

Michigan Department of Community Health
OFFICE OF RECIPIENT RIGHTS
ANNUAL REPORT - FY 2012
John T. Sanford III, J.D., Director



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

Clarence Darrow

TABLE OF CONTENTS

INTRODUCTION	1
<i>The Office of Recipient Rights</i>	1
<i>Mission and Vision</i>	1
<i>Office of Recipient Rights Organizational Chart FY2012</i>	2
<i>The Annual Report</i>	3
INITIATIVEs of Community Rights offices.....	4
<i>Rights Training via Videoconferencing</i>	4
PART II: FIELD UNIT	5
<i>Relevant Definitions</i>	5
<i>Complaint Data and Remedial Action</i>	6
PART III – TRAINING UNIT.....	11
<i>AWARDS PRESENTED at the ORR annual conference</i>	17
PART IV – COMMUNITY RIGHTS UNIT.....	20
<i>CMHSP Comparative Data</i>	23
<i>Training Data</i>	27
<i>Information and Referral</i>	31
PART V: MDCH RECIPIENT RIGHTS APPEALS COMMITTEE	32
PART VI - REVIEW OF BUDGETARY ISSUES	33
PART VII – RECOMMENDATIONS TO THE DEPARTMENT	33
APPENDIX A: ANNUAL REPORT DIRECTIONS FOR ALL RIGHTS OFFICES FY12	35
APPENDIX B: STATE HOSPITAL/CENTER DATA AND REMEDIAL ACTION SUMMARY.....	40
APPENDIX C: COMPLAINT DATA SUMMARY - ALL CMHSP RIGHTS OFFICES FY12.....	66
APPENDIX D: REMEDIAL ACTION SUMMARY – ALL CMHSP RIGHTS OFFICES FY12	70
APPENDIX E: TRAINING PROVIDED BY THE CMHSP RIGHTS OFFICE.....	198
APPENDIX F: COMPLAINT DATA SUMMARY ALL LPH/U RIGHTS OFFICES FY12	207
APPENDIX G: REMEDIAL ACTION SUMMARY – ALL LPH/U RIGHTS OFFICES FY12.....	211
APPENDIX H: TRAINING PROVIDED BY THE LPH/U RIGHTS OFFICE	236

INTRODUCTION

THE OFFICE OF RECIPIENT RIGHTS

The Michigan Mental Health Code, PA 258 of 1974, establishes the Michigan Department of Community Health Office of Recipient Rights (MDCH-ORR), and in Section 330.1754, defines its functions, and responsibilities. The primary mandates of the office are to: 1) provide direct rights protection and advocacy services to individuals admitted to state psychiatric hospitals and centers for developmental disabilities, and 2) to monitor the quality and effectiveness of the rights protection systems in community mental health service programs (CMHSP) and licensed private psychiatric hospitals/units (LPH/U). In order to fulfill these mandates, MDCH-ORR is organized into three distinct units (see organizational chart p. 4):

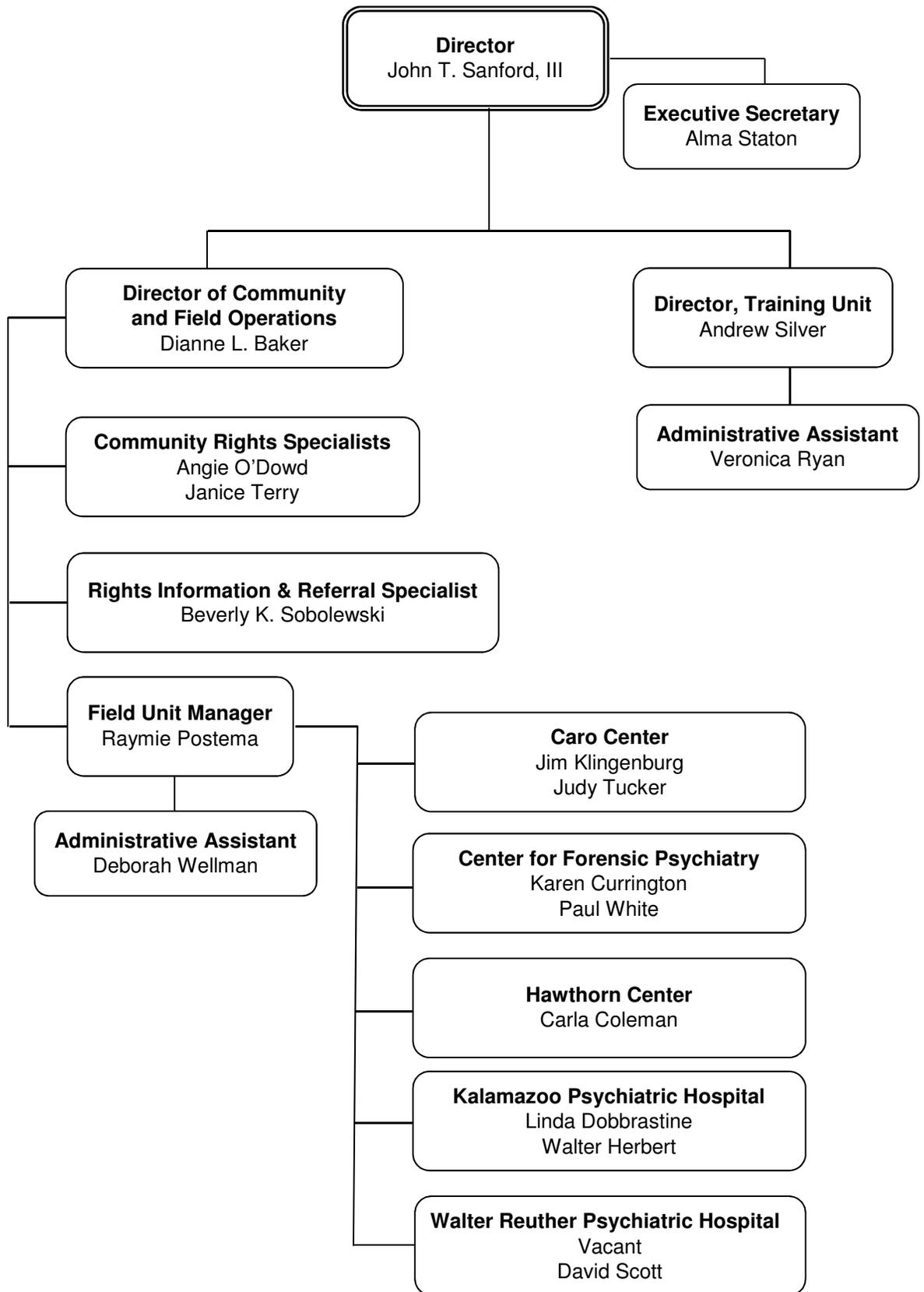
- The Field Unit carries out the day-to-day rights operations in MDCH-operated hospitals and centers. ORR has field offices located at each of the five state hospitals. These offices investigate complaints of rights violations at the facilities and, where appropriate, recommend remedial actions to the directors of the facilities.
- The Training Unit develops and presents training to foster consistent implementation of recipient rights protection across the state. The unit provides workshops to rights staff from the Department, licensed private hospital/units, CMHSPs and their contract agencies. The unit offers programs for other persons involved in the recipient rights arena (Recipient Rights Advisory Committee and Recipient Rights Appeals Committee members, staff from other state agencies, service providers) whose roles although ancillary, are essential to preserving and promoting the rights of recipients. The Unit also oversees the implementation of the annual Recipient Rights Conference.
- The Community Rights Unit provides oversight and technical assistance to CMHSP and LPH/U's. The Mental Health Code requires the establishment of an office of recipient rights in each Community Mental Health Services Program (CMHSP) and every licensed psychiatric hospital or unit (LPH/U) licensed by the Department of Consumer and Industry Services. There are currently forty-nine CMHSPs and sixty-seven LPH/Us in Michigan. The Community Rights Unit creates standards for certification of CMHSP ORR programs.

MISSION AND VISION

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

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

OFFICE OF RECIPIENT RIGHTS ORGANIZATIONAL CHART FY2012



This Annual Report reflects the requirements outlined in Section 330.1754.

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

- i. Summary data by type or category regarding the rights of recipients receiving services from the department including the number of complaints received by state facility and other state-operated placement agency, the number of reports filed, and the number of reports investigated*
- ii. The number of substantiated rights violations in each state facility by category*
- iii. The remedial actions taken on substantiated rights violations in each state facility by category*
- iv. Training received by staff of the state office of recipient rights*
- v. Training provided by the state office of recipient rights to staff of contract providers*
- vi. Outcomes of assessments of the recipient rights system of each community mental health services program*
- vii. Identification of patterns and trends in rights protection in the public mental health system in this state*
- viii. Review of budgetary issues including staffing and financial resources*
- ix. Summary of the results of any consumer satisfaction surveys conducted¹*
- x. Recommendations to the department*

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

The office received two responses. The initiative from Community Health of Central Michigan (CMHCM) follows.

