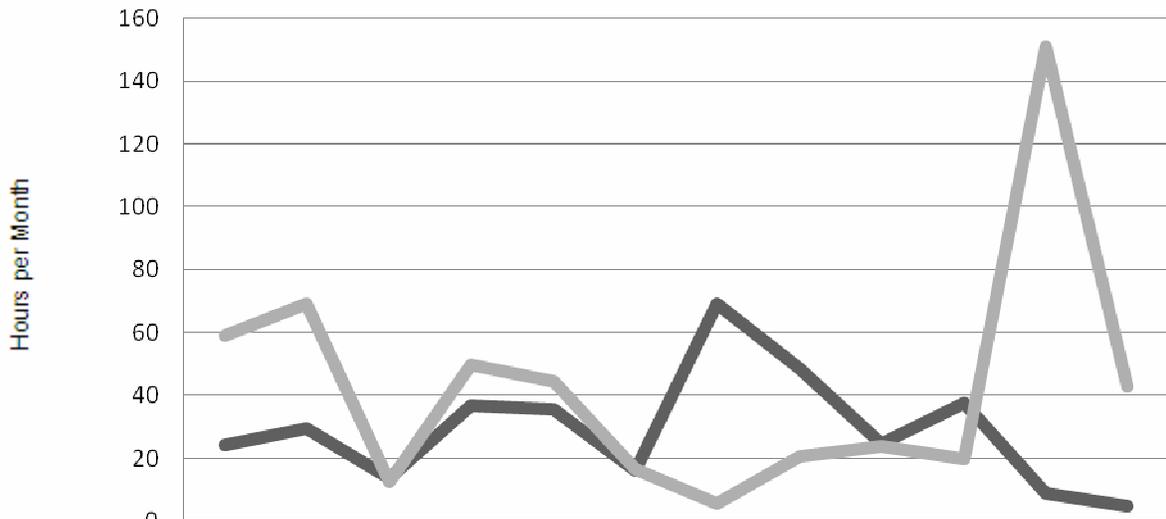
- The frequency of ***Department of Justice interventions are troubling, but also represent leverage for change***. We must collectively support the transition from a system too often described as:
 - Resulting in deaths and injuries due to seclusion and restraints
 - Resulting in abuse of the individuals being served
 - Resulting in productive life years lost for those being served
 - Resulting in lost opportunity costs to the community when individuals are not restored to a productive life in the community
 - Lacking in active treatment and rehabilitation
 - Lacking in commitment to develop staff so that they have the skills and attitudes to contribute to a recovery oriented environment
 - Lacking in sufficient supervision and accountability to support a system focused on recovery for consumers
- The emerging mental health system is focused on providing recovery/resilience-oriented services to individuals, youth and families as its sole and compelling goal. Towards that goal, all system components, including hospitals, must articulate a vision and mission that provides a foundation for ***specific recovery-oriented competencies, roles and responsibilities, detailed goals, and measurable and accountable care processes and service outcomes***.
- State mental health hospitals want to participate in this system re-design and are willing to take up this challenge including: 1) rethinking the vision and mission of a state hospital as a relatively small, but very important, component of an entire state or community system of mental health care; 2) re-defining in clear and specific language the hospital's services and goals for persons admitted to its services; and 3) collaborating with community partners, advocates, and other stakeholders to re-design these public inpatient systems of care.
- There are ***myths*** that can be dispelled by the resources included in the toolkit, which demonstrate that change is possible despite perceptions of:
 - Not enough time
 - Not enough money
 - Not enough staff

- And, there are some *realities* that require considerable leadership to address:
 - Political pressures
 - Traditions established by central offices and hospitals
 - Concerns about loss of fiscal resources
 - Concerns about loss of jobs
 - Inflexible personnel systems
 - Punitive reporting and risk management systems

The Office of Recipient Rights, at the request of the MDCH Recipient Rights Advisory Committee, pursuant to its objective to provide support in the reduction or elimination of restraint, seclusion and physical management in state hospitals and centers, requested and received data on restraint and seclusion use in the 5 state hospitals and centers for the months of September 2008 through August 2009.

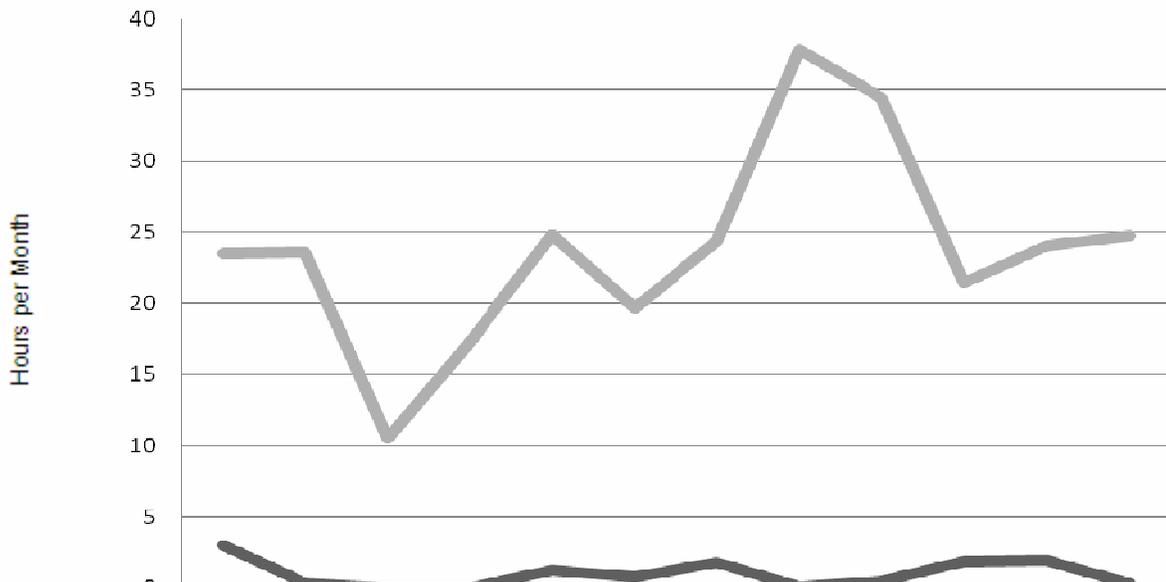


Center for Forensic Psychiatry



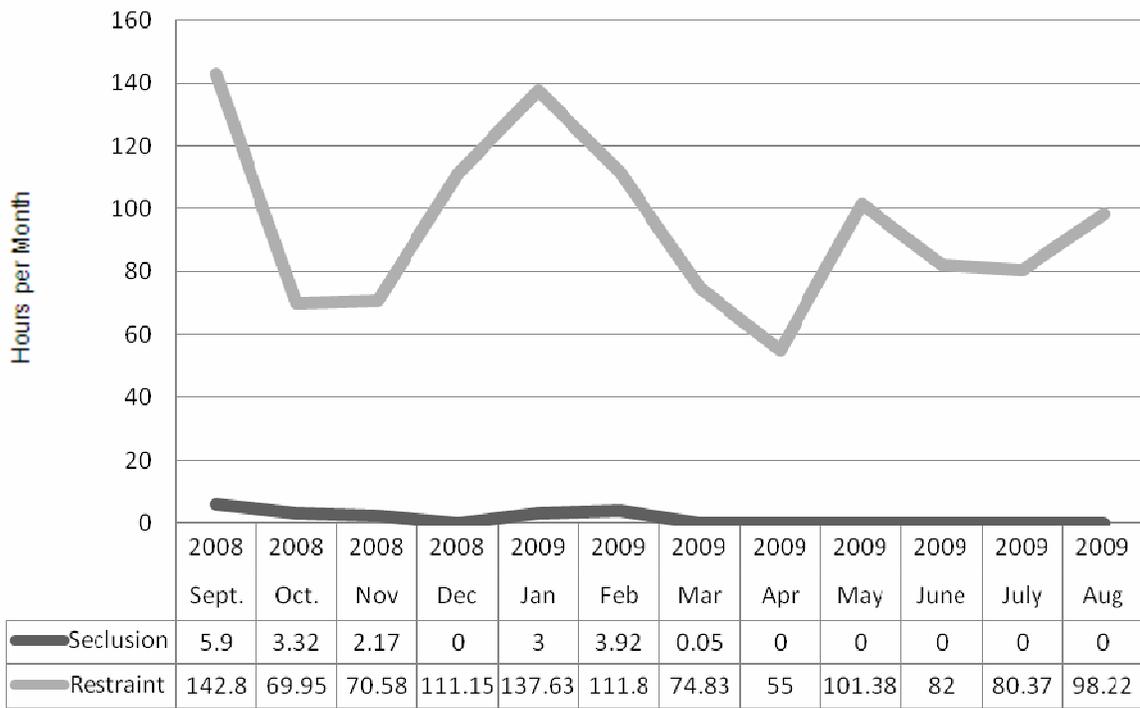
	2008 Sept.	2008 Oct.	2008 Nov	2008 Dec	2009 Jan	2009 Feb	2009 Mar	2009 Apr	2009 May	2009 June	2009 July	2009 Aug
seclusion	24	29.3	13.5	36.6	35.4	16.1	69.3	48.4	24.8	37.7	9	4.9
restraint	59	69	12.5	49.8	44.6	16.6	5.6	20.5	23.7	19.6	150.8	42.8

