

15. Annual Report

Annual Data Report Instructions

Codesort: an Annual Report Assistant

ORR Annual Data Report Director's letter template

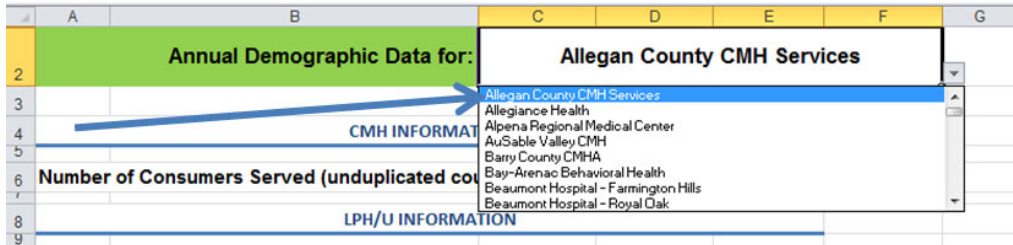
Please note: the report is unchanged from last year. However, errors that were identified have been corrected. If you're using a program that is out of date (less than Office 2010) you may not see the drop-down boxes necessary to complete this report. Please talk to your IT department about upgrading.

DO NOT ADD OR DELETE ROWS OR COLUMNS FROM THIS REPORT! IF you are having trouble, printing, I can assist you in collapsing columns or rows.

CMH reports begin on the Appeals page. LPHs begin on the data page. Fill in your appeal information. Number submitted, number accepted; what happened with each of those (upheld, reinvestigated, sent to DHHS for external, sent back for further action)

51	APPEALS INFORMATION (if agency has local appeals committee)	
52		
53	Number of Appeals Submitted	
54	Number of Appeals Accepted	
55	Number Number of Appeals Upheld	
56	Number of Appeals Sent Back for Reinvestigation	
57	Number of Appeals Requesting External Investigation by DHHS	
58	Number of Appeals Sent Back for Further Action	
59	Total Number of Appeals Reviewed by the Appeals Committee	0
60		

On the “Complaint Data” page from the drop-down box, select the name of your CMH or LPH. This will automatically populate on every page of your report (including the Appeals page). I have tried to correct all the names of the agencies & hospitals. However, if your name is wrong, you can correct it in the list on the “tables” tab, beginning at C109. Note in your email if the Agency name was changed.



Type in the name of the Rights Office Director, as defined in 1755(4). THAT SHOULD BE YOU! Or another rights staff in your office.

2	Rights Office Director:	
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CMHs: type in the number of consumers served (unduplicated count) and the number of FTE’s in the rights office.

LPHs: type in the number of admissions over the past year and the number of hours devoted to rights each week. This is especially important if the rights advisor has a part time position.

October 1, 2019/September 30, 2020 CMHSP Annual Report

6	CMH	<input type="text"/>	# of Consumers Served (unduplicated count)	CMH	<input type="text"/>	Rights Office FTEs
7						
8	LPH	<input type="text"/>	Number of Admissions	LPH	<input type="text"/>	Hours/40

Your allegation numbers will populate from the table below once you enter the data.

You must enter the complaint source data.

You must also enter the time frames in all of the columns except "total".

COMPLAINT SOURCE		
22	Recipient	
23	Staff	
24	ORR	
25	Guardian/Family	
26	Anonymous	
27	Community/General Public	
28	Total Complaints Received	0

DO NOT TYPE HERE - IT WILL AUTO FILL

TIMEFRAMES OF COMPLETED INVESTIGATIONS					
Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	0				
All others	0				

Fill in all of your aggregate data. If your data is in error your "Received" column will color in.

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	abuse class I	2	2	1	2		
7221	abuse class II - nonaccidental	3	1	1	3		
7222	abuse class II - unreasonable						

Don't forget that the totals at the bottom do not include 0000 or 0001.

When you report to your advisory committee, you should share those numbers as well.

Remediation

Remedial Action is all words – no numbers: for each substantiated investigation or intervention, use the drop down boxes to select the name of the right, followed by the provider type. LPHs should select only "inpatient". (no other areas are covered by the MHC) and all of the actions taken.

Section II: Annual Complaint Data Summary			
Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action(s)	Specific Remedial Action(s)
abuse class I			
abuse class II - nonaccidental act			
abuse class II - unreasonable force			
abuse class II - emotional harm			
abuse class II - treating as incompetent			
abuse class II - exploitation			
abuse class III			
abuse class I - sexual abuse			

Note that “property”, “pcp” and “photo” all have those words in front of the individual right on THIS PAGE ONLY.