¹ No surveys were conducted in FY 2012

INITIATIVES OF COMMUNITY RIGHTS OFFICES

RIGHTS TRAINING VIA VIDEOCONFERENCING

In 2012 and prior, the Community Mental Health for Central Michigan (CMHCM) Office of Recipient Rights (ORR) offered initial recipient rights training 7 times each quarter (at three locations for two of the three months, at two locations for one of the three months). Training was delivered to provider staff who were present at the training site. Across the six counties that make up CMHCM, four conference rooms were utilized for Recipient Rights training. Two of those accommodated up to 40 people (although classes generally averaged around 20 participants), and the remaining two could comfortably fit fewer than 20 participants (with average class size of about 10). Participants generally enrolled in Recipient Rights training at the location closest to where they lived, so—depending on how recently a class had been offered at the site most convenient for them—they may have had to wait close to 30 days for the next Recipient Rights training.

Starting this year, CMHCM ORR has been utilizing PolyCom videoconferencing technology to make Recipient Rights training available to participants at three training sites at a time, twice each month. The Recipient Rights staff delivering training is present at one CMHCM site, and participants at that site—along with participants in conference rooms at two other CMHCM locations—are able to see, hear and participate (be seen and heard) in the training.

By implementing PolyCom rights training, we have:

- Reduced wait times for Recipient Rights training (as training occurs basically every two weeks)
- Greatly increased the numbers of potential participants (with 18 groups of participants able to receive Recipient Rights training each quarter)

While we have had to overcome the sorts of technical difficulties one might expect to accompany using a new system, the process has gotten smoother each time. CMHCM ORR has subsequently discussed other uses for PolyCom. One staff was able to use PolyCom to interview someone at another CMHCM site.

PART II: FIELD UNIT

The Field Unit carries out the day-to-day rights operations in MDCH-operated hospitals and centers. ORR has field offices located at each of the five state hospitals. The staff in these offices investigate complaints of rights violations and, when appropriate, recommend remedial actions to the directors of the facilities. They also provide new hire and annual update training to all employees of the facility and educate consumers about their rights. During FY 2012, ORR had field offices providing rights protection services to individuals receiving inpatient treatment at each of the five state-operated hospitals and centers: Caro Center, Hawthorn Center, Kalamazoo Psychiatric Hospital, Walter Reuther Psychiatric Hospital, and the Center for Forensic Psychiatry. As of September 30, 2012, the Field Unit consisted of a Field Manager, one Administrative Assistant, and eight Rights Advisors.

RELEVANT DEFINITIONS

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

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

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

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

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

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

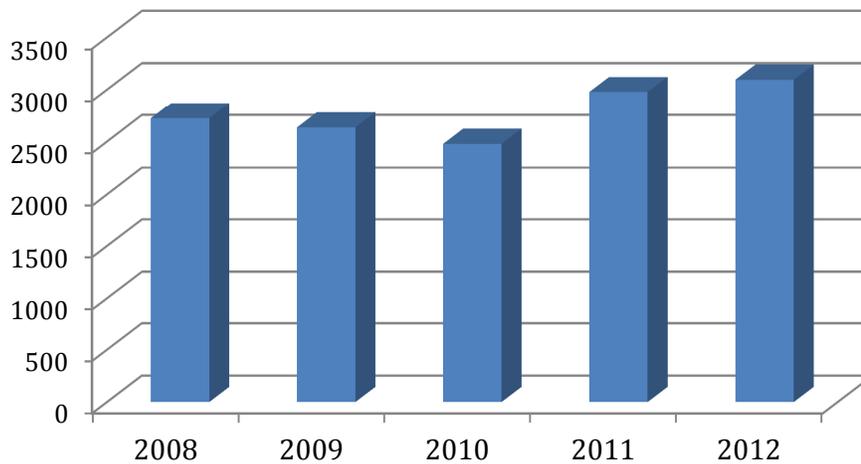
COMPLAINT DATA AND REMEDIAL ACTION

Complaints	Allegations	Allegations Investigated	Allegations Substantiated
3036	3095	475	136

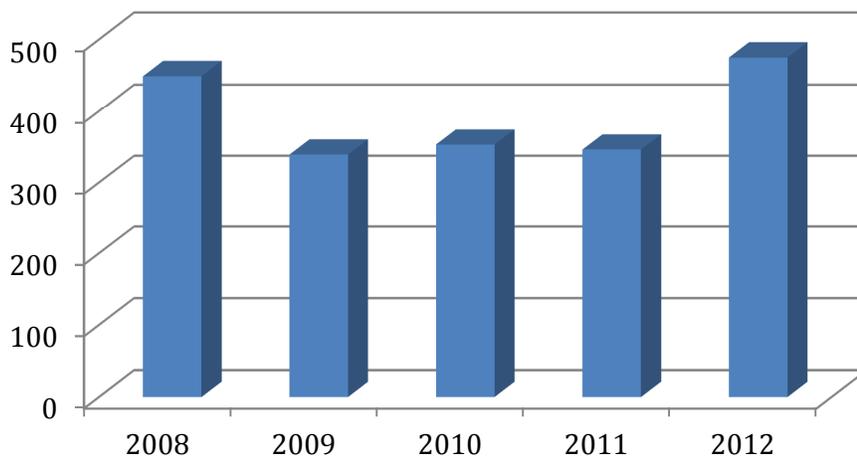
Of the 3095 *allegations* received in state facilities for FY 2012, alleging a violation of a code protected right, 2040 were resolved through intervention. Of these, 39 were substantiated. Of the 475 allegations investigated, 97 were substantiated. The other 580 allegations received did not involve a code protected right or were outside the jurisdiction of the facility’s rights office. Of these, 54 required action on the part of the rights advisor to help the person resolve the complaint, even though there was a determination that no rights violation was alleged. Hospital/Center specific data on types of rights violations and remedial action taken to remedy them can be found in Appendix B.