Hawthorn Center

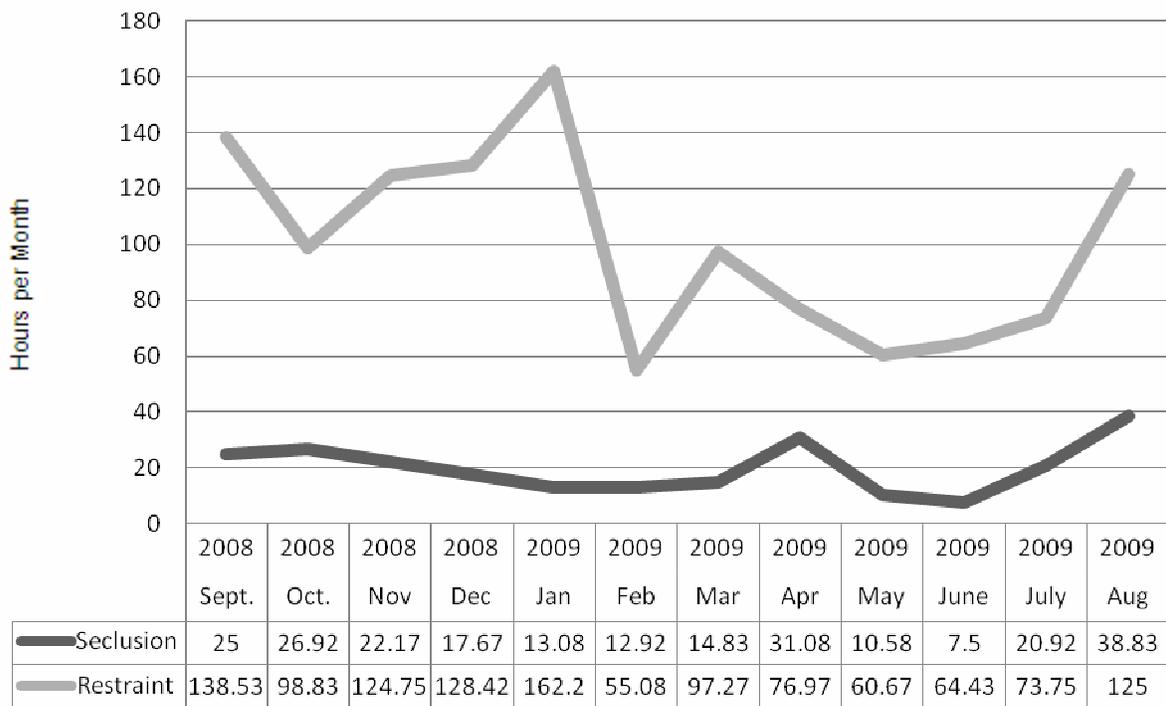


	2008 Sept.	2008 Oct.	2008 Nov	2008 Dec	2009 Jan	2009 Feb	2009 Mar	2009 Apr	2009 May	2009 June	2009 July	2009 Aug
Seclusion	3	0.33	0	0	1.2	0.75	1.78	0.08	0.425	1.83	1.92	0.33
Restraint	23.53	23.62	10.5	17.33	24.8	19.7	24.35	37.83	34.43	21.43	24.03	24.77

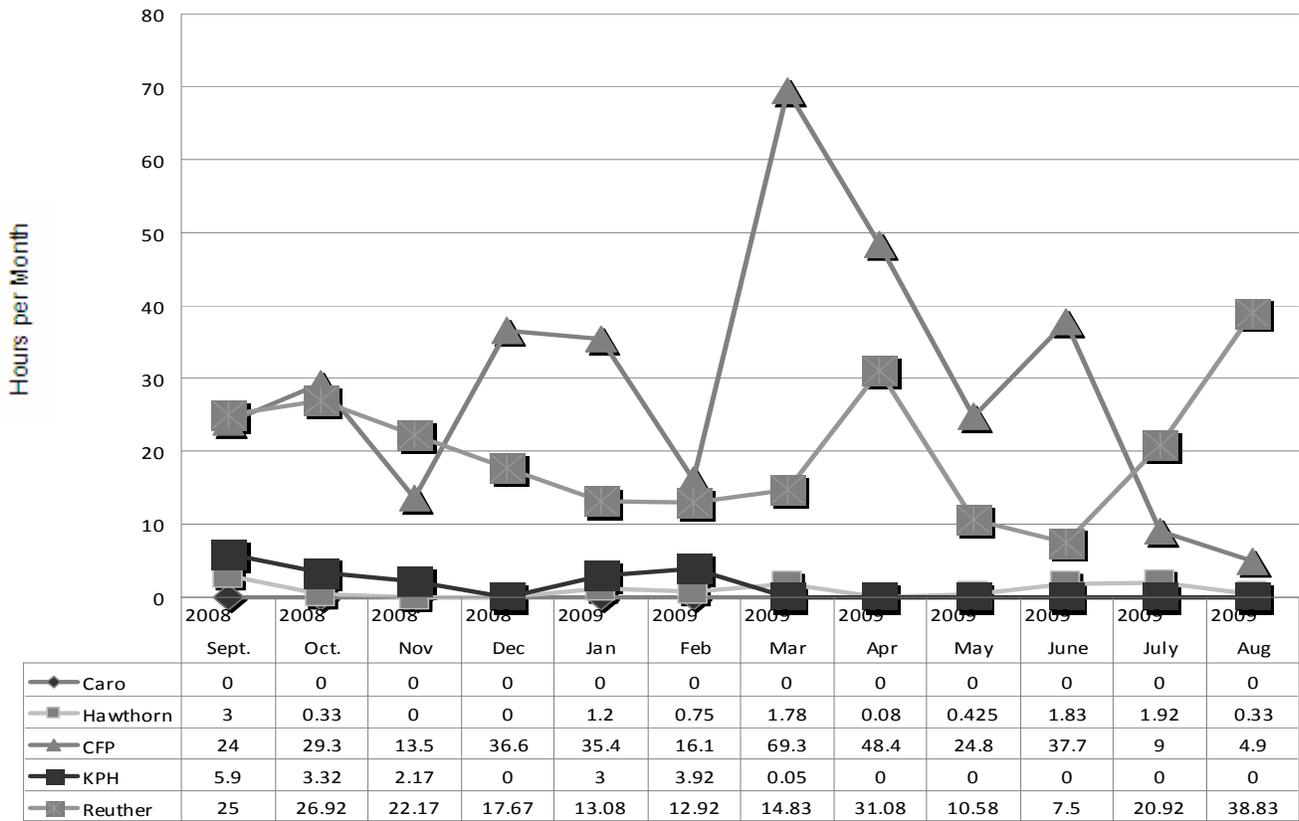
Kalamazoo



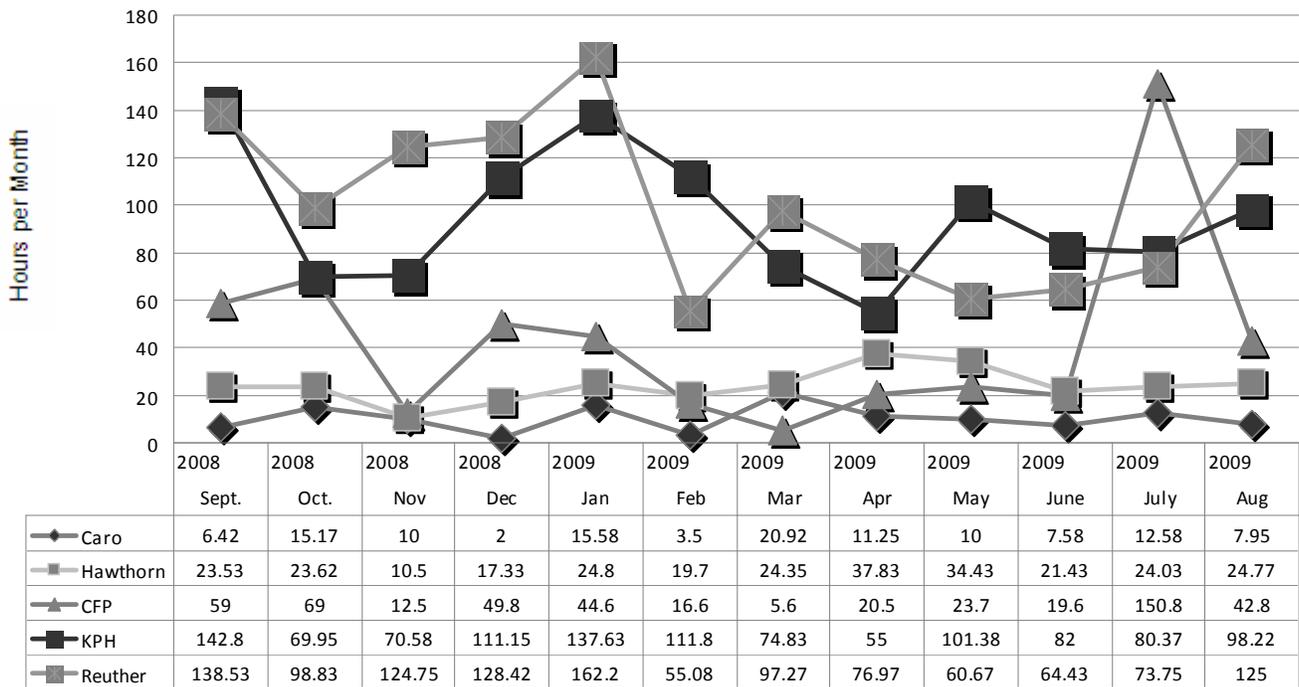
Reuther



Seclusion -- All Facilities



Restraint -- All Facilities



It must be noted that the data depicts only raw numbers as to hours of implementation of mechanical restraint and seclusion per facility and does not reflect other required elements included in the Exception Basis Reporting, such as total number of incidents or total number of individuals secluded or restrained in a reporting month. Additionally, it appears that the majority of the state psychiatric hospitals do not track the use of chemical restraint or physical management, although both are defined as “restraint” by the Centers for Medicare and Medicaid Services. Analysis of the data does reveal, however, that hospitals and centers, with the exception of the Center for Forensic Psychiatry, are implementing the more restrictive and significantly riskier mechanical restraint over the lesser traumatizing seclusion.

RECOMMENDATION: *In keeping with the goal identified in the 2009-2011 MDCH Strategic Plan, it is the position of the Office of Recipient Rights that successful processes to reduce or eliminate the use of restraint, seclusion and physical management in MDCH hospitals and centers are contingent on the implementation of the methodology of the Six Core Strategies identified by NTAC at MDCH hospitals and centers.*

Strategy One: Leadership Towards Organizational Change

This first strategy is core to reducing the use of seclusion and restraint through clear leadership and direction by defining and articulating a vision, values and philosophy; developing and implementing a performance improvement action plan; and holding people accountable to that plan. This intervention includes the elevation of oversight of every seclusion or restraint (S/R) event by management that is called “witnessing.” The elevation of oversight includes the daily involvement of the CEO or COO in all S/R events in order to investigate causality, review facility policy and procedures that may lead to conflict, look at workforce development issues and involve administration with staff in this important work. The action plan developed needs to be based on a public health prevention approach and used following the principles of continuous quality improvement. The creation of a performance improvement team or taskforce is recommended.

Strategy Two: Using Data To Inform Practice

This core strategy recommends reducing the use of S/R by using data in a non-punitive, though positively competitive way. This strategy includes using data to identify the facility’s baseline S/R use; gather data on facility usage by unit, shift, day, individual staff member, victim characteristics and other variables; set improvement goals and comparatively monitor use and changes over time.

Strategy Three: Workforce Development

This strategy suggests the creation of a treatment environment whose policy, procedures, and practices are based on the knowledge and principles of recovery and the characteristics of trauma informed systems of care. The purpose of this strategy is to create a treatment environment that is less likely to be coercive or conflictual and in this sense is a core prevention intervention. This strategy is implemented primarily through staff training and education and HRD activities. It includes S/R application training and vendor choice, the adequate provision of treatment activities that offer choices to the people we serve and are designed to build living skills and individualized treatment planning activities. This core intervention also includes communicating to staff expected and required knowledge, skills and abilities, with regards to S/R reduction through new hire interview questions, job descriptions, performance evaluations, new employee orientation and other similar activities.