	A	B	C	D
1	Section II: Annual Complaint Data Summary			
5	Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action(s)	Specific Remedial Action(s)
6	property - possession and use	Inpatient	Other	
7	pcp - timely development	Inpatient	Training	
8	photo - prior consent	Inpatient		
9				

Do not forget to include the number of recipients involved in the substantiated case. CMHs need to indicate whether any of the recipients are on a waiver. LPHs should only use MI or SED.

MI	DD	SED	SED- W	DD- CWP	HSW	HMI

THIS ENDS THE SEMI-ANNUAL REPORT. IF YOU ARE COMPLETING THE ANNUAL REPORT, CONTINUE WITH THE REMAINING SECTIONS.

TRAINING RECEIVED

FIRST Enter the names of all the staff who received training. To fill in the training for each person, select them from the drop down box. YOU MAY NEED TO SCROLL UP, as the drop down opens BELOW the names. Enter the remaining information for each training received.

SECTION II: ANNUAL TRAINING ACTIVITY					
Part A: Training Received by Office Staff (Please only list trainings related to rights protection)					
LIST THE NAMES OF ALL STAFF HERE	Staff Name (drop down: you have to scroll up to see the names)	MDHHS-ORR Course Number	Topic of Training Received	CEU Type (drop down)	# Hours

ANNUAL TRAINING ACTIVITY: Start with the 2 questions in the box. “Is update training required?” is a yes/no drop down. “How often?”, is open ended. Everything else related to the training, once you type in the name of the training, is a number. “How long is the training?” refers to the session time not the total. Do not use “various”. If a training has the same name but is presented for a half hour once and 45 minutes once; list them separately: .5 and .75 respectively. Be sure to include all CMH or LPH staff under “Agency Staff”.

4	Is Update Training Required?								
5	If Yes, how often: (Annual, Every 2 years, etc.)								
6									
7									
8									
9									
10	Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
11			0	0	0	0			
12									
13									
14									
15									

Section III - OUTCOMES

If you insert last year’s goals and mark them as ongoing, they will populate into the new year. If you mark them accomplished or discontinued, they will not.

1	SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES	
2		
3	Progress on Outcomes established by the office for FY 19/20. Pick from the drop-down in Outcome and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY20/21 goal section below.	
4		
5		
6	1	
7		
8	Outcome:	
9	2	
10		
11	Outcome:	
12	3	
13		
14	Outcome:	
15	4	
16		
17	Outcome:	
18	5	
19		
20	Outcome:	
21		
22	Outcomes established by the office for FY 20/21:	
23		
24	1	
25		
26	2	
27		
28		
29		
30		

Section IV - RECOMMENDATIONS

Do not leave this blank. These goals should be those recommended by the rights office, or the advisory committee, with the ascent of the rights office.

2	SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD
3	
4	The ORR & Advisory Committee recommends the following:
5	
6	1. <input type="text"/>
7	
8	2. <input type="text"/>
9	
10	3. <input type="text"/>
11	
12	4. <input type="text"/>
13	
14	5. <input type="text"/>

COMMENTS:

In addition to any recommendations made to the board, the law allows the advisory committee to independently provide comments to the board regarding the report. The statutory allowance is as follows: 330.1756 (d) (The CMH advisory committee shall) Review and provide comments on the report submitted by the hospital director to the governing board of the licensed hospital under section 755. 330.1757 (d) (The CMH advisory committee shall) Review and provide comments on the report submitted by the hospital director to the governing board of the licensed hospital under section 755.

WHEN YOU FINISH THE SEMI-ANNUAL REPORT, YOU MAY EMAIL IT IN PRIOR TO REVIEW BY THE ADVISORY COMMITTEE. IF YOU ARE COMPLETING THE ANNUAL REPORT, ADVISORY COMMITTEE REVIEW COMES BEFORE REVIEW BY THE DIRECTOR & EMAIL SUBMISSION OF THE REPORT. YOUR DIRECTOR MUST REVIEW THE REPORT AND SCAN & SEND THE “DIRECTOR’S LETTER”.

Date:

Beverly Sobolewski, Community Rights Specialist – LPH
Department of Health and Human Services - ORR
Lewis Cass Building, Garden Level
320 S. Walnut St.
Lansing, MI 48933

Dear Ms. Sobolewski,

The Office of Recipient Rights has prepared and submitted an annual report, covering the dates of October 1, 2017 through September 30, 2018, on the current status of rights protection at _____. **I have reviewed this report and attest to its accuracy and completeness.**

This report was reviewed by the Rights Advisory Committee on _____, and their recommendations and input have been included.