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

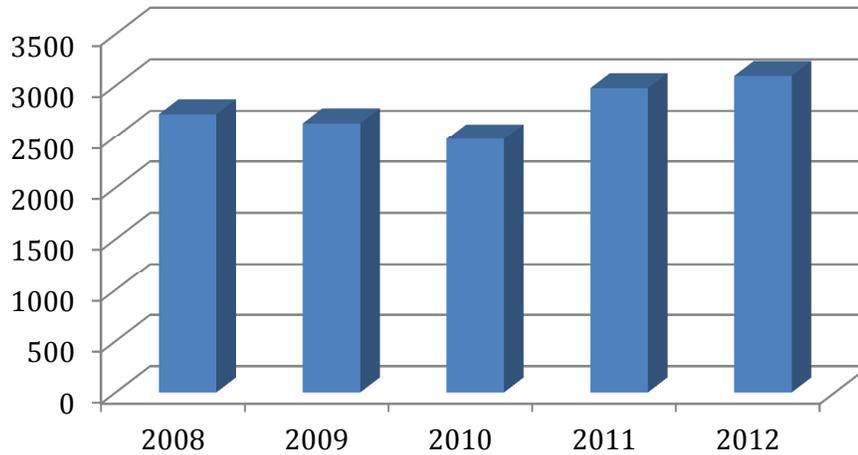
Complaints Received FY08 - FY12



Complaints Investigated FY08 - FY12



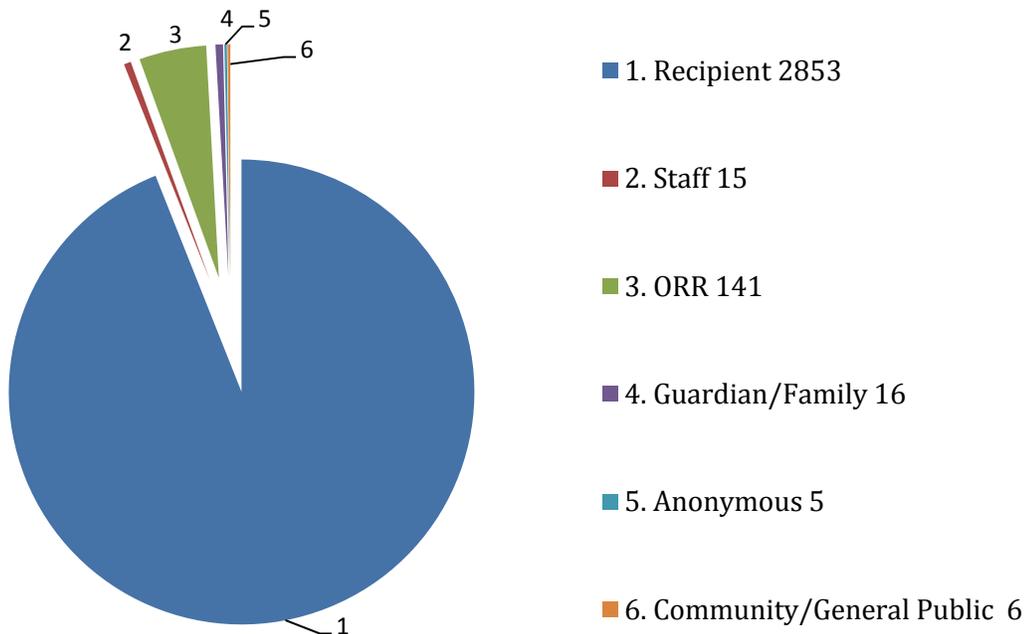
Complaints Substantiated FY08 - FY12



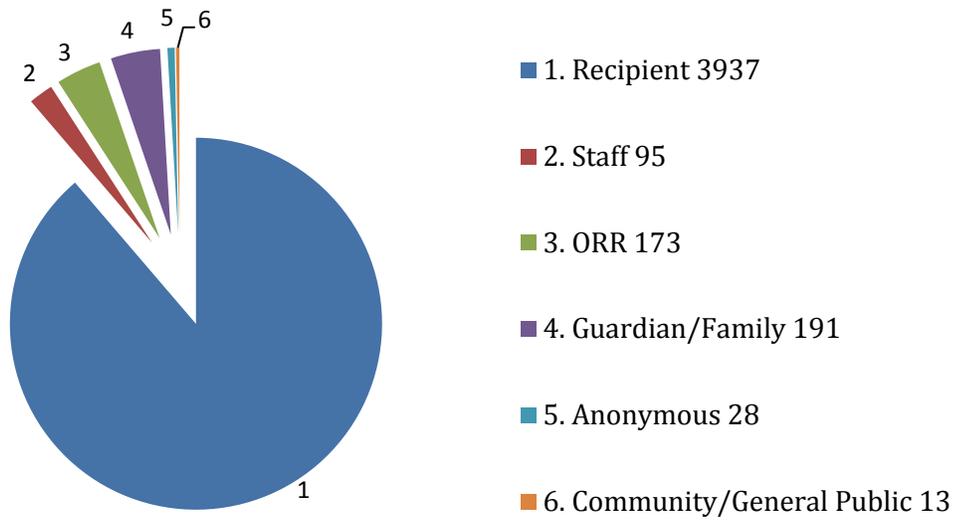
Complaint Sources

In FY 10, information was gathered for the first time in regards to the source of complaints filed with MDCH Hospitals. The FY12 data for State Hospitals, LPH/Us and CMHSPs appears in the tables below:

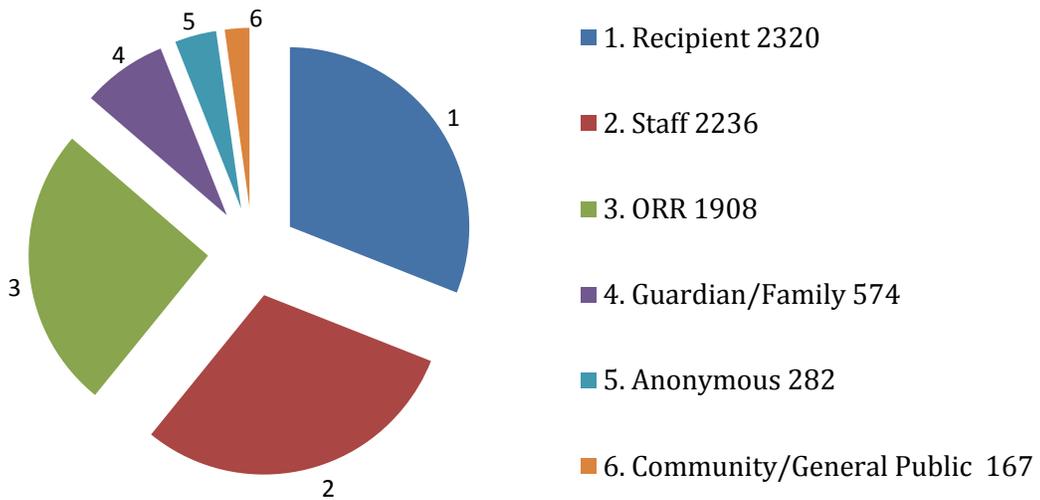
Complainant Sources at State Hospitals



Comparative Complainant Sources at LPH/Us

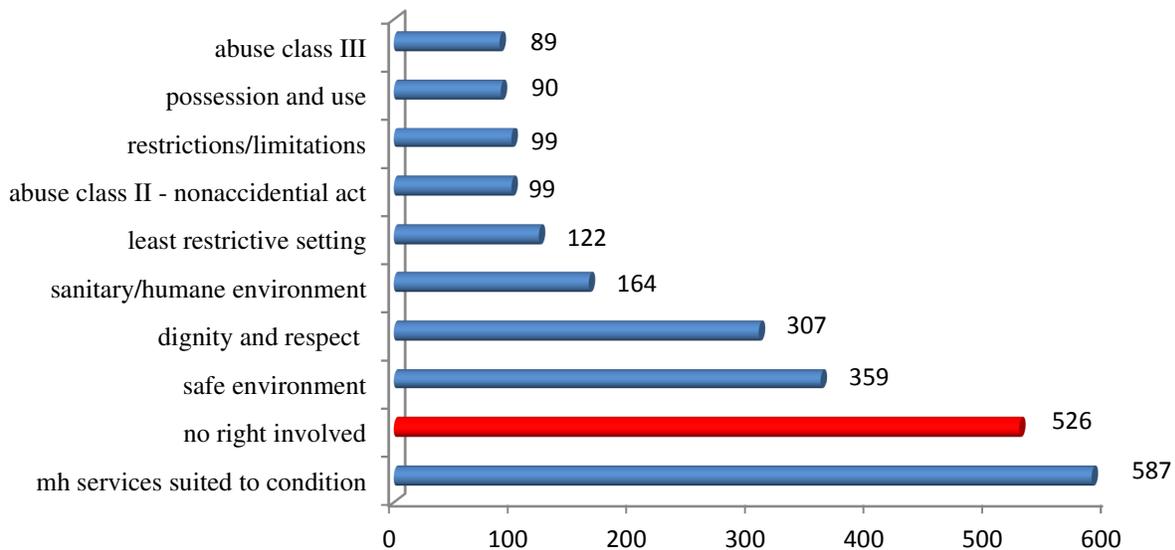


Comparative Complainant Sources at CMHSPs



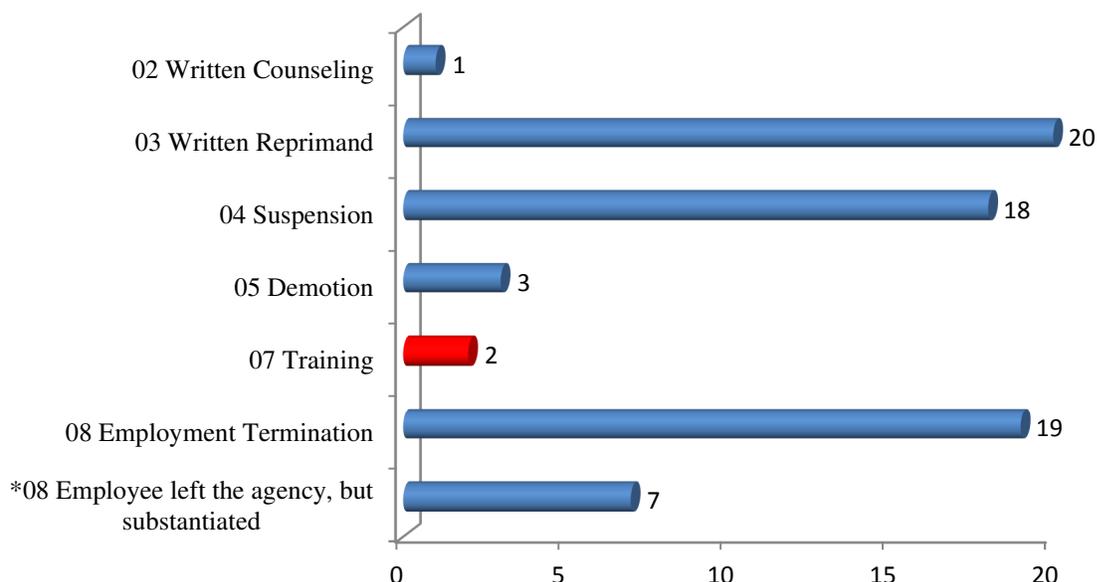
Top Ten Categories of Complaints Received at MDCH Hospitals FY12

During FY12, 3095 complaint allegations were made at the 5 MDCH Hospitals, covering 71 rights categories. The 10 most frequent categories of complaint are indicated in the chart below.



Remedial Action Taken on Abuse and Neglect Violations At MDCH Hospitals FY12

During FY12, 347 investigations into allegations of abuse or neglect were conducted and 70 (20%) were substantiated. MHC 330.1722 requires that disciplinary action be taken when an allegation of abuse or neglect is substantiated. In 2 cases, non-disciplinary (remedial) action was taken. The disciplinary action taken in the 70 substantiated cases are indicated in the chart below.



Rights Training at MDCH Operated Hospitals FY12

The MDCH-ORR Field Unit staff works in conjunction with Training Unit to provide rights training to staff. These trainings, carried out by Field Unit staff, are focused on (1) meeting the mandate that all staff hired by the Department will receive training on recipient rights within the first thirty days of hire, and (2) adhering to the policy requirement that hospital staff are provided annual in-service training.

Education of consumers receiving services in MDCH operated facilities on Mental Health Code protected rights is also a function of the MDCH-ORR staff. The chart below indicates the training activities carried out by Field Unit Staff during FY 2012.