Strategy Four: Use Of S/R Reduction Tools

This strategy reduces the use of S/R through the use of a variety of tools and assessments that are integrated into facility policy and procedures and each individual consumer's recovery plan. This strategy relies heavily on the concept of individualized treatment. It includes the use of assessment tools to identify risk for violence and seclusion and restraint history; use of a trauma assessment; tools to identify persons with high risk factors for death and injury; use of de-escalation surveys or safety plans, use of person-first language, environmental changes to include comfort and sensory rooms; sensory modulation experiences and other meaningful treatment activities designed to teach people emotional self management skills.

Strategy Five: Consumer Roles In Inpatient Settings

This strategy involves the full and formal inclusion of consumers, children, families and external advocates in various roles and at all levels in the organization to assist in the reduction of seclusion and restraint. It includes consumers of services in oversight, monitoring, debriefing interviews, peer support services and significant roles in key facility committees. It also involves the elevation of supervision of these staff members and volunteers to executive staff who recognize the difficulty inherent in these roles and who are poised to support, protect, mediate and advocate for the assimilation of these special staff members and volunteers. ADA issues are paramount here, in terms of job descriptions, expectations, work hours, and an ability to communicate to staff the legitimacy of the purpose and function of these important roles.

Strategy Six: Debriefing Techniques

This core strategy recognizes the usefulness of a thorough analysis of every S/R event. It values the fact that reducing the use of S/R occurs through knowledge gained from a rigorous analysis of S/R events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate, to the extent possible, the adverse and potentially traumatizing effects of a S/R event for involved staff and consumers and for all witnesses to the event. Recommended debriefing activities include two; an immediate post-event acute analysis and the more formal problem analysis with the treatment team. Using the steps in root cause analysis (RCA) is recommended. Please see the Debriefing Policy and Procedure template. For facilities that treat kids and who use holds frequently, the use of full debriefing procedures for each event may not be manageable. These facilities need to discriminate their use of holds and target multiple holds on same children, identify same staff member involvement in these events so as to note training needs and explore holds that last longer than usual.

MDCH Hospital and Center Quality Commitment

State mental health hospitals want to participate in this system re-design and are willing to take up this challenge including : 1) rethinking the vision and mission of a state hospital as a relatively small, but very important, component of an entire state or community system of mental health care; 2) re-defining in clear and specific language the hospital's services and goals for persons admitted to its services; and 3) collaborating with community partners, advocates, and other stakeholders to re-design these public inpatient systems of care.

National Association of State Mental Health Program Directors [NASMHPD]
Position Statement, July 2007

The time has come for Michigan's public mental health system to acknowledge the above position of NASMHPD and recognize that the state operated hospitals and centers are an integral component of a continuum of care for individuals it serves. As a result and with some urgency, the DCH- ORR recommends that the Michigan Department of Community Health Leadership establish and participate in a Process Improvement Task Force to steer the system transformation of our state hospitals and centers toward one of a Culture of Person-Centered Gentleness through a philosophy congruent with:

- Continuity of care between the hospital or center and the community mental health system through efficient and effective person-centered planning,
- Principles of recovery,
- Reduction in the use of seclusion, restraint and physical management,
- Building a strong trauma informed system of care,
- Creation of violence free and coercion free environments,
- Assuring safe environments for patients and staff, and
- Reintegration into the community

Implementation Strategy

The following strategies are derived from the MDCH/PIHP 2009 Application for Renewal and Recommitment.

Improving the culture of systems of care

MDCH operated hospitals and centers must assure a welcoming and caring culture where individuals who come to the door or who are already served are valued as whole people and are treated with respect and dignity.

MDCH expects its hospitals and centers to promote an unconditional "culture of gentleness" wherein positive supports and approaches are the norm regardless of the challenges an individual may present. Positive interventions are used to address individuals' responses of resistance and expressions of frustration and pain. Positive interventions emphasize developing skills for assessing the antecedents of challenging behavior, for identifying clinical factors, and to rule out physical, medical, environmental, and trauma-based conditions that might be the cause of the behaviors. These interventions stress broad understanding of ways to interpret behavior as communication about that person's experience. Moving the system toward exclusive use of positive interventions will require expanded training and guidance that encourages and enables staff to respond to people with understanding and compassion, and to provide positive support for those who must express their needs through challenging behavior.

A culture of gentleness also presumes that hospital and center staff work within a trauma-informed system of treatment and supports. All staff need to be taught to recognize and understand how past experiences of trauma and stigma invade so many of the lives of those requiring services and supports, driving them to act out of desperation and in defense of themselves. Understanding the long-range impact of major trauma and the indelible marks that are left on one from traumatic experiences can improve the effectiveness of clinical and supportive interventions. In order to develop a trauma-informed system of supports, the MDCH must develop and adopt a formal policy statement about the importance of recognizing the role of trauma in individuals' experiences, and to take that into account in all aspects of all program operations. In addition, the MDCH must identify responsible leader(s) and utilize a plan for developing, implementing, monitoring and continuously improving the effort to support a trauma-informed system of care. The MDCH must develop procedures for identifying individuals who have been exposed to trauma and to include trauma-related information in planning services with them; for inquiring about and respecting individual preferences for responding in crisis situations; assurances that each person is asked about crisis preferences, and their responses are available to all appropriate direct service staff. Finally, the MDCH must develop a written de-escalation policy that minimizes the possibility of re-traumatization, includes reference to an individual's statement of preference for crisis response and that contributes to the organization's overall processes to improve the quality of services.

Efforts by persons with severe mental illness to pursue a pathway toward recovery must be supported by a hospital or center that fosters a culture that recognizes and values recovery as a central component of treatment and support. Elements of recovery involve the projection of hope and the expectation of recovery, not discouragement, toward persons with mental illness histories, no matter their current status. The elements include recognizing and moving away from identifying those receiving services as "cases" and other responses that objectify individuals. They include increasing personal knowledge of, and approaches to, addressing illness through adherence to health-promoting activities that assist resiliency, as well as those which invoke sanctuary when that is needed. Recovery culture begins with a belief that recovery is possible, worthwhile, and achievable for everyone, on some level, over time. MDCH hospitals and centers will be expected to apply the Recovery Enhanced Environment (REE) measure as part of their planning, as a method to gauge and promote awareness of how current operations support or inhibit opportunity for recovery.

While it needs to become a community campaign to replace publicly-held perceptions and beliefs, reducing stigma and its impact starts within an improved culture within the public mental health system, including MDCH hospitals and centers.

Supporting maximum consumer choice and control

Assurance of a range of meaningful choices through the services and supports made available to the individual is an obligation of the Michigan public mental health system, including MDCH operated hospitals and centers. The person-centered planning (PCP) process must facilitate individual expression of personal preferences and desired outcomes for his or her life. This opportunity for individual expression is central to developing goals and with identifying the right mix of services and supports to achieve these goals, whether those supports are provided through the public mental health system or obtained from natural and community available options. These personally defined benchmarks for a life with meaning are what excellent person-centered planning (PCP) ought to achieve. PCP is an ongoing process of unfolding discovery, not simply a planning event. Increased direct control over the manner in which services and supports are provided accompanies the expansion of meaningful choices, so that these supports and services can successfully assist an individual to have an improved quality of life, defined within the context of their personal preferences.

There are a range of options and mechanisms to facilitate choice and control. PCP that is meaningful is at the heart of supporting choice and control. Effective PCP is derived from the individual's knowledge and understanding of PCP, from informed choice, and from genuine support from throughout the system.

Independent facilitation of the PCP process can result in an improved experience for both the individual and their chosen participants, and for the hospital or center charged with plan development and implementation. All individuals must be informed about, and have access to, independent facilitation of the PCP process. A list of independent facilitators and their credentials must be given to individuals who are in the pre-planning stage of the PCP process.

Improving the quality of supports and services

It is goal of MDCH to improve supports and services, and ensure that outcome measures are identified and used. MDCH operated hospitals and centers heretofore must demonstrate that they are regularly monitoring and managing treatment services to assure that the highest quality are provided, that individuals are afforded maximum choice and control over their lives, and that they are in the process of achieving the outcomes they desire. There must be assurance that individuals who are the most vulnerable are receiving intensive supports and services, and that the hospital or center oversight of those supports and services is likewise comprehensive and ongoing, assuring the health and welfare, and promoting active engagement for those most vulnerable.

Over the last several years, MDCH has provided support to Pre-Paid Inpatient Health Providers (PIHPs) for adopting evidence-based, promising and best practices with the goal that these be available to anyone receiving public mental health services in this state. A critical component of public mental health services are those provided by state operated hospitals and centers. In an effort to expand this adoption effort, MDCH will provide support to them in adopting these evidence-based, promising and best practices. As part of the public mental health service system, hospitals and centers will also need to use measurement to determine whether the services and supports provided to people are actually leading to achievement of the outcomes they desire; and to take steps to continually improve supports and services when they find that achieving outcomes falls short. Finally, state hospitals and centers need to rapidly respond to critical incidents and sentinel events and improve their analyses of them and resulting actions to prevent recurrences. They also need mechanisms to identify successes in assisting individuals and to build on those successes (e.g. a strength-based approach in improving staff performance that mirrors what should be provided to recipients).

Developing and maintaining a competent workforce

A key to achieving excellence in outcomes for persons who require intensive and ongoing support is to assure a stable, competent and sufficient workforce whose values, knowledge, skills, and abilities are developed and supported. This includes sufficiency in leadership and administration, as well as in the provision of direct care, supports and clinical services.

Developing and maintaining a competent workforce involves:

- Leadership in continuously promoting and reinforcing the organization's values, and in supporting diversity and inclusion.
- Strategies for recruitment and succession planning that includes working with local university and community college educators to re-design curricula and internships; attracting new employees; and recruiting employees who are representative of the community and the people receiving services.

- Ongoing staff development and support that utilizes effective training technology, leadership (clinical and administrative) support for development and training, and recognizes the need to make changes in agency policy and practices to support training, on-going mentoring and coaching.
- Effective supervisors who have the knowledge, skills and abilities to hire the best person for each job; provide the individualized supports the worker needs; and regularly evaluate and respond to the worker’s performance and training/continuing education needs.
- Strategies for retaining good competent workers that include treating them with dignity and respect, and providing them optimal employment features such as recognition of good performance, flexible hours options, involvement in decision-making, and a safe, supportive environment.

SUMMARY OF RECOMMENDATIONS

Goal and Recommendations for the Enhancement and Expansion of Peer Support Services at Michigan’s State Psychiatric Hospitals²

GOAL: Transform the institutional service delivery system of state psychiatric hospitals from that of the traditional “medical model” to one based on the fundamental principles of recovery for adults with serious mental illness.