The report was submitted and reviewed by our Board of Directors on _____.

or

The report was submitted to the Board for review at its next scheduled meeting.

The report was sent to you via e-mail. If you have any questions or require additional information, please feel free to contact me at _____ or the Recipient Rights Officer, _____, at _____.

Sincerely,

Codesort: an annual report assistant

Sections: 1 – 15

1. FREEDOM FROM ABUSE
2. FREEDOM FROM NEGLECT
3. RIGHTS PROTECTION SYSTEM
4. ADMISSION/DISCHARGE/SECOND OPINION
5. CIVIL RIGHTS
6. FAMILY RIGHTS
7. COMMUNICATION AND VISITS
8. CONFIDENTIALITY/PRIVILEGED COMMUNICATIONS/DISCLOSURE
9. TREATMENT ENVIRONMENT
10. FREEDOM OF MOVEMENT
11. FINANCIAL RIGHTS
12. PERSONAL PROPERTY
13. SUITABLE SERVICES
14. TREATMENT PLANNING
15. PHOTOGRAPHS, FINGERPRINTS, AUDIOTAPES, ONE-WAY GLASS

section	category number	category name
17	0000	no right involved
18	0001	outside provider jurisdiction
13	1708	dignity & respect
4	4090	second opinion - denial of hospitalization
4	4190	termination of voluntary hospitalization (adult)
4	4510	involuntary admission process
4	4630	independent clinical examination
4	4980	objection to hospitalization (minor)
13	7003	informed consent
13	7029	information on family planning
5	7041	civil rights: discrimination, accessibility, accommodation, etc.
5	7044	religious practice
5	7045	voting
5	7047	presumption of competency
13	7049	treatment by spiritual means
4	7050	second opinion - denial of services (by CMH)
3	7060	notice/explanation of rights
13	7080	MH services suited to condition
9	7081	safe environment
9	7082	sanitary/humane environment
9	7086	least restrictive setting
13	7100	physical and mental exams
6	7111	family dignity & respect
6	7112	receipt of general education information
6	7113	opportunity to provide information

section	category number	category name
14	7121	person-centered process
14	7122	timely development
14	7123	requests for review
14	7124	participation by individual(s) of choice
14	7125	assessment of needs
13	7130	choice of physician/mental health professional
13	7140	notice of clinical status/progress
13	7150	services of mental health professional
13	7160	surgery
13	7170	electro convulsive therapy (ECT)
13	7180	psychotropic drugs
13	7190	notice of medication side effects
1	72210	abuse class I
1	72221	abuse class II - nonaccidental act
1	72222	abuse class II - unreasonable force
1	72223	abuse class II - emotional harm
1	72224	abuse class II - treating as incompetent
1	72225	abuse class II - exploitation
1	72230	abuse class III
1	72240	sexual abuse
2	72251	neglect class I
2	72252	neglect class I- failure to report
2	72261	neglect class II
2	72262	neglect class II - failure to report
2	72271	neglect class III
2	72272	neglect class III - failure to report
15	7241	prior consent
15	7242	Identification
15	7243	objection
15	7244	release to others/return
15	7245	storage/destruction
7	7261	visits
7	7262	contact with attorneys or others regarding legal matters
7	7263	access to telephone/mail
7	7264	funds for postage, stationery, telephone usage
7	7265	written and posted limitations, if established
7	7266	uncensored mail
12	7267	access to entertainment materials, information, news
12	7281	possession and use
12	7282	storage space
12	7283	inspection at reasonable times
5	7284	search/seizure

section	category number	category name
12	7285	exclusions
12	7286	limitations
12	7287	receipts to recipient and to designated individual
12	7288	waiver
12	7289	protection
11	7301	safeguarding money
11	7302	facility account
11	7303	easy access to money in account
11	7304	ability to spend or use as desired
11	7305	delivery of money upon release
11	7360	labor & compensation
10	7400	restraint
10	7420	seclusion
10	7441	<i>freedom of movement</i> restrictions/limitations
8	7481	disclosure of confidential information
8	7485	withholding of information (includes recipient access to records)
8	7486	correction of record
8	7487	access by p & a to records
8	7501	privileged communication
3	7520	failure to report
3	7545	retaliation/harassment
3	7760	access to rights system
3	7780	complaint investigation process
3	7840	appeal process/mediation