Hospital	# Agency Staff	# Contractual Staff	# Other Staff	# of Consumers
Caro	21	40	2	0
CFP	74	6	0	116
HC	78	0	40	0
KPH	168	0	9	89
WRPH	27	0	0	792

PART III – TRAINING UNIT

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

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

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

Mental Health Code, Section 330.1755 (2) states: *“Each community mental health services program and each licensed hospital shall ensure all of the following: (e) Staff of the office of recipient rights receive training each year in recipient rights protection.”* In addition, the MDCH/CMHSP Managed Mental Health Supports and Services Contract: FY12 requires that: *...“every three (3) years during their employment, the Rights Officer/Advisor and any alternate(s) must complete a Recipient Rights Update training as specified by the Department.”* The Office of Recipient Rights has defined “Recipient Rights Update Training” in Attachment C 6.3.2.3 of the CMHSP Managed Mental Health Supports and Services Contract entitled “CEU Requirements for RR Staff”:

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

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

COURSE CONTENT

Basic Skills I and II

The initial comprehensive, training program for recipient rights staff. This is a two-part, 48 hour program that provides the education and skill development required to carry out the responsibilities mandated in Chapters 7 and 7A of the Mental Health Code. Part I focuses on the legal basis for rights, the role of the rights office, its interaction with other segments of the agency, outside entities, and consumers, a detailed analysis of the Mental Health Code, and development of training skills to assist in carrying out the education component of the position. Part II concentrates on the practical skills necessary to do a thorough and effective investigation to write the reports in the format and timeframes required by the Code, and also provides an review of the appeals process.

Building Blocks of Report Writing

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

Developing Effective Training

This course focuses on the issues involved in developing and delivering an effective training program. This interactive training provides foundational, experiential and practical information to trainers in every setting; DCH, CMH, LPH/U and Agencies responsible for rights training. Topics covered include: Principles of training for adult learners, Using introductory and closing activities effectively, Pre-existing content; avoiding reinventing the wheel, Audience based rights training

Report Writing Essentials

A new program this year was aimed at experienced rights staff and focused on refining the ability to write effective investigative reports. While all aspects of report writing were covered emphasis was put on the review and analysis of evidentiary findings in order to ensure the appropriate conclusion was reached.

Rights Training for CMHSP Executive Directors

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

Recipient Rights Advisory Committee

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

Recipient Rights Appeals Committee

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

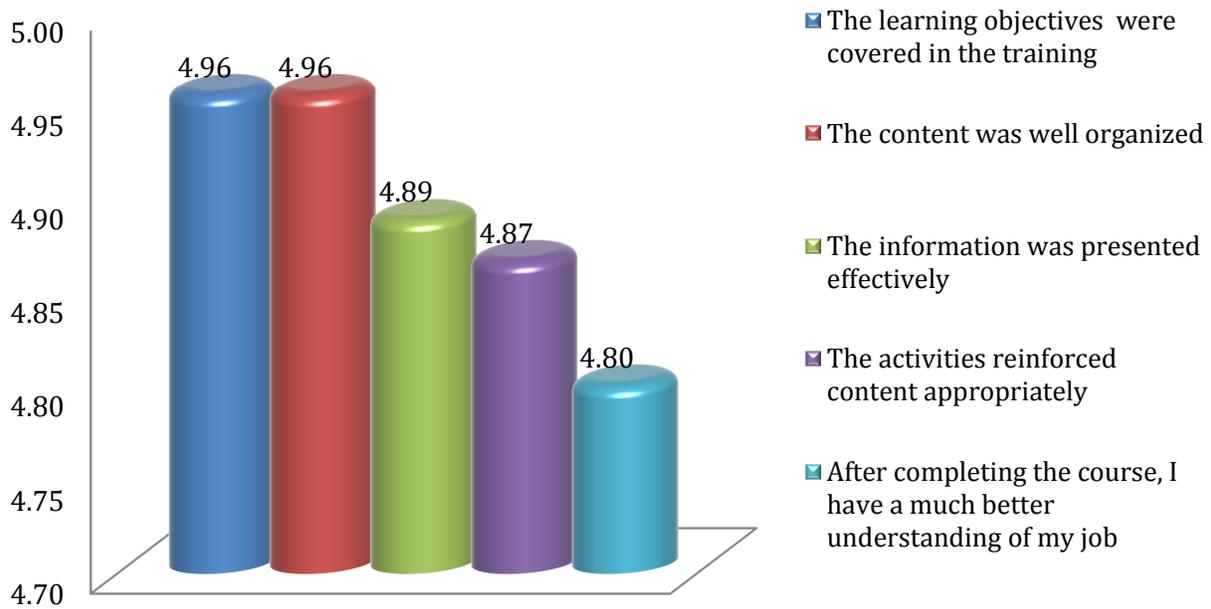
Rights Training for Staff of MDCH Central Office

The Training Unit has developed an online Recipient Rights Training Course for all newly hired MDCH Central Office staff. During FY 2011, 353 people went through this training program.

PARTICIPANT FEEDBACK

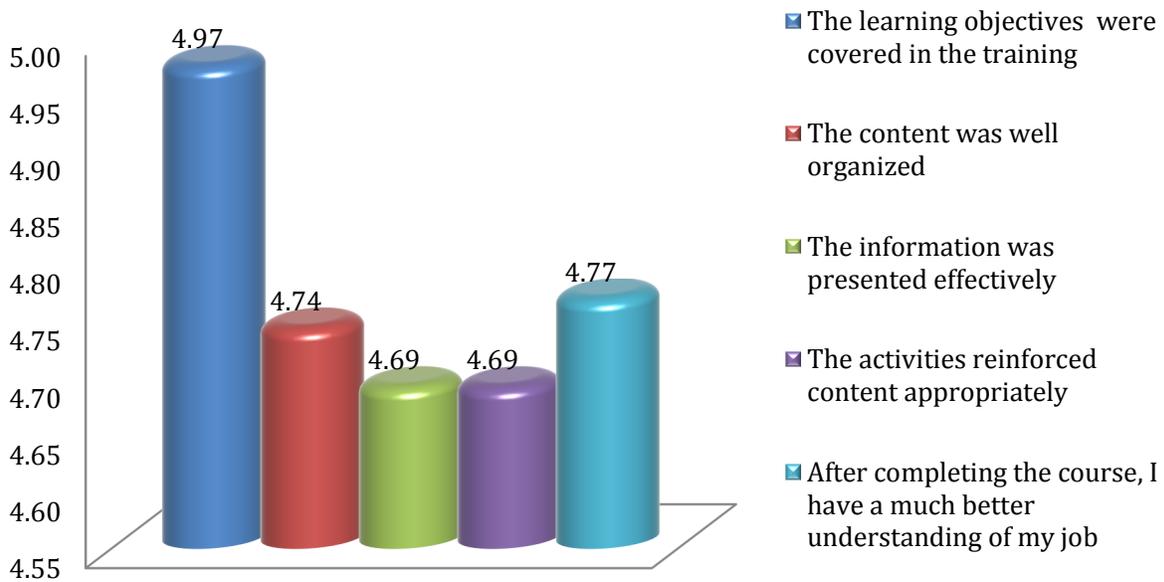
A total of 729 persons attended MDCH-ORR sponsored training programs during FY12. Responses to the evaluations for the respective programs are as follows:

Basic Skills Part I



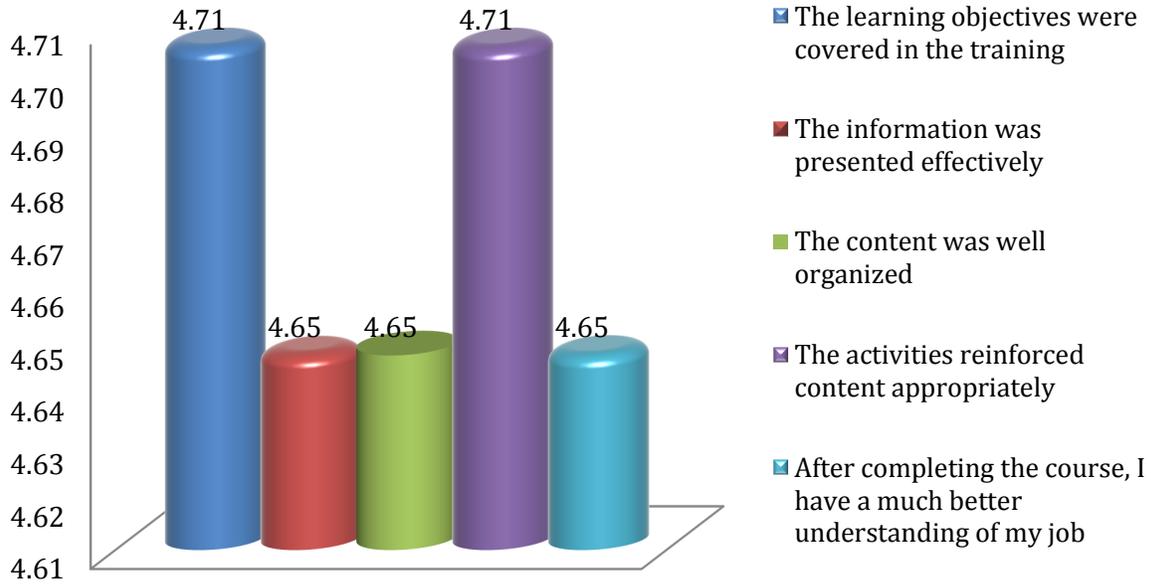
Scoring key: 0=strongly disagree----5=strongly agree