RECOMMENDATIONS:

10. Incorporate and expand recovery-based services statewide in each of the state psychiatric hospitals for adults with mental illnesses.
11. The notion of recovery, when placed in the broader context of public policy, should be regarded as a community inclusion and integration concept, with its primary focus directed on preparing and supporting persons served to lead the kind of lives they choose in communities of their choice. State psychiatric hospitals should formally adopt the principles of recovery in their policies and procedures. In addition, recovery language should be a requirement in contracts between state psychiatric hospitals and CMHSPs.
12. The goal to transform the institutional service delivery system of state psychiatric hospitals from that of the traditional “medical model” to one based on the fundamental principles of recovery for persons with mental illness should include the integration of hospital services with those of CMHSPs.

² From “PEER SUPPORT SPECIALIST SERVICES AT MICHIGAN’S STATE PSYCHIATRIC HOSPITALS, A Transformation to Recovery and Community Integration”, Sanford, Patton, 2/15/2010; proposal submitted to Janet Olszewski, Director of the Michigan Department of Community Health

13. The Department should establish a civil service classification for Certified Peer Support Specialists. This will permit the employment of Certified Peer Support Specialists in state psychiatric hospitals, who would provide peer delivered recovery based services such as WRAP, and work with the hospitals' treatment teams, CMHSP hospital liaisons, CMHSP Integrated Recovery Specialists (i.e., case managers, or supports coordinators), and CMHSP Certified Peer Support Specialists in identifying program environments that are conducive to recovery, and lend their unique insight into mental illness and what makes recovery possible during and after a person's period of hospitalization.
14. A person's transition from the community to a state psychiatric hospital should be regarded equally as important as his or her transition from the hospital to the community.
15. The Department should discontinue placing most of its efforts on transforming and perfecting state psychiatric hospitals, PIHPs and CMHSPs, and concentrate mainly on the realities in the way people served actually live their lives in communities they reside.
16. State-operated and private community psychiatric hospitals should no longer be considered only as treatment facilities. They should be more responsive to communities they serve, provide a much greater continuum of services and supports to persons with mental illnesses before, during, and after the period in which a person is hospitalized in their facilities.
17. Both state-operated and private community psychiatric hospitals should be regarded primarily as short-term facilities with a much greater linkage to and integration with PIHP/CMHSP specialty mental health supports and services.
18. State psychiatric hospitals should partner with CMHSPs to create new opportunities for persons hospitalized to achieve and maintain maximum community integration, and reduction in the frequency of inpatient hospitalizations.

Toward A Person-Centered Culture of Gentleness
Process Improvement Initiative
for the Michigan Department of Community Health

Reduction in the Use of Restraint, Seclusion and Physical Management

RECOMMENDATION: *In keeping with the goal identified in the 2009-2011 MDCH Strategic Plan, it is the position of the Office of Recipient Rights that successful processes to reduce or eliminate the use of restraint, seclusion and physical management in MDCH hospitals and centers are contingent on the implementation of the methodology of the Six Core Strategies identified by NTAC at MDCH hospitals and centers.*

Strategy One: Leadership Towards Organizational Change

Strategy Two: Using Data to Inform Practice

Strategy Three: Workforce Development

Strategy Four: Use Of Seclusion and Restraint Reduction Tools

Strategy Five: Consumer Roles in In-patient Settings

Strategy Six: Debriefing Techniques

MDCH Hospital and Center Quality Commitment

Recommendation

The Michigan Department of Community Health Leadership should establish and participate in a Process Improvement Task Force to steer the system transformation of our state hospitals and centers toward one of a Culture of Person-Centered Gentleness through a philosophy congruent with:

- Continuity of care between the hospital or center and the community mental health system through efficient and effective person-centered planning,
- Principles of recovery,
- Reduction in the use of seclusion, restraint and physical management,
- Building a strong trauma informed system of care,
- Creation of violence free and coercion free environments,
- Assuring safe environments for patients and staff, and
- Reintegration into the community

Implementation Strategy

Improving the culture of systems of care
Supporting maximum consumer choice and control
Improving the quality of supports and services
Developing and maintaining a competent workforce

PART II - FIELD UNIT

Background

During FY 2008/09 ORR had field offices providing rights protection services to each of the six state hospitals and centers: Caro Center, Hawthorn Center, Mt. Pleasant Center, Kalamazoo Psychiatric Hospital, Walter Reuther Psychiatric Hospital, and the Center for Forensic Psychiatry. As of September 30, 2009, the Field Unit consists of a Field Manager, one Administrative Assistant, and nine Rights Advisors. Mt. Pleasant Center was closed in August of 2009, reducing the number of rights advisor by one from the previous year.

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: Section 330.1780 (1): "If it has been determined through investigation that a right has been violated, the respondent shall take appropriate remedial action that meets all of the following requirements: (a) Corrects or provides a remedy for the rights violations. (b) Is implemented in a timely manner. (c) Attempts to prevent a recurrence of the rights violation." It is the responsibility of the ORR to maintain a record of the documented action.

Complaint Data and Remedial Action

The following is a comparison of complaint activity over five fiscal years:

FY	Complaints	Number investigated	Number substantiated
2005	4144	633	214
2006	3360	522	222
2007	3200	448	162
2008	2722	449	175
2009	2634	339	70

There were a total of 2634 complaints received in state facilities for FY 08/09. Complaints received that involved an allegation of a code protected right were resolved through intervention in 67% of cases with less than 1% of allegations substantiated. Allegations of code protected rights violations were investigated in 13% of cases with 21% of allegations substantiated.

There were a total of 518 complaints received that did not include an allegation of a code protected right or were outside the jurisdiction of the facility's rights office. April 1, 2008 the DCH Office of Recipient Rights implemented a new category for complaints received regarding allegations that did not involve a code protected right, 0003. These complaints were handled as an intervention to help the complainant resolve their complaint or concern even though there was no determination that any rights violation was alleged. Of the 518 complaints received that did not involve an allegation of a code protected right or were outside the jurisdiction of the rights office, 304 were not opened and 214 were opened to assist the complainant in obtaining some resolution.

ORR complaint data and remedial action taken for specific types of rights violations for fiscal years FY 2008/2009 by individual hospital is located in Appendix A.

Rights Trainings Provided by Field Unit Staff to Consumers

The Office of Recipient Rights supports education of consumers in addition to staff. ORR staff at DCH operated hospitals and centers carried out a variety of informational sessions when they, or consumers, identified issues of concern. A summary of these trainings is provided in the chart below:

Hospital/Center	Number of Training Hours Provided
Caro Center	5.5
Center for Forensic Psychiatry	7.5
Hawthorn Center	7
Kalamazoo Psychiatric Hospital	4.5
Mt. Pleasant Center	6
Walter Reuther Psychiatric Hospital	31.5
Total	62

Rights Training Provided by Field Unit Staff at DCH Facilities

The Mental Health Code requires that all DCH staff receive training related to recipient rights protection within 30 days of hire. At each of the state psychiatric hospitals, centers for persons with developmental disabilities, and the Center for Psychiatry, the rights staff assigned to the facility are carrying out this mandate, using 3 hour training curricula developed by the Field Unit in conjunction with the Training Unit. Field staff also provide Update Training as requested or required by the facilities. The following summarizes the trainings provided at each facility.

Hospital/Center	ORR Training	ORR Update Training
Caro Center	25.5	2
Center for Forensic Psychiatry	4.5	9.5
Hawthorn Center	12	27
Kalamazoo Psychiatric Hospital	11	10
Mt. Pleasant Center	5.5	29
Walter Reuther Psychiatric Hospital	7	8.5
MDCH- Central Office	0	0
Total	65.5	86

DCH RECIPIENT RIGHTS APPEALS COMMITTEE

Background

The Michigan Mental Health Code at Section 774 states, “The director shall appoint an appeals committee consisting of 7 individuals, none of whom shall be employed by the department or a community mental health services program, to hear appeals of recipient rights matters. The committee shall include at least 3 members of the state recipient rights advisory committee and 2 primary consumers.” The DCH Appeals Committee reviews appeals of rights complaints filed by or on behalf of patients/residents of state hospitals/centers. Additionally, it reviews appeals submitted by or on behalf of individuals who are or have been patients in one of the 52 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. Only seven (7) LPH/Us do not have an agreement with MDCH to use its Appeals Committee.

Following is a data summary of activity for the DCH Appeals Committee for FY 2008/2009:

Total By Number of Requests for Appeals 10

Acknowledgement: total received that were not heard: 0

Request filed > 45 day time frame

Request stating no ground for appeal

Request misfiled/referred back to local CMHSP/LPH

Total Number Appeals Heard from State Hospitals/Centers 5

Mt Pleasant Center 2

Walter Reuther Psychiatric Hospital 2

Hawthorn Center 1

Total Number Appeals Heard from LPH/Us 5

Battle Creek – Fieldstone Center 1

Munson Hospital 1

Pontiac Osteopathic Hospital 1

Botsford Hospital 1

*CMH (Central Office Investigation) 1

Appeals Committee Decision on Appeals Heard 10

Upheld findings of rights office and action taken 7

Returned to ORR for re-investigation 3

Returned to facility for different or additional action 0

PART III – TRAINING UNIT

Overview

The ORR Training Unit develops and presents instructional programs with the goal of providing consistent implementation of recipient rights protection processes across the state.

In order to carry out this mission, the unit provides training to rights staff from DCH facility rights offices, licensed private hospital/units (LPH/U), community mental health service providers (CMHSP) and their contract agencies. These classes focus on providing the skills necessary to assure that the rights of recipients in their jurisdiction will be fully protected. In addition, the unit offers educational programs for persons, other than rights staff, who are involved in the recipient rights arena (Recipient Rights Advisory Committee, Recipient Rights Appeals Committee members, staff from other state and advocacy agencies, staff of service providers, etc.) and whose roles, although ancillary in nature, are essential to preserving and promoting the rights of recipients.

The Director of the Training Unit, in collaboration with a steering committee composed of representatives of state and local rights offices has responsibility for planning and implementing the annual Recipient Rights Conference. This event brings together staff and recipients from across the state to discuss current issues related to recipient rights and provides an opportunity for rights staff to fulfill their statutorily mandated annual training requirements in a forum which will their enhance job performance.

Another function of the Training Unit is to coordinate the education provided by DCH-ORR staff in hospital and centers operated by the Department of Community Health. These trainings are focused on (1) meeting the mandate that all staff hired by the Department will receive training on recipient rights within the first thirty (30) days of hire, and (2) adhering to the policy requirement that hospital and center staff are provided annual in-service training. Education of consumers receiving services in DCH operated facilities on Mental Health Code protected rights is also a function of the DCH-ORR staff; the Training Unit provides oversight in this area, as well.

Educational Offerings

Section 774 of the Michigan Mental Health Code, states, “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.” Several training opportunities were offered in FY 2009. “*Basic Skills*,” is the initial comprehensive, training program for recipient rights staff. It is a two-part, 36 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.

Basic Skills, Part I, focuses on the legal and theoretical aspect of rights. It provides rights staff with an understanding of 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. Basic Skills, Part II concentrates on the practical aspects of the rights officer’s skills. The focus in this part is on the skills necessary to: (1) do thorough and effective investigation; (2) prepare the reports required by the Code, and (3) understand of the appeals process.