Basick Skills Part II



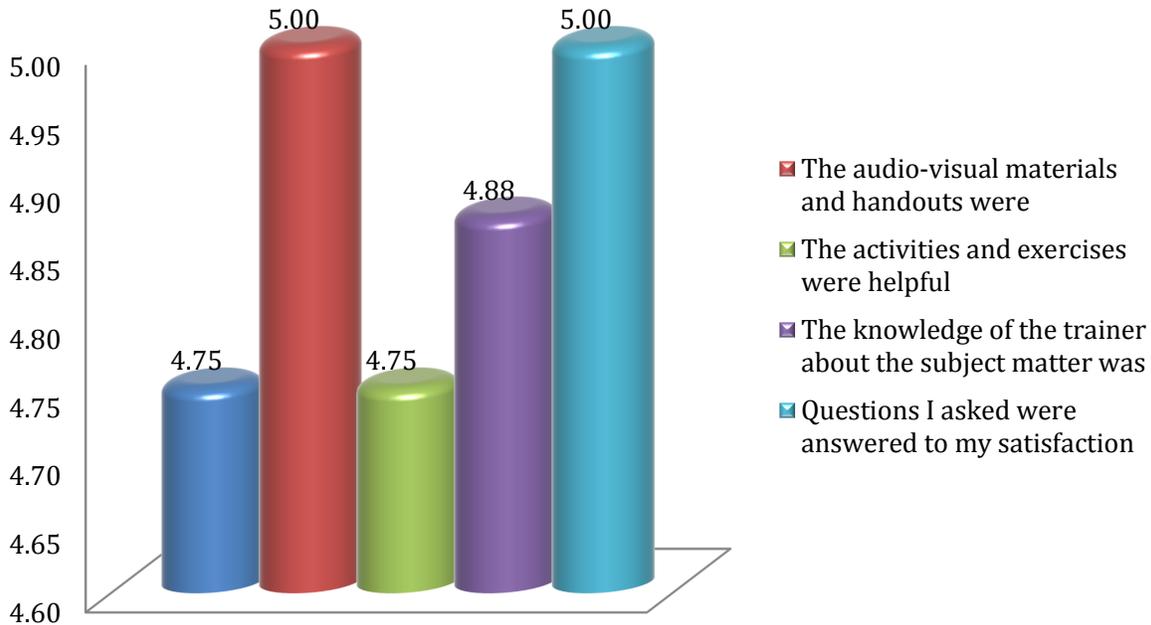
Scoring key: 0=strongly disagree----5=strongly agree

Building Blocks of Report Writing



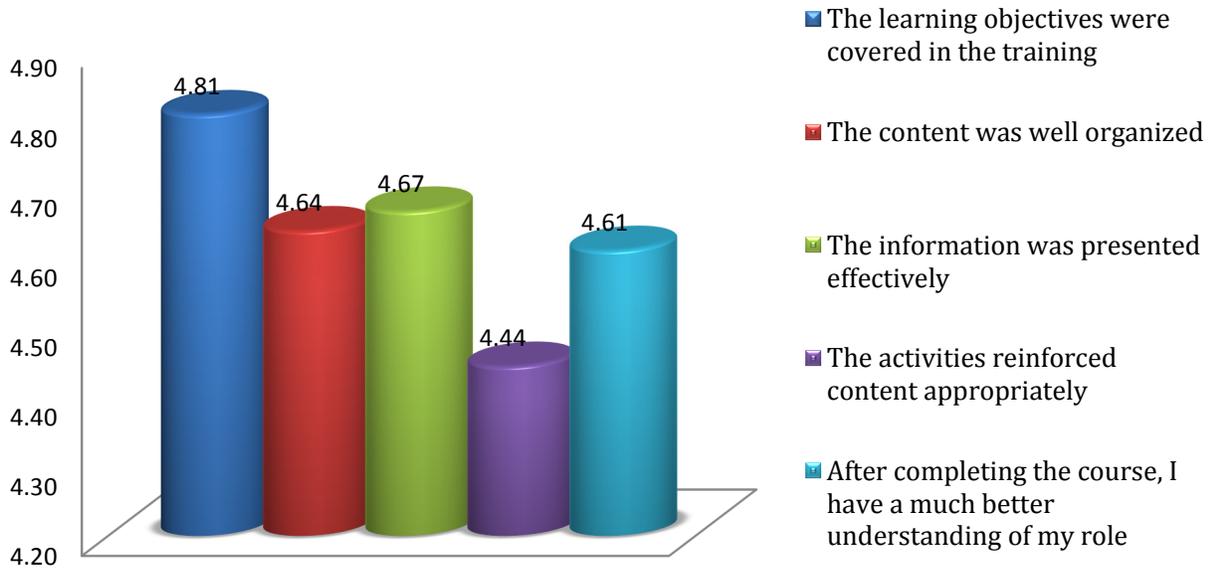
Scoring key: 0=strongly disagree----5=strongly agree

Developing Effective Training



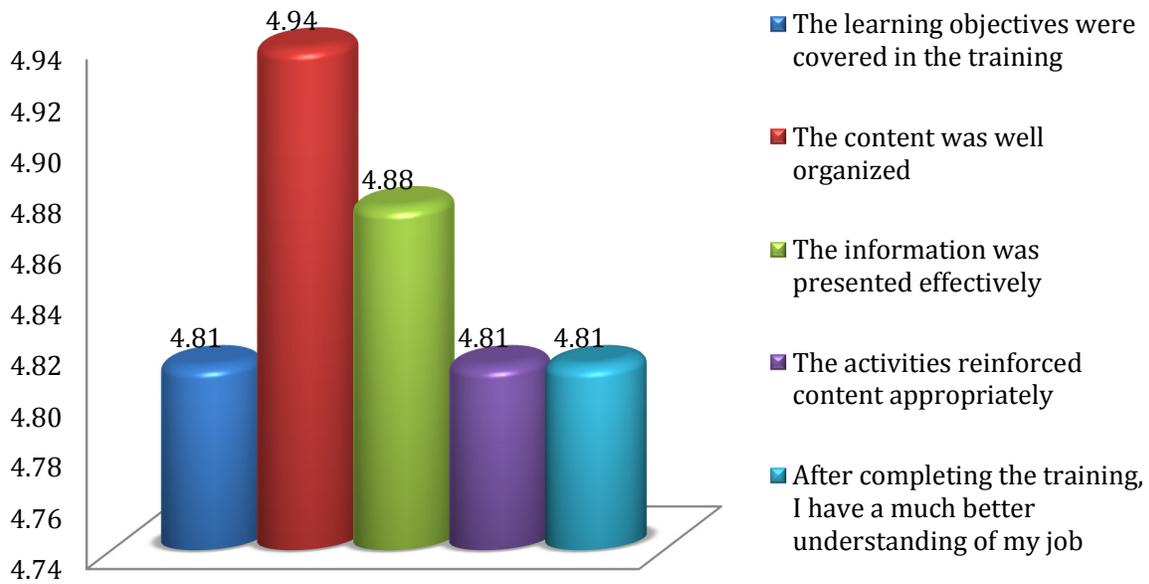
Complete each sentence using the scoring key: 0 = poor----5 = excellent

Advisory Committee



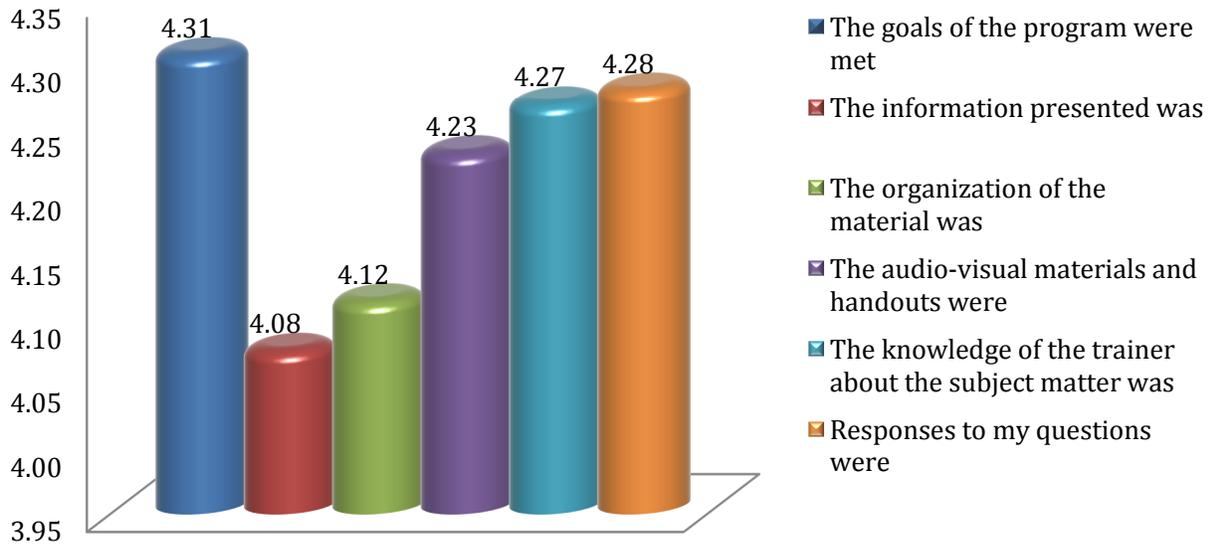
Scoring key: 0=strongly disagree----5=strongly agree

Appeals Committee



Scoring key: 0=strongly disagree----5=strongly agree

Report Writing Essentials



Scoring key: 0=strongly disagree----5=strongly agree



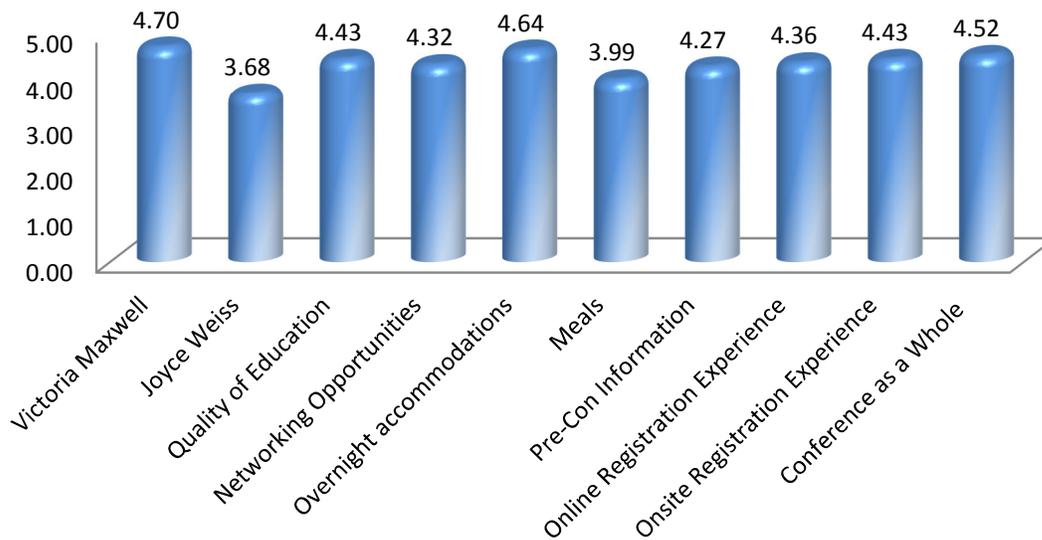
RECIPIENT RIGHTS CONFERENCE October 2011

The Recipient Rights Conference has been held each year since 1994. The goal of the conference is to: 1) offer educational opportunities for rights staff to comply with the training requirements as mandated by the Mental Health Code, 2) foster the coordination and integration of rights protection services, 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 Director of the Training Unit, in collaboration with a steering committee composed of representatives from state and local rights offices, has responsibility for planning and implementing the conference.

The 18th annual conference was held October 18-21, 2011 at Crystal Mountain in Thompsonville. Two hundred twenty five individuals attended, including six consumers who were chosen to receive scholarships. Once again, the Michigan Social Work Continuing Education Collaborative approved the conference for continuing education units for Michigan Social Workers. The conference featured a pre-conference session on The Impact of Cultural Diversity on Rights Protection, 15 breakout sessions whose topics included The Forensics of Interviewing, Effective Training with Small Groups, Child Interviewing Techniques, and the first Rights Issues Forum wherein DCH-ORR staff spoke about changes in rights protection.

Responses to the conference evaluation indicated an overall satisfaction level of 4.25 on a scale of 1 to 5. The areas evaluated and the averages of the responses are depicted in the graph below:



AWARDS PRESENTED AT THE ORR ANNUAL CONFERENCE

Each year the MDCH Director presents “The Director’s Awards” at the Recipient Rights Conference. These awards recognize agencies or individuals that have developed exceptional methods to assure that staff, recipients, parents, and guardians are made aware of, and become involved in, the process of rights. The following are recognized programs.

Director's Award for Innovation in Rights Protection

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

October 2011 Innovation in Rights Protection Honoree: Bay-Arenac Behavioral Health Rights Office

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

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

October 2011 Advocacy on Behalf of Mental Health Recipients Honoree: Christina Wilkins, War Memorial Hospital

Director's Award for Consumer Empowerment

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

October 2011 Consumer Empowerment Honoree: Renee Uitto, Community Living Services, Oakland County Advisory Committee

Cookie Gant Spirit Award

Cookie Gant was a Michigan grown but nationally known advocate for human rights. She was a disability activist, a performance artist, a powerful raiser of consciousness, and a relentless supporter of diversity in every aspect of life. Cookie fought for human rights in the mental health system every day, never giving up her tough spirit, her love for others, or her sense of humor. She was an unstoppable, irreverent activist, who always maintained loving support and affection for people in "the movement." Shortly after her death in 2003, the State Recipient Rights Committee established an award in her honor and indicated that it should be given annually to a person who exhibits the dedication, demonstrates the tenacity, and advocates diligently for persons with mental illness and developmental disabilities - just the way Cookie lived her life.

October 2011 Cookie Gant Spirit Honoree: Malkia Newman

Training Received by MDCH ORR Recipient Rights Staff

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

- An Introduction to Motivational Interviewing
- Barbara's Views - What to Expect in your Licensing Survey
- Bazelon Project in Detroit
- Bridging the Gap
- Children's Interviewing Techniques
- Developing Effective Training
- Development of Rights-Police Relationships
- Part I & II
- Discriminatory Harassment Training
- Effective Training for Small Groups
- Hot Topics for CMH's; contract & legislative
- Impact of Cultural Diversity on Rights Protection
- MDCH MH and SA Administration Technical Requirement
- Medicaid/Medicare dual eligible consumers
- Motivational Interviewing
- New Work Realities
- Partnering with Patients
- Reducing the Use of Seclusion and Restraint

Rights Office Interface with the Behavior Treatment Review Committee
Skills for Creating Open Dialogue
So, You're New to Rights
The State of Rights in Michigan
Stigma; Utilizing the New Anti-Stigma Toolkit
Technical Requirement for Behavior Treatment Plan Reviews
That's Just Crazy Talk
The Forensics of Interviewing
The Impact of Cultural Diversity on Rights Protection
Trauma Informed Environment of Care
Understanding Stress Triggers

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; program site visits (discontinued in 2008 and reinitiated in 2012); review of contract language to ascertain clarity as to how rights will be protected during the contract period; review of training records for agency staff, contracted service providers and employees of contracted service providers; compliance review of all twenty-three rights-related policies required by the Code; meeting with the Recipient Rights Advisory Committee and an exit conference.

Assessments Results – FY 2012

Fifteen (15) CMHSP rights protection systems were evaluated through onsite assessments conducted by the Office of Recipient Rights Community Rights Unit Specialists during FY 2012.

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

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

The multiplier reflects the weighted difficulty or complexity of the standards contained in each section. Each standard is scored at 2 points for full compliance, 1 point for partial compliance and 0 points for non-compliance. The minimum score required for substantial compliance with established standards is 263 out of a possible 277, evidencing a 95% compliance rate. CMHSPs that attained 100% compliance **are listed in bold and contain the name of both the executive director and rights office director** in the table which follows.

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

FY 2012 Rights System Assessment Results

FC: Full Compliance: Montcalm, Monroe, Newaygo, Gogebic, West Michigan

SC: Substantial Compliance: Sanilac, Woodlands, Allegan, Gratiot, St. Clair, Northpointe, Northeast, Oakland

LSC: Less than Substantial Compliance (score of less than 263): None

LSC*: Less than Substantial Compliance – Repeat Citation(s): Tuscola (1), Summit Pointe (1), Huron (2)

Date	CMHSP	Score	Results
Oct. 4-6, 2011	Sanilac	274.5	SC
Nov. 15-17, 2011	Tuscola	270	*LSC

Date	CMHSP	Score	Results
March 6-8, 2012	<u>Montcalm</u> Tammy Quilan, Executive Director Edward Wilson, Rights Officer	277	FC
March 20-22, 2012	<u>Monroe</u> Jane Terwilliger, Executive Director Shelley Koyl, Rights Officer Coy Hernandez, Rights Officer	277	FC
April 17-19, 2012	Woodlands	270.5	SC
May 15-17, 2012	Allegan	272.5	SC
May 29-31, 2012	Gratiot	274	SC
June 12-14, 2012	St. Clair	268.5	SC
June 26-28, 2012	<u>Newaygo</u> Greg Snyder, Executive Director Cheryl Parker, Rights Officer	277	FC
July 10-12, 2012	Gogebic Julie Hautala, Executive Director Angela Pope, Rights Officer	277	FC
July 10-12, 2012	Northpointe	268.5	SC
July 24-26, 2012	Huron	266.5	*LSC
August 7-9, 2012	Northeast	272.5	SC
August 21-23, 2012	<u>West Michigan</u> Rich VandenHeuvel, Executive Dir. Tina Brown, Rights officer	277	FC
Sept. 17-21, 2012	Oakland	266.5	SC

CMHSP COMPARATIVE DATA

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

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

A recurring theme was the question as to what is a sufficient staffing level for the CMHSP rights office. As a result, the template for the Office of Recipient Rights Annual Report to MDCH-ORR included the unduplicated number of consumers served and the staffing resources for each rights office. In an effort to be further responsive and provide sufficient data to allow the Executive Directors, Rights Offices and Recipient Rights Advisory Committees to do a comparative analysis, the table below indicates, in addition to the unduplicated count and the staff resources, the geographic area of the CMHSPs, the number of group homes visited for site reviews, and basic complaint information for FY 12.