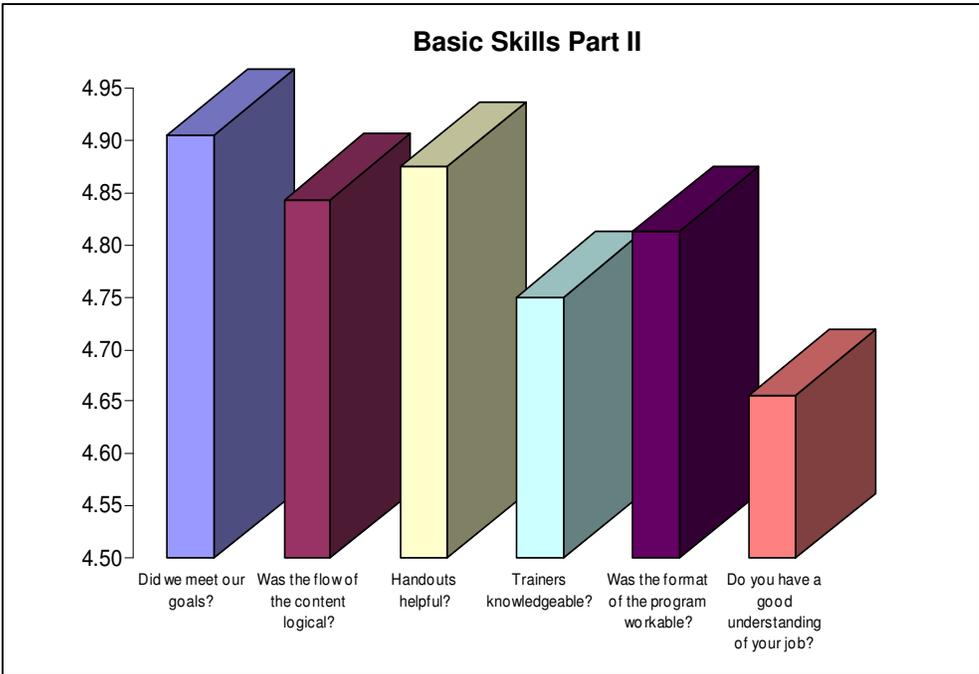
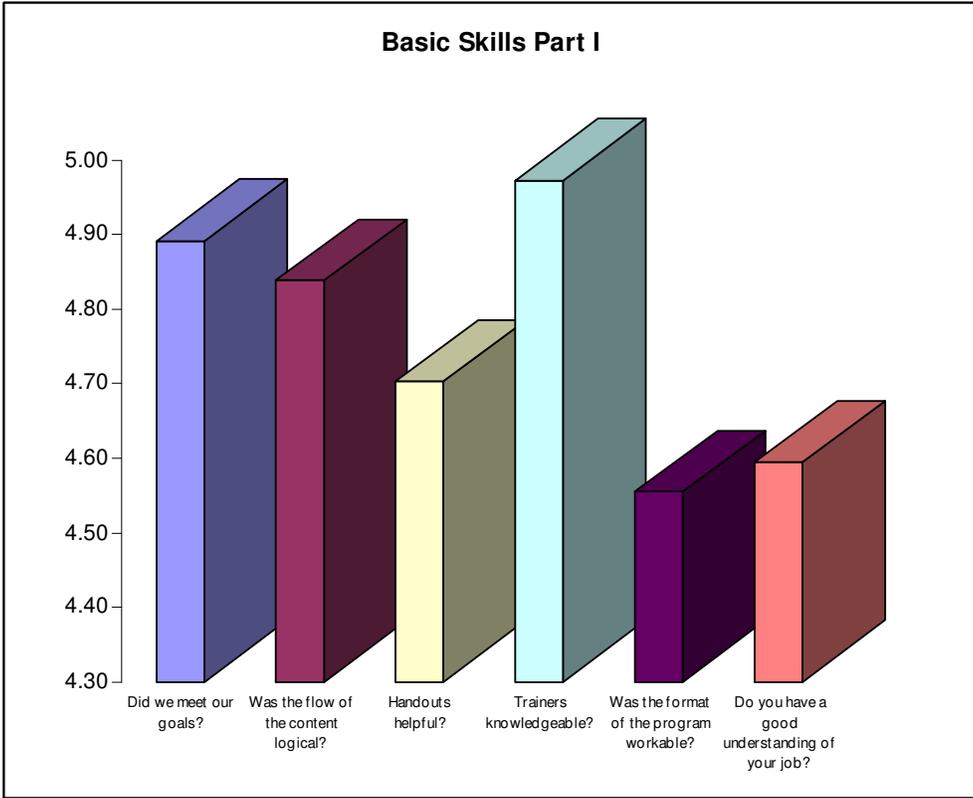
Building Blocks is a follow-up to Basic Skills and revisits some of the key components of the report writing process. It is suggested that Rights Staff attend Building Blocks six months after completion of Basic Skills. Other offerings include *Recipient Rights Advisory Committee* training, which provides the information necessary for committee members to function effectively and carry out their mandated role as advocates for the ORR office and staff, and *Appeals Committee* training which takes committee members through the appeals process and provides the tools necessary to conduct a fair and impartial appellate review.

The following summarizes the sessions, and program attendance, offered during FY 2009:

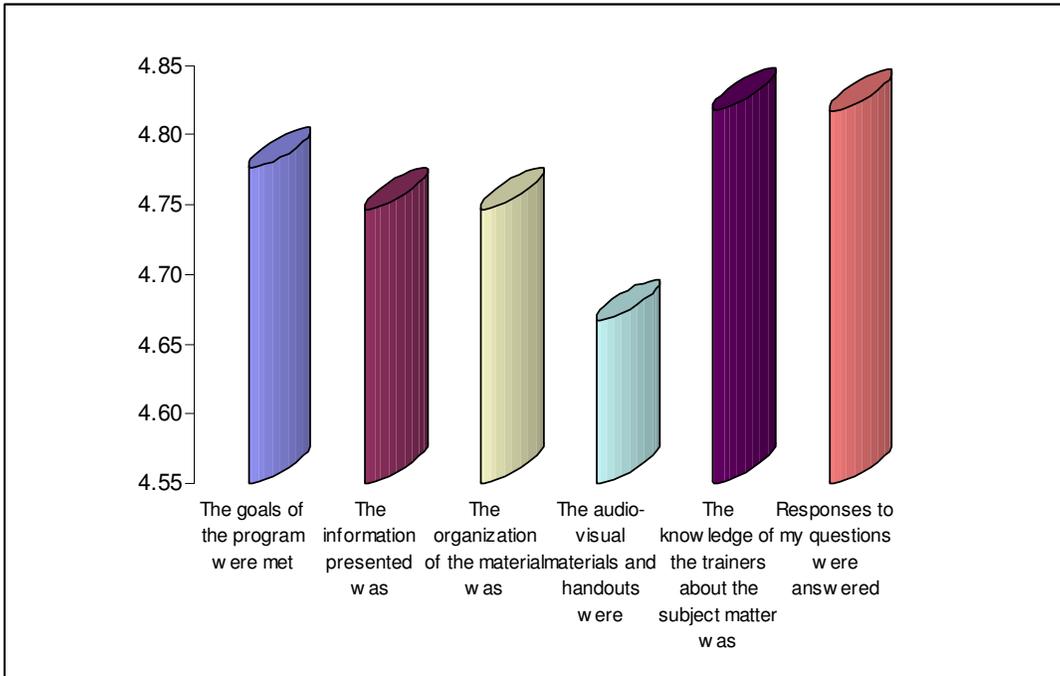
Title of Course:	Date Conducted:	Attendees:
Basic Skills Training, Part I	01/14/09	10
Basic Skills Training, Part I	03/18/09	5
Basic Skills Training, Part I	05/27/09	13
Basic Skills Training, Part I	07/14/09	9
Basic Skills Training, Part I Total		37
Basic Skills Training, Part II	11/12/08	6
Basic Skills Training, Part II	01/28/09	9
Basic Skills Training, Part II	04/01/09	5
Basic Skills Training, Part II	06/10/09	10
Basic Skills Training, Part II	08/11/09	8
Basic Skills Training, Part II Total:		38
Building Blocks of Report Writing	02/10/09	19
Building Blocks of Report Writing	02/11/09	17
Building Blocks of Report Writing	06/09/09	12
Building Blocks of Report Writing	09/23/09	31
Building Blocks of Report Writing Total:		79
Recipient Rights Advisory Committee	04/06/09	21
Recipient Rights Advisory Committee	09/29/09	8
Recipient Rights Advisory Committee Total:		29
Recipient Rights Appeals Committee	06/01/09	15

Evaluations

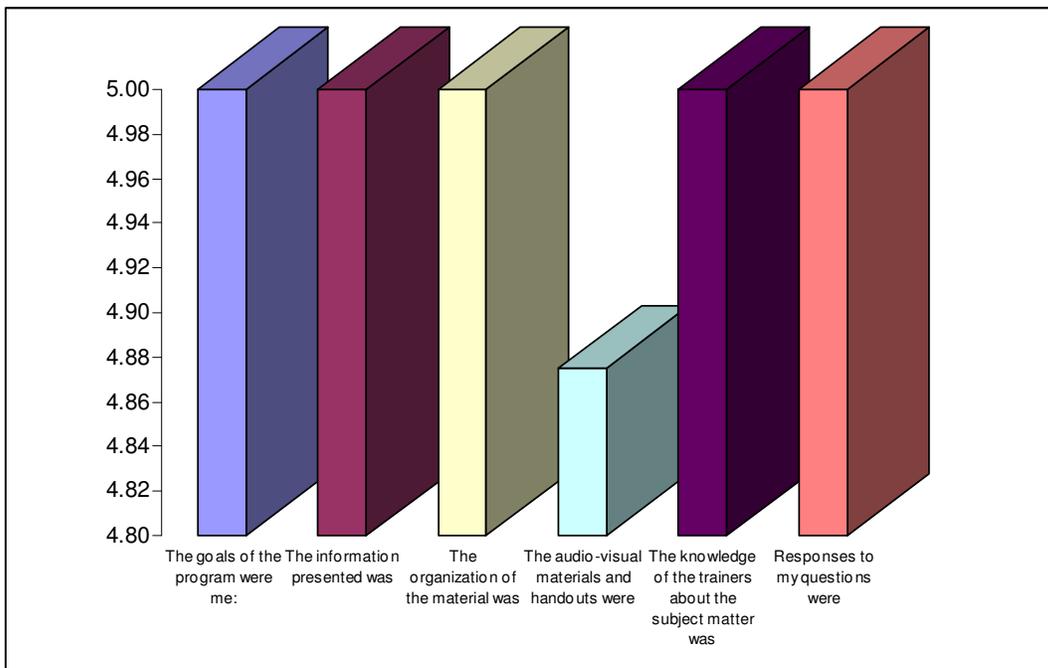
Following each training session, the Training Unit received evaluations of the training presented. Following are compilations of the evaluation data for FY 09. The evaluation is based on a scale of 1 to 5, with 5 being “excellent,” and 1 being “poor.” 100 % of the attendees indicated that programs met the objectives indicated.