CMHSP	Geographical Area in Sq. Miles	Unduplicated Count	Rights Office Staffing Level/FTE	Number of Group Home Site Visits	Number of Allegations	# of Investigations	# of Substantiated Allegations
Allegan	827.5	1563	1	48	95	62	32
AuSable Valley	1678.4	2580	0.6	17	31	14	15
Barry	556.1	2185	3	29	6	6	4
Bay-Arenac	811.1	5960	2.8	80	111	83	63
Berrien/River-wood	571	4595	1.6	58	47	24	20
C-E-I	1707.1	8846	4	127	149	91	27
Centra Wellness	864.9	1363	1	45	47	39	20
CMH for Central MI	3290.7	8785	5.15	124	380	362	146
Copper Country	3768.2	1100	0.06	35	17	9	9
Detroit-Wayne	614.2	71751	38	700	1378	1114	261
Genesee	639.6	11947	5	165	609	463	197
Gogebic	1101.9	483	0.1	14	2	0	0
Gratiot	570.1	1581	0.5	21	33	24	17
Hiawatha	3760.8	1606	1.4	29	31	19	16

CMHSP	Geographical Area in Sq. Miles	Unduplicated Count	Rights Office Staffing Level/FTE	Number of Group Home Site Visits	Number of Allegations	# of Investigations	# of Substantiated Allegations
Huron Behavioral Health	836.5	1334	0.5	13	12	10	3
Ionia	573.2	2807	0.5	19	67	52	29
Kalamazoo	561.9	6190	6.4	127	637	359	187
Lapeer	654.2	1760	1	42	33	20	10
Lenawee	750.5	1583	1.25	34	116	100	63
Lifeways	1305.4	6740	3	64	641	568	412
Livingston	568.4	2283	2	31	209	195	105
Macomb	480.4	12210	10.5	227	1251	1162	428
Monroe	551.1	2539	2	21	212	208	121
Montcalm	708	1236	1	13	17	13	6
Muskegon	509.1	4701	3	62	221	162	111
network180	856.2	15128	4	236	414	324	146
Newaygo	842.4	1794	1.25	20	60	39	36
North Country	3152.8	4072	1.75	42	143	112	89
Northeast	2456.3	2437	1.5	62	94	76	53
Northern Lakes	2459.8	6126	3	136	204	160	56
Northpointe Behavioral Healthcare Systems	2976.2	1645	2	38	58	41	21
Oakland	872.5	19220	15	412	1074	949	384
Ottawa	565.7	3401	3	100	105	75	32
Pathways	3894.2	2245	3.74	53	242	198	86
Pines Behavioral Health Services	507.4	2481	1.1	13	4	4	2
Professional Management Systems (Van Buren)	610.9	2645	1	47	15	11	5
Saginaw	808.9	4798	2.5	130	119	89	41
Sanilac	963.8	1425	1	57	54	43	33
Shiawassee	538.7	1692	2	13	101	79	59
St. Clair	724.4	4117	1.5	78	54	43	33
St. Joseph	503.7	2521	0.75	46	34	13	6
Summit Pointe	708.7	8318	1.75	46	144	82	35
Tuscola	812.4	1338	1	44	46	27	8
Washtenaw	709.9	3986	4.5	56	467	451	171

CMHSP	Geographical Area in Sq. Miles	Unduplicated Count	Rights Office Staffing Level/FTE	Number of Group Home Site Visits	Number of Allegations	# of Investigations	# of Substantiated Allegations
West Michigan	1603.1	2696	1.33	55	81	53	55
Woodlands	492.2	1595	1	78	45	34	17

In October 2012, MDCH-ORR assembled a committee of rights offices from across the state and solicited input regarding data that would be useful to the Directors of LPH/Us as well as to Rights Offices and Recipient Rights Advisory Committees. The committee recommended that the same type of data that CMHSPs were able to review be presented for LPH/Us. The table below indicates, in addition to the number of patient days and the number of hours devoted to rights/40, the basic complaint information for FY 12.

LPH/U	Patient Days	# of Hours /40	Number of Allegations	# of Investigations	# of Substantiated Allegations
Allegiance Health	8216	13	107	9	22
Alpena Regional Medical Center	4134	20	11	1	3
BCA StoneCrest Center	24515	40	277	96	55
Beaumont Health System	8741	5	12	3	1
Behavioral Center of Michigan	3601	40	51	1	6
Borgess Medical Center	14803	8	26	3	1
Botsford General	8604	8	11	7	7
Bronson Battle Creek/Fieldstone Center	7023	15	102	14	27
Bronson LakeView Community	2924	1	3	2	3
Carson Behavioral Center	1726	6	22	17	1
Chelsea Community	5514	6	71	11	1
Community Health Center of Branch Co.	2291	10	6	4	1
Crittenton Hospital Medical Cntr	5747	40	127	10	2
DMC Detroit Receiving	6691	40	130	16	9
DMC Madison Behavioral Health	8125	28	102	13	22
DMC Sinai	6259	30	71	7	1
Doctor's Hospital of Michigan	22376	40	143	9	12
ForestView Psychiatric	2500	20	19	13	5
Harbor Oaks Hospital	21180	20	83	2	14
Havenwyck	45529	40	129	14	18
HealthSource Saginaw	18300	40	234	36	64
Henry Ford Kingswood	22097	40	33	9	9
Henry Ford Macomb	22073	30	285	24	6
Henry Ford Wyandotte	12338	40	70	3	7
Herrick Memorial	1920	1.5	15	1	3

LPH/U	Patient Days	# of Hours /40	Number of Allegations	# of Investigations	# of Substantiated Allegations
Hillsdale Community Health Center	2688	12	10	0	0
Holland Community	4963	4	24	11	10
Hurley Medical Center	9430	8	125	35	7
Lakeland Regional Health System	6495	40	9	0	0
Marquette General Health System	9737	40	45	5	6
McLaren Bay Region	6790	4	13	2	3
McLaren Greater Lansing – GEMS	1506	1	2	1	0
McLaren - Lapeer Region	3234	2	35	11	4
McLaren Regional Medical Center	10065	15	7	3	3
McLaren Oakland	6507	10	10	4	1
Memorial Healthcare - Owosso	1841	40	18	1	0
Memorial Medical Center of West MI	3377	40	16	11	3
Mercy Health Partners Hackley Campus	5785	20	216	42	20
Mercy Memorial Hospital System	4040	2	4	0	2
MidMichigan Medical Center – Gratiot	5388	8	18	5	2
MidMichigan Medical Center – Midland	4320	40	20	1	0
Munson Medical Center	5429	18	59	2	4
Oaklawn	3600	8	45	7	1
Oakwood Hospital – Heritage	14460	40	60	5	3
Pine Rest Christian Mental Health Services	17827	42	36	4	4
Port Huron	6529	25	69	3	12
Providence Hospital & Medical Center	7202	20	73	8	2
Samaritan Behavioral Center	15864	60	691	35	98
Sparrow/St Lawrence Hospital	13117	40	43	35	19
St. John Hospital and Medical Center	8514	104	141	32	15
St. John Macomb-Oakland Hospital - Macomb Center	9531	5	138	4	8
St. John Macomb-Oakland Hospital - Oakland Center	7025	5	110	6	13
St. Joseph Mercy Health System	6530	5	16	5	2
St. Joseph Mercy Hospital – Oakland	9563	20	147	13	9
St. Mary Mercy Hospital	9193	28	55	10	9
St. Mary's Healthcare	40142	42	407	6	13
University of Michigan	9571	28	33	26	10
War Memorial Hospital	3593	10	21	18	10

TRAINING DATA

In addition to the information on complaint resolution, all CMHSPs and LPH/Us submit data on training received and provided. Rights offices provide or coordinate the training of all new employees as mandated in MHC 330.1755 (5) (f). Trainings must be completed within the first thirty days of hire, and if mandated by policy or contract, annual update training in rights is also required. Education of consumers receiving services is not currently mandated, although frequently provided by many CMHSPs. The tables below indicate the training activities carried out by CMHSPs and LPH/Us FY 2012. Due to the variations in training length and titles, the FY 12 report will only address number of attendees, as data for more discrete analysis is not currently available.

CMHSP Comparative Training Data (Full data can be found in appendix E)				
Agency	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Recipients
Allegan	97	187	76	
AuSable Valley	4			
Barry	63	96	5	10
Bay-Arenac	313	915	5	143
Berrien/River-wood	21	1111	15	52
C-E-I	225	1018		
Centra Wellness	82	202		
CMH for Central MI	213	998		38
Copper Country	243	48	9	62
Detroit-Wayne	154	14473		
Genesee	382	3374		47
Gogebic	115	2	13	24
Gratiot	131	40		3
Hiawatha	216	134		
Huron Behavioral Health	148	9	10	
Ionia	56	99	0	5
Kalamazoo	30	635	0	16
Lapeer	99	32	143	154
Lenawee	4	306	14	10
Lifeways	113	1127	10	
Livingston	272	729	29	19
Macomb	83	2315		
Monroe	39	374		20
Montcalm	8	71		10
Muskegon	228	747	103	7
network180	2020			6
Newaygo	28	11	26	
North Country	20	30	50	
Northeast	572	139	70	
Northern Lakes	117	670		50
Northpointe Behavioral Healthcare Systems	108	213	3	

CMHSP Comparative Training Data (Full data can be found in appendix E)				
Agency	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Recipients
Oakland	20	10249	405	653
Ottawa	223	1042	25	
Pathways	293	764		82
Pines Behavioral Health Services	64	147	32	
Professional Management Systems (Van Buren)	56	243	2	8
Saginaw	239	747		
Sanilac	187	328	27	
Shiawassee	11	278	1	7
St. Clair	401	305	61	
St. Joseph	19	271	61	15
Summit Pointe	133	414		
Tuscola	155	2	301	12
Washtenaw	110	795		
West Michigan	191	143	21	
Woodlands	6	185	55	

LPH/U Comparative Training Data (Full data can be found in appendix H)				
LPH/U	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Recipients
Allegiance Health	74			
Alpena Regional Medical Center	48			
BCA StoneCrest Center	248	4	4	
Beaumont Health System	8			1
Behavioral Center of Michigan	156			
Borgess Medical Center	121		94	
Botsford General	79		6	
Bronson Battle Creek/Fieldstone Center	172	43	36	
Bronson LakeView Community	32			
Carson Behavioral Center	40		2	
Chelsea Community	1189			
Community Health Center of Branch Co.	9		32	
Crittenton Hospital Medical Cntr	315		45	
DMC Detroit Receiving	60		55	
DMC Madison Behavioral Health	9			900
DMC Sinai	51		117	122
Doctor's Hospital of Michigan	879	10		

LPH/U Comparative Training Data (Full data can be found in appendix H)				
LPH/U	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Recipients
ForestView Psychiatric	218	25		
Harbor Oaks Hospital	161		18	
Havenwyck	620	27		
HealthSource Saginaw	418	35		
Henry Ford Kingswood	410			
Henry Ford Macomb	215			48
Henry Ford Wyandotte	822	21	48	30
Herrick Memorial	44			
Hillsdale Community Health Center	1426			
Holland Community	357			
Hurley Medical Center	58		82	
Lakeland Regional Health System	62			
Marquette General Health System	317			
McLaren Bay Region	81			
McLaren Greater Lansing – GEMS	225	1018		
McLaren - Lapeer Region	93			
McLaren Regional Medical Center	610			
McLaren Oakland	60			
Memorial Healthcare - Owosso	60		20	
Memorial Medical Center of West MI	29			
Mercy Health Partners Hackley Campus	174	See “Agency”	See “Agency”	60+
Mercy Memorial Hospital System	unknown	unknown	unknown	
MidMichigan Medical Center – Gratiot	297			
MidMichigan Medical Center – Midland	35			
Munson Medical Center	50			
Oaklawn	235		15	575
Oakwood Hospital – Heritage	328		162	
Pine Rest Christian Mental Health Services	646			
Port Huron	3		52	482
Providence Hospital & Medical Center	75			
Samaritan Behavioral Center	322			
Sparrow/St Lawrence Hospital	131		50	
St. John Hospital and Medical Center	66		438	

LPH/U Comparative Training Data (Full data can be found in appendix H)				
LPH/U	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Recipients
St. John Macomb-Oakland Hospital - Macomb Center	75			
St. John Macomb-Oakland Hospital - Oakland Center	33			
St. Joseph Mercy Health System	unknown		53	
St. Joseph Mercy Hospital - Oakland	456			
St. Mary Mercy Hospital	481		48	
St. Mary's Healthcare	646			
University of Michigan	512			
War Memorial Hospital	51	8	47	

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

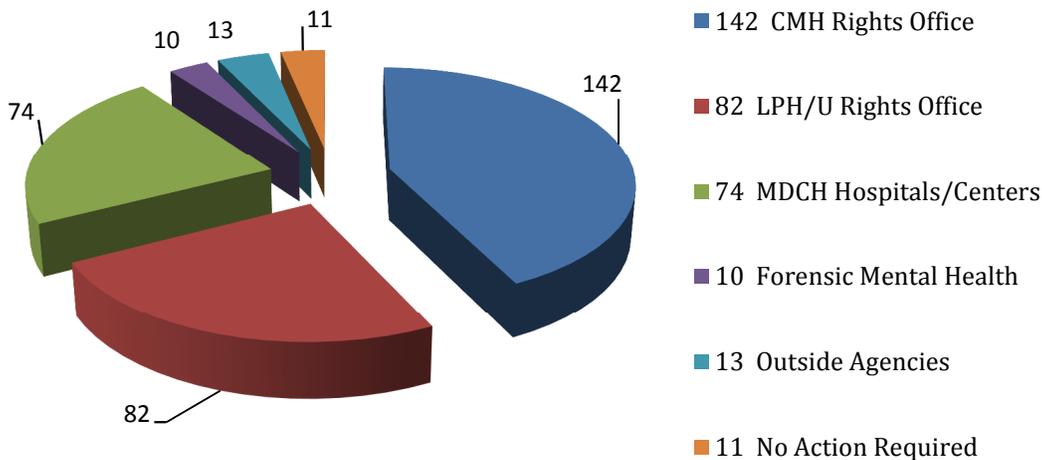
John F. Kennedy

INFORMATION AND REFERRAL

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

Complaints received at the Department Office of Recipient Rights in Lansing are referred to the rights office potentially having jurisdiction over the matter. Distribution of the 332 complaints received during FY 2012 is indicated in the chart below:

Complaints Referred FY 2012



In order to expedite the receipt of complaints by the rights offices and agencies having jurisdiction over the complaint, all complaints are sent by fax from MDCH-ORR, unless the condition of the complaint or the number of pages prohibits this method. For external referrals; those to LPH/Us or CMHs, the office sends a “zipped” file, by e-mail, which rights officer must “unlock” in order to access. “Hard copies” are retained by MDCH, for 30 days, and computer files are deleted weekly.

The Rights Information and Referral Specialist also acts as support to the Training Unit, Community Rights Specialists and the ORR Director of Community and Field Operations. In FY2012 the referral specialist participated in a grant program through Bridges4Kids, providing information to families on the recipient rights complaint, investigation and appeal process. Thirty-six family members and forty-one professionals participated in the five sessions that were offered. The MDCH-ORR also maintains a directory of rights officers and advisors for use by rights offices. distributed twice per year.

PART V: MDCH RECIPIENT RIGHTS APPEALS COMMITTEE

The Michigan Mental Health Code at Section 774 states, “The director shall appoint an appeals committee consisting of 7 individuals, none of whom shall be employed by the department or a community mental health services program, to hear appeals of recipient rights matters. The committee shall include at least 3 members of the state recipient rights advisory committee and 2 primary consumers.” The MDCH Appeals Committee reviews appeals of rights complaints filed by or on behalf of patients/residents of state hospitals. Additionally, the Committee reviews appeals submitted by or on behalf of individuals who are or have been patients in one of the 58 licensed private psychiatric hospitals/units (LPH/U) who have entered into an agreement to use the Department’s Appeals Committee in lieu of appointing its own. Eight LPH/Us do not have an agreement with the MDCH to use its Appeals Committee. Following is a data summary of activity for the MDCH Appeals Committee for FY 2012.

Total Number of Requests for Appeals **13**

Acknowledgement: Total received that were not heard: **4**

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

Total Number Appeals Heard from State Hospital/Centers: **8**

- 6 Caro Center
- 1 Hawthorn Center
- 1 Walter Reuther Psychiatric Hospital

Total Number Appeals Heard from LPH/Us: **1**

- 1 Mercy Health/Hackley Behavioral Health

Appeal Committee Decisions on Appeals Heard

- 5 Upheld findings of rights office and action taken
- 4 Returned to ORR for re-investigation
- 0 Returned to facility for different or additional action

PART VI - REVIEW OF BUDGETARY ISSUES

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

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

The Office of Recipient Rights spending plans for FY 09 through FY 12 are listed in the table below.

	FY09	FY10	FY11	Variance from FY10	FY12	Variance from FY11
Source of Expenditures	General Fund	General Fund	General Fund		General Fund	
FTE	19	19	19		18	
Salary & Fringe	\$1,922,000	\$1,922,000	\$1,933,117	\$11,117	\$1,807,928	(\$125,189)
CSS&M	\$82,000	\$82,000	\$86,771	\$4,771	77,701.47	(\$9,070)
ORR Printing	0	0	0	\$0		\$0
Travel	\$62,000	\$62,000	\$52,133	(\$9,867)	55,415.53	\$3,283
Total	\$2,066,000	\$2,066,000	\$2,072,021	\$6,021		(\$130,976)

* 1 position vacant FY12

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

Will Rogers

PART VII – RECOMMENDATIONS TO THE DEPARTMENT

- 1) The Department of Community Health must enforce its policy on seclusion and restraint in the department's hospitals and centers and continue its support of the Restraint/Seclusion Process Improvement Steering Committee to assure the system transformation of our hospitals to excellent and compassionate services that are person-centered, trauma informed and recovery based.
- 2) The Department of Community Health, Behavioral Health and Developmental Disabilities Administration, should adopt a uniform system across state operated psychiatric facilities to implement person-centered planning with a focus on Wellness and Recovery.
- 3) The Department of Community health should place as a priority on its legislative agenda for FY 2013 the proposed Mental Health Code amendments submitted to the department by the Office of Recipient Rights.