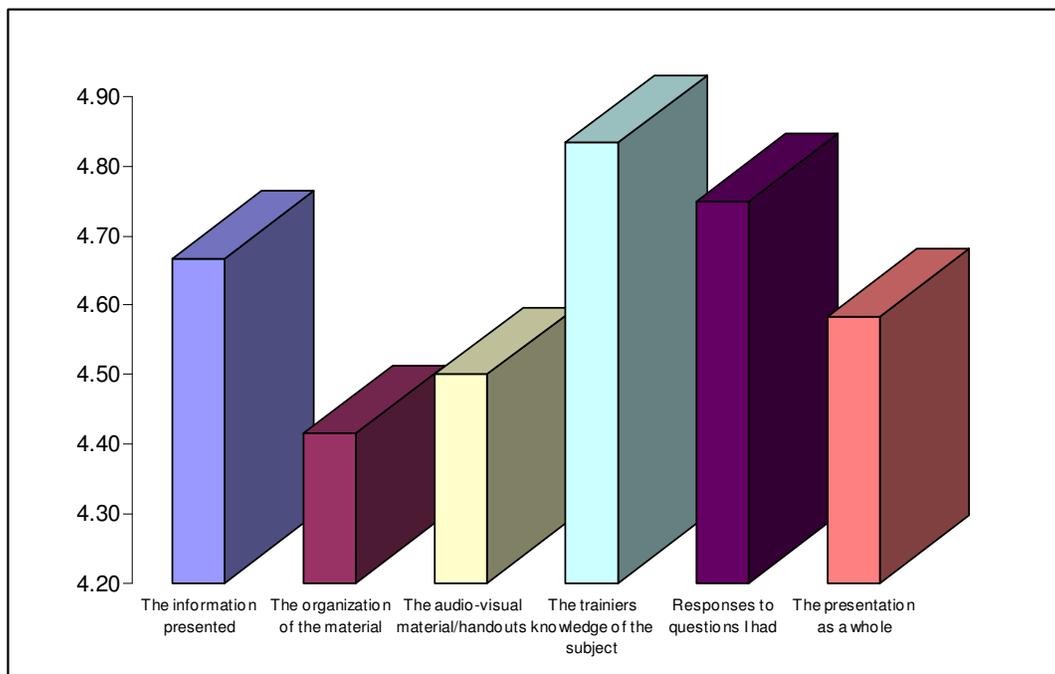
Building Blocks of Report Writing



Advisory Committee



Appeals Committee

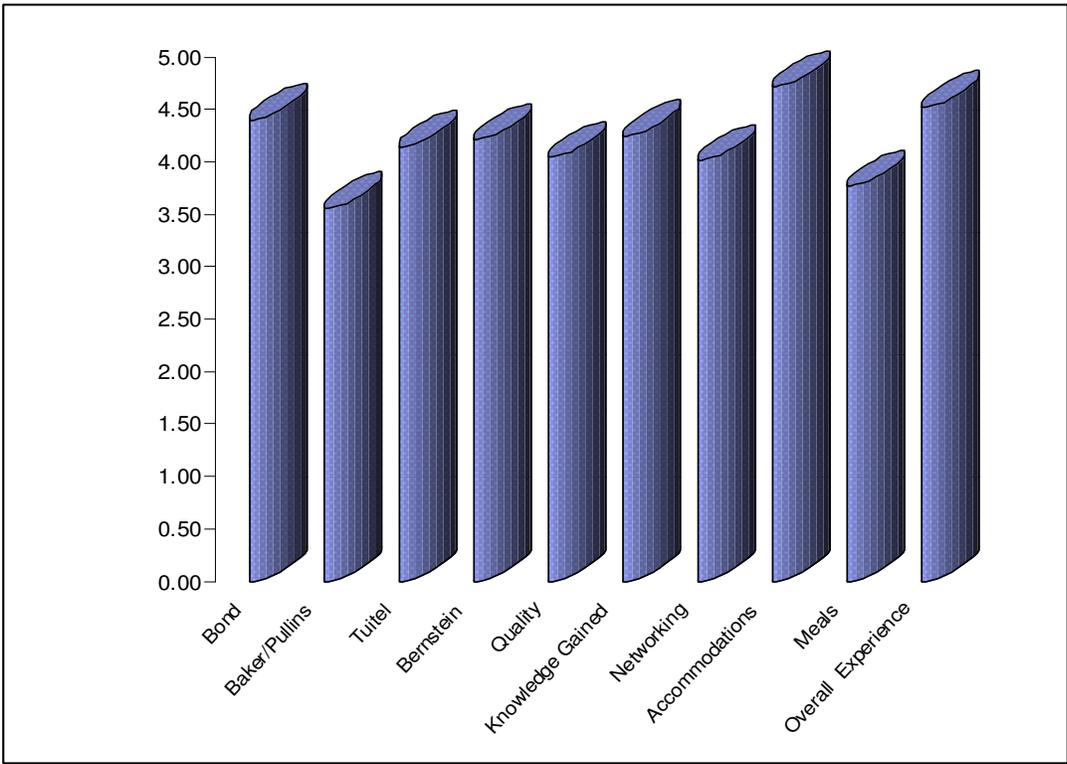


2008 Recipient Rights Conference: The Spirit of Rights

The mission 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.

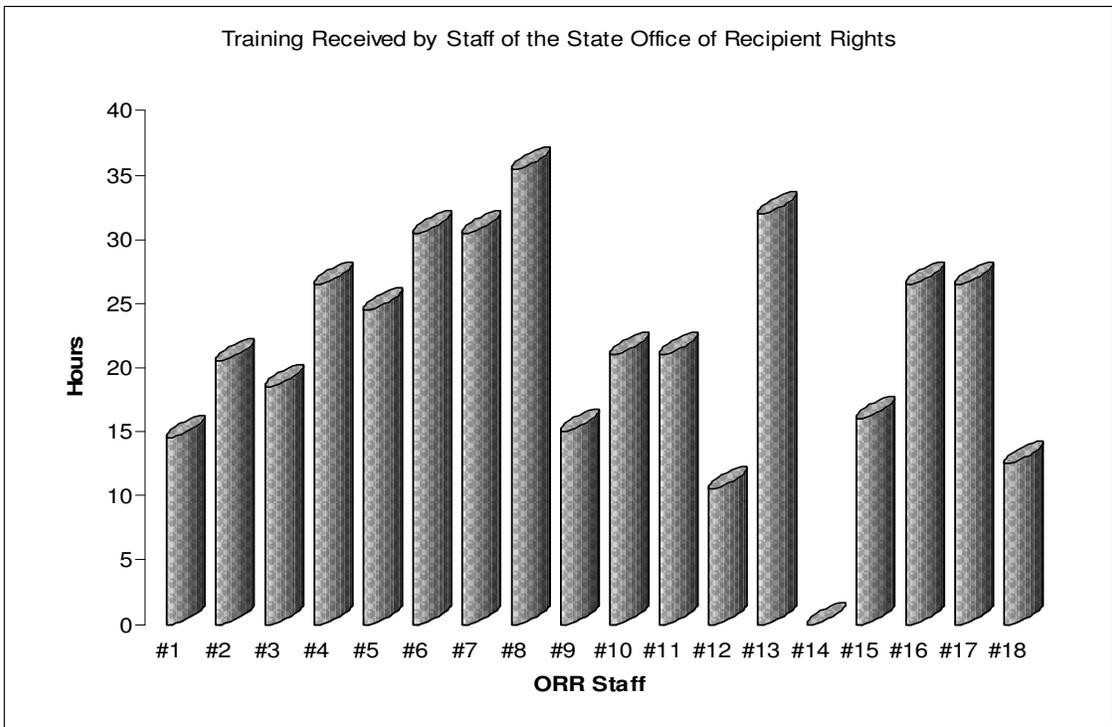
The 15th Annual Conference was held at the Hyatt Regency Hotel in Dearborn, Michigan. Approximately 294 individuals attended, including 11 consumers who were chosen to receive scholarships to hear 34 speakers in 26 conference sessions. For the fourth year, recipients from across the state were asked to submit photos of their art or craftwork, 13 of which were chosen to be depicted on a 2009 calendar produced by the conference. Once again this year, the conference was approved for continuing education units for Michigan Social Workers by the Michigan Social Work Continuing Education Collaborative, and for the first time, continuing education credit was offered for nurses.

The 2008 conference featured a pre-conference session on Advanced Interviewing Concepts presented by former FBI agent Mark McClish, general sessions featuring nationally-known speakers including Robert Bernstein, Director of the Bazelon Center and Johnnie Tuitel, wide-ranging breakout sessions with topics as varied as Time Management for Rights Staff, the connection between rights and recovery, cultural competency, creative rights training and several sessions dealing with improving investigative techniques. Responses to the conference evaluation indicated an overall satisfaction level of 4.53 on a scale of 1 to 5. These responses, and the areas they evaluated, are depicted in the graph below:



Training Received by Staff of the State Office of Recipient Rights

Staff of the Office of Recipient Rights are required to receive education in rights protection on an annual basis. Training opportunities for Department staff include, but are not limited to, the Annual Recipient Rights Conference, held each October, quarterly meetings of the Recipient Rights Officers Association of Michigan, which frequently include educational offerings, Building Blocks of Report Writing, and the two-part, 39 clock hours of Basic Skills Program, which staff are encouraged to repeat, if major revisions occur.



PART IV - COMMUNITY RIGHTS UNIT

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 2008/2009

Fifteen (15) CMHSP rights protection systems were evaluated through on-site assessments conducted by the Office of Recipient Rights Community Rights Unit Specialists from October 2008 through December 2009. Beginning in March of 2001, a rights system was scored as being in less than substantial compliance, even if the overall score was in the range of substantial compliance, if the Specialist determined that a deficiency which was previously cited in the last assessment 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.

In 2007, as a means of more expediently identifying in which specific areas the CMHSP rights system excelled or had difficulty, Attachment A, Standards, was reformatted to reflect the weighting of particular standards. The previous Attachment A standards were organized into eight (8) separate sections, each with its own weighted multiplier specified as follows:

<u>Section</u>	<u>Multiplier</u>
Section I: The Office of Recipient Rights	1.00
Section II: Contracts	0.85
Section III: ORR Requirements	1.072
Section IV: Semi & Annual Report	0.30
Section V: Policies	0.75
Section VI: RRAC	0.75
Section VII: Complaint Investigation and Resolution	1.25
Section VIII: Appeal/Dispute Resolution	1.25

The multiplier reflects the weighted difficulty or complexity of the standards contained in each section. Each standard was still 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 was again 277.0 out of a possible 292, evidencing a 95% compliance rate.

2008 Rights System Assessment Results

FC: **Full Compliance** - score of 292

Ottawa, Montcalm, Woodlands, Monroe, St. Clair, Newaygo

SC: **Substantial Compliance** - score of 277 to 292

Summit Pointe, Northeast Michigan, Allegan, Gratiot, Huron, Gogebic

LSC: **Less than Substantial Compliance** - score of less than 277

None

LSC*: **Less than Substantial Compliance** – repeat citation

Oakland, Northpointe, Macomb

Date	CMHSP	Score	Results
10/7 - 10/9/08	Ottawa CMH Dr. Michael Brashears, Executive Director Gentry Mohr, Recipient Rights Director	292	FC
11/18 - 11/20/08	Summit Pointe	286.3	SC
3/10 - 3/12/09	Montcalm CMH Robert Brown, Executive Director Edward Wilson, Recipient Rights Officer	292	FC
3/24 - 3/26/09	Woodlands Behavioral Health Kathy Boes, Chief Executive Officer Kathy Kaplon, Recipient Rights Director	292	FC
4/7 - 4/9/09	Monroe CMH Jane Terwilliger, Executive Director Shelley Koyle, Recipient Rights Officer	292	FC
4/14 - 4/16/09	Northeast Michigan CMH	289.5	SC
4/21 - 4/23/09	Allegan CMH	289.5	SC
4/28 - 4/30/09	Gratiot CMH	284.87	SC
5/5 - 5/7/09	St. Clair CMH Michael McCartan, Executive Director Richard Reppenhagen, Recipient Rights Director	292	FC
5/12 - 5/14/09	Newaygo CMH Greg Snyder, Executive Director Cheryl Parker, Recipient Rights Officer	292	FC
6/23 - 6/25/09	Huron CMH	280.25	SC
7/23 - 7/25/09	Oakland CMH	282	LSC*
8/24 - 8/25/09	Gogebic CMH	283.25	SC
8/26 - 8/28/09	Northpointe	284.5	LSC*
8/15 - 8/17/09	Macomb CMH	287.4	LSC*

Information and Referral

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

Complaints received at the department office in Lansing are referred to the rights office potentially having jurisdiction over the matter. Data was collected regarding the number of letters received by the office during FY 2008/2009. There were 375 written complaints referred through the Department of Community Health Office of Recipient Rights in Lansing. Of these, 237 were referred to CMH rights offices, 85 to LPH/U rights offices, 30 to state facilities/centers and 2 to the Bureau of Forensic Mental Health Services. Ten complaints were referred to outside agencies and 10 were duplicates of complaints or could not be forwarded. In order to expedite the receipt of complaints by the rights offices having jurisdiction all complaints are sent by fax from MDCH-ORR, unless the condition of the complaint or the number of pages prohibits this method from being utilized.

The Rights Information Analyst also acts as support to the Training Unit, Community Rights Specialists and the ORR Director of Community and Field Operations. The Information Analyst maintains the Rights Office Directory, available from the DCH website for public use. DCH-ORR also maintains a directory of rights officers and advisors for use by rights offices. The mass e-mail directory, which includes all CMHSP rights offices and all LPH/U rights advisors is available to all DCH ORR management.

Complaint Reporting

In FY 2008-2009, in addition to the complaint data collected in the past, all CMHs and LPH/Us submitted information regarding the origin of complaints received by their offices. This data set as well as expanded demographic data is in its second year of collection. As the data set increases, DCH-ORR will be better able to analyze and identify trends in Michigan's recipient rights protection system.

Complaint Source	CMH 07-08	CMH 08-09	LPH/U 07-08	LPH/U 08-09
Recipient	2951	2643	3769	3861
Staff	1725	1881	92	90
ORR	1357	1431	123	130
Guardian/Family	574	557	161	149
Anonymous	356	340	50	12
Community/General Public	499	468	32	26
<i>Total</i>	7462	7320	4227	4268

PART V - REVIEW OF BUDGETARY ISSUES

Michigan Mental Health Code at MCL 330.1754 [2] The department shall ensure all of the following:
 (a) 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) The department shall endeavor to ensure all of the following: (a) The state Office of Recipient Rights has sufficient staff and other resources necessary to perform the duties described in this section.

The present spending plan for the Office of Recipient does not detail the present financial resources that are available to the Office to carry out its statutorily mandated functions.

The budget for the office is essentially unchanged from FY 07.

Below is the Office of Recipient Rights Spending Plan for 2007/2008 and 2008/2009. The

Period of Performance	10/01/07-9/30/08	10/01/08-9/30/09	Variance
Expenditures	GF/GP	GF/GP	
Description	PCA 10000	PCA 10000	
FTE	20.0	19.0	-1.0
Salary & Fringe	2,011,100	1,922,000	-89,100
CSS&M	75,000	82,000	7,000
ORR Printing	20,000	0	-20,000
Travel	70,000	62,000	-8,000
Total	\$2,176,100	2,066,000	-\$110,100

Annual Report Form

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: _____ (by DCH-BHS)

Populations Served: _____

Number of Rights FTEs*: _____

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

Number of Complainants (unduplicated count): _____

State Facility: Number of Patient Days: _____

Populations Served: _____

Number of Rights FTEs*: _____

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: 10/1/2008 to 9/30/2009

- Annual
- Semi-Annual

Section I: Complaint Data Summary:

Part A: Totals

Complaints Received	0
Allegations Involved	0
Allegations Investigated	0
Substantiated	0

Complaint Source

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

(this will self-fill & should = C14)

Timeframes of Completed Investigations

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

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, etc								
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 of 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	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	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
0000	no right involved	

insert the same number



18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	

insert the same number



0 0 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:

Code (from 1B)	Category (from 1B)	Specific Provider Type (number only)	Specific Remedial Action Type (number only)	MI	DD	SED	waiver populations		
							SED -W	DD-CWP	HSW

Collection of the population information related to remedial action will begin 10/01/09 and reported in the semi-annual report of 2009/2010.

SECTION II: TRAINING ACTIVITY

Part A: Training Received by Office Staff

Staff Name	Topic	# Hours (length of training)

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)	

SECTION II: TRAINING ACTIVITY

Part B: Training Provided by Rights Office

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 07/08

1.	
<input type="checkbox"/> Accomplished <input type="checkbox"/> Ongoing	Comments:
2.	
<input type="checkbox"/> Accomplished <input type="checkbox"/> Ongoing	Comments:
3.	
<input type="checkbox"/> Accomplished <input type="checkbox"/> Ongoing	Comments:

Outcomes established by the office for FY 08/09:

1.	
2.	
3.	

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The Advisory Committee recommends the following:

1.	
2.	
3.	

Following is the ORR complaint data and remedial action taken for specific types of rights violations for fiscal years FY 2008/2009 by individual facility. Section 16, NGRI/IST was not collected during this reporting period, with the exception of the Center for Forensic Psychiatry. The code 0003 was added to Section 17, to indicate action taken on behalf of a recipient despite the lack of a code protected right identifiable in the complaint as of October 1, 2009.

Agency: Caro Center

Rights Advisors: Jim Klingenberg and Judy Tucker

Section I: *Complaint Data Summary:*

Part A: Totals

Complaints Received	713
Allegations Involved	729
Allegations Investigated	91
Interventions Substantiated	12

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7221	abuse class I	1	1			
72221	abuse class II - nonaccidental act	13	13			
72222	abuse class II - unreasonable force	10	10			1
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III	38	38			
7224	abuse class I - sexual abuse	17	17			

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	1	1			1
72262	neglect class II - failure to report					
72271	neglect class III	4	4			2
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	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	1	3		1
7044	religious practice	2		2		
7045	voting					
7047	presumption of competency					
7284	search/seizure	2		2		

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	2		2		
7262	contact with attorneys or others regarding legal matters					
7263	access to telephone, mail	19		19	1	
7264	funds for postage, stationery, telephone usage					
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	5	2	3	1	
7485	withholding of information (includes recipient access to records)	1		1		
7486	correction of record	4		4		
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	60		60		
7082	sanitary/humane environment	87		87	2	
7086	least restrictive setting	35		35	2	

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	24		24	1	
7400	restraint					
7420	seclusion					

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money	8		8		
7302	facility account	1		1		
7303	easy access to money in account					
7304	ability to spend or use as desired	8		8		
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	9		9	1	
7281	possession and use	34		34	1	
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	10		10		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	40	3	37	0	1
7003	informed consent					
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	87		87	3	
7100	physical and mental exams	5		5		
7130	choice of physician/mental health professional	8		8		
7140	notice of clinical status/progress	3		3		
7150	services of mental health professional	1		1		
7160	surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs	26	1	25		
7190	notice of medication side effects	1		1		

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					
7125	assessment of needs					

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

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

17. No Right Involved

Code	Category	Received
0000	no right involved	149

insert the same number



149

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	3

insert the same number



3

729

91

638

12

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
72222	abuse class II - unreasonable force	08
72261	neglect class II	02
72271	neglect class III	03
72271	neglect class III	14
1708	dignity & respect	03
7041	civil rights: discrimination, accessibility,	01
7082	sanitary/human-treatment environment	11
7086	least restrictive setting	01
7086	least restrictive setting	01
7080	services suited to condition	13
7080	services suited to condition	01
7080	services suited to condition	07
7263	access to telephone	07
7267	access to enter., materials, infor., news	01

Code	Category	Action Taken
7281	possession/use	07
7441	restrictions / limitations	07
7481	disclosure of confidential information	02

Agency: Center for Forensic Psychiatry

Section I: *Complaint Data Summary:*

Part A: Totals

Complaints Received	713
Allegations Involved	729
Allegations Investigated	91
Interventions Substantiated	12

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 - nonaccidental act	10	10			2
72222	abuse class II - unreasonable force	2	2			1
72223	abuse class II - emotional harm	1	1			
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III	26	26			1
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	1	1			1
72271	neglect class III	7	7			
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	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	12	1	11		
7044	religious practice					
7045	voting	1		1		
7047	presumption of competency					
7284	search/seizure	2		2		

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	2		2		
7263	access to telephone, mail	14		14		
7264	funds for postage, stationery, telephone usage	2		2		
7265	written and posted limitations, if established	2		2		
7266	uncensored mail	2		2		

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7481	disclosure of confidential information	6		6		
7485	withholding of information (includes recipient access to records)	2		2		
7486	correction of record	1		1		
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	86	4	82	1	
7082	sanitary/humane environment	73	1	72	2	1
7086	least restrictive setting	5		5		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	25		25	2	
7400	restraint					
7420	seclusion	1		1		

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money	7		7		
7302	facility account	17	1	16		
7303	easy access to money in account	7		7	1	
7304	ability to spend or use as desired	1		1		
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	5		5		
7281	possession and use	15		15		
7282	storage space	1		1		
7283	inspection at reasonable times	2		2		
7285	exclusions					
7286	limitations	3	1	2		1
7287	receipts to recipient and to designated individual	1		1		
7288	waiver					
7289	protection	13		13		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	52	7	45		2
7003	informed consent	1		1		
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	221		221	4	
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	25	1	24		
7190	notice of medication side effects	4	1	3		

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	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					
7244	release to others/return					
7245	storage/destruction					

16. NGRI/IST

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
2020	IST Admin & Discharge	1		1		

17. No Right Involved

Code	Category	Received
0000	no right involved	186

insert the same number



186

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	21

insert the same number



21

875

68

807

10

9

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 Provider/Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for CFP

Code	Category	Action Taken
72221	abuse class II - nonaccidental act	04
72221	abuse class II - nonaccidental act	04
72222	abuse class II - unreasonable force	04
7223	abuse class III	03
72272	neglect class III – failure to report	03
1708	dignity & respect	01
1708	dignity and respect	02
7080	services suited to condition	11
7080	services suited to condition	11
7081	safety-treatment environment	11
7082	sanitary/human-treatment environment	11
7082	sanitary/humane environ.	10
7286	Limitations	01
7441	restrictions / limitations	01
7441	restrictions / limitations	01
7080	services suited to condition	12
7082	sanitary/human-treatment environment	07
7303	easy access to account	14

Agency: Hawthorn Center

Rights Advisor: Shirley Roberts

Section I: *Complaint Data Summary:*

Part A: Totals

Allegations Involved	166
Allegations Investigated	46
Interventions Substantiated	1
Investigations Substantiated	8

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 - nonaccidental act	18	18			1
72222	abuse class II - unreasonable force					
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III	12	12			2
7224	abuse class I - sexual abuse					

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					
72271	neglect class III	10	10			3
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	1	1			
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)	1		1		
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	2	1	1		
7262	contact with attorneys or others regarding legal matters					
7263	Access to telephone, mail	6		6		
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					
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	25		25	1	
7082	sanitary/humane environment	7		7		
7086	least restrictive setting	1		1		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	14		14		
7400	restraint	1	1			
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	3		3		
7281	possession and use	1		1		
7282	storage space					
7283	inspection at reasonable times					
7285	Exclusions					
7286	Limitations					
7287	receipts to recipient and to designated individual					
7288	Waiver					
7289	Protection	2		2		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	30	3	27		2
7003	informed consent					
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	19		19		
7100	physical and mental exams					
7130	choice of physician/mental health professional					
7140	notice of clinical status/progress					

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
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	2		2		
7122	timely development					
7123	requests for review	5		5		
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	4

insert the same number

⇒

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	

insert the same number

⇒

166

46

120

1

8

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 Provider/Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Hawthorn Center

Code	Category	Action Taken
72271	neglect class III	04
72271	neglect class III	04
72271	neglect class III	04
7223	abuse class III	04
7223	abuse class III	04
72221	abuse class II - nonaccidental act	04
7081	safe environment	11
1708	dignity and respect	07
1708	dignity and respect	02

Rights Advisor: Lance Bettison, Linda Dobbrastine

Section I: *Complaint Data Summary:*

Part A: Totals

Allegations Involved	398
Allegations Investigated	58
Interventions Substantiated	5
Investigations Substantiated	15

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 - nonaccidental act	13	13			2
72222	abuse class II - unreasonable force					
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation	2	2			
7223	abuse class III	6	6			1
7224	abuse class I - sexual abuse	2	2			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	6	6			4
72262	neglect class II - failure to report					
72271	neglect class III	4	4			4
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					
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	2		2		
7044	religious practice					
7045	Voting	1		1		
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	3	1	2		
7263	access to telephone, mail	2		2		
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	2		2		
7485	withholding of information (includes recipient access to records)	1		1		
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	36	3	33	1	
7082	sanitary/humane environment	30		30	1	
7086	least restrictive setting	25		25		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	16	2	14		
7400	restraint	1		1		
7420	seclusion	1	1			

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money					
7302	facility account	2		2		
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					

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7267	access to entertainment materials, information, news	3		3		
7281	possession and use	6	1	5		
7282	storage space	2		2	1	
7283	inspection at reasonable times					
7285	exclusions					
7286	limitations	3		3		
7287	receipts to recipient and to designated individual					
7288	waiver					
7289	protection	12		12		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	80	8	72	1	
7003	informed consent					
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	32	4	28	1	1
7100	physical and mental exams	2		2		
7130	choice of physician/mental health professional	3		3		
7140	notice of clinical status/progress					
7150	services of mental health professional					
7160	surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs	8	1	7		
7190	notice of medication side effects	4		4		

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7121	person-centered process	5	3	2		1
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	1		1		
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

⇒

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	7

insert the same number

⇒

398

58

340

5

15

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 Provider/Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Kalamazoo Psychiatric Hospital

Code	Category	Action Taken
72221	abuse class II - nonaccidental act	*08
72221	abuse class II - nonaccidental act	*08
7223	abuse class III	03
7224	abuse class I - sexual abuse	08
72261	neglect class II	04
72261	neglect class II	*08
72261	neglect class II	04
72261	neglect class II	05
72271	neglect class III	*08
72271	neglect class III	05
72271	neglect class III	*08
72271	neglect class III	04
7081	safe environment	12
7082	Sanitary/humane environment	11
7282	storage space	11
1708	dignity and respect	14
7080	mh services suited to condition	02
7121	person-centered process	12
7125	assessment of needs	07

Agency: Mt. Pleasant Center

Rights Advisors: Linda Dobbrastine and Janice Terry

Section I: *Complaint Data Summary:*

Part A: Totals

Allegations Involved	301
Allegations Investigated	63
Interventions Substantiated	3
Investigations Substantiated	9

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7221	abuse class I	1	1			
72221	abuse class II - nonaccidental act	23	23			
72222	abuse class II - unreasonable force	1	1			1
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III	22	22			1
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			1
72262	neglect class II - failure to report					
72271	neglect class III	5	5			4
72272	neglect class III - failure to report	4	4			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					
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)					
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	1		1		
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	2		2		
7262	contact with attorneys or others regarding legal matters					
7263	access to telephone, mail	3		3	1	
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		
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	52	1	51	1	
7082	sanitary/humane environment	48		48		
7086	least restrictive setting	4		4		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	10		10		
7400	restraint	2	1	1		
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	5		5		
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	2		2		
7281	possession and use	10		10		
7282	storage space					
7283	inspection at reasonable times					
7285	exclusions					
7286	limitations	1		1		
7287	receipts to recipient and to designated individual					
7288	waiver					
7289	protection	6		6		

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	25	1	24		1
7003	informed consent					
7029	Information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	27		27	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					

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
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	7		7		
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
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	33

insert the same number

⇒

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	

insert the same number

⇒

301 63 238 3 9

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 Provider/Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Mt. Pleasant Center

Code	Category	Action Taken
1708	dignity and respect	04
7223	abuse class III	08
72261	neglect class II	04
72271	neglect class III	04
72271	neglect class III	04
72271	neglect class III	04

Code	Category	Action Taken
72271	neglect class III	03
72222	abuse class II - unreasonable force	08
72272	neglect class III - failure to report	04
7080	mh services suited to condition	07
7081	safe environment	11
7263	access to telephone, mail	07

Agency: Walter Reuther Psychiatric Hospital

Rights Advisors: Patricia Jolly and David Scott

Section I: Complaint Data Summary:

Part A: Totals

Allegations Involved	407
Allegations Investigated	67
Interventions Substantiated	11
Investigations Substantiated	21

Part B: Aggregate Summary

1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7221	abuse class I	1	1			
72221	abuse class II - nonaccidental act	13	13			3
72222	abuse class II - unreasonable force	1	1			
72223	abuse class II - emotional harm					
72224	abuse class II - treating as incompetent					
72225	abuse class II - exploitation					
7223	abuse class III	10	10			
7224	abuse class I - sexual abuse					

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					
72271	neglect class III	7	7			7
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			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	20		20		
4630	independent clinical examination					
4980	objection to hospitalization (minor)	1		1		
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	2		2		

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	2	1	1		
7262	contact with attorneys or others regarding legal matters					
7263	access to telephone, mail	7	1	6		
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		
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	50	4	46	7	
7082	sanitary/humane environment	19	2	17		
7086	least restrictive setting					

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7441	restrictions/limitations	33	2	31		
7400	restraint	1	1			1
7420	seclusion					

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7301	safeguarding money					
7302	facility account	8		8		
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	6	1	5		
7281	possession and use	5		5		
7282	storage space					
7283	inspection at reasonable times					
7285	exclusions					
7286	limitations					
7287	receipts to recipient and to designated individual					
7288	waiver					
7289	protection	20		20	4	

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
1708	dignity and respect	37	9	28		4
7003	informed consent					
7029	information on family planning					
7049	treatment by spiritual means					
7080	mh services suited to condition	107	8	99		2
7100	physical and mental exams					
7130	choice of physician/mental health professional	5		5		
7140	notice of clinical status/progress					
7150	services of mental health professional					
7160	surgery					
7170	electro convulsive therapy (ect)					
7180	psychotropic drugs	30		30		
7190	notice of medication side effects					

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
7121	person-centered process	5	1	4		1
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	1	1			
7242	identification					
7243	objection					
7244	release to others/return					
7245	storage/destruction					

16. NGRI/IST

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated
2020	IST Admin & Discharge	1		1		
2050	NGRI Admin & Discharge	1		1		

17. No Right Involved

Code	Category	Received
0000	no right involved	5

insert the same number

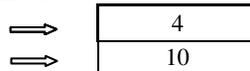


5

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	4
0003	no right involved with action	10

insert the same number



419 67 352 11 21

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 Provider/Site
05	Demotion	09	Contract Action	14	Other

Remedial Action Taken for Walter Reuther Psychiatric Hospital

Code	Category	Action Taken
1708	dignity and respect	03
1708	dignity and respect	04
1708	dignity and respect	8a
1708	dignity and respect	04
7080	mh services suited to condition	01
7080	mh services suited to condition	07
7121	person-centered process	07
72221	abuse class II - nonaccidental act	04
72221	abuse class II - nonaccidental act	11
72221	abuse class II - nonaccidental act	04
72261	neglect class II	04
72261	neglect class II	04
72271	neglect class III	04
72271	neglect class III	04
72271	neglect class III	04
72271	neglect class III	04
72271	neglect class III	05
72271	neglect class III	04
72271	neglect class III	04
7400	restraint	8a
7520	failure to report	02
7081	safe environment	13
7081	safe environment	12
7081	safe environment	12
7081	safe environment	13
7081	safe environment	12
7081	safe environment	12
7081	safe environment	12
7289	protection	14