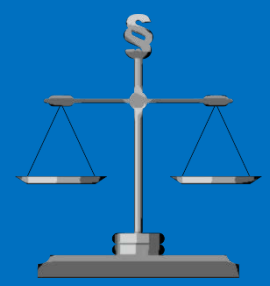


# 2018

## Annual Report



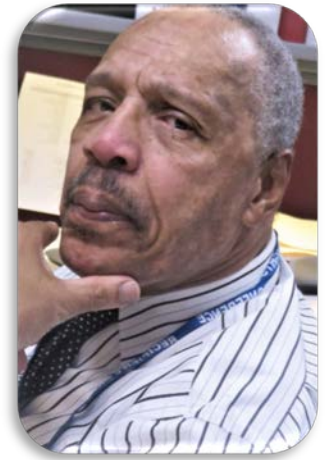
**SAFEGUARDING THE  
RIGHTS OF MICHIGAN'S  
MOST VULNERABLE  
POPULATION**

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## Message from the Director

I came across the definition of “motto” in an article I recently read. A motto is: “a short sentence or phrase chosen as encapsulating the beliefs or ideals guiding an individual, family, or institution.” Our government has an unofficial motto – “E Pluribus Unum” and, since, 1956, an official one, “In God We Trust”. Many first responder agencies use “To Protect and Serve” as their motto. The Office of Recipient Rights has never had a motto, but if it did, I would imagine we would have two. The first, “To protect and advocate”, and the second, “Rights Is Everybody’s Business”.



Sections 330.1702 and 330.1704 of the Mental Health Code are the foundation and justification for the creation of the Office of Recipient Rights. In 1975, the Code originally delineated the powers and duties of this new office straightforwardly:

... The office shall receive reports of and may investigate apparent violations of rights guaranteed by this chapter, may act to resolve disputes relating to apparent violations, may act on behalf of recipients of mental health service programs and seek remedies for any apparent violations, and *shall otherwise endeavor to safeguard the rights guaranteed by this chapter. (Emphasis added)*

Over the years, the powers and duties of the office have not changed, but they have expanded and have been clarified as to how to carry out those responsibilities. According to the “Code”, the primary mandates of the office are to provide direct rights protection and advocacy service to individuals admitted to state psychiatric hospitals and centers for developmental disabilities and to access and monitor the quality and effectiveness of the rights protection systems in community mental health service programs and licensed private hospitals. Each office of recipient rights was to be responsible for fulfilling four functions:

- Prevention
- Monitoring
- Education
- Complaint Resolution

In spite of the office performing these essential functions, one concern continues to remain. The question is this, “Does the Office of Recipient Rights do advocacy?” The answer is, “Yes”. Statutorily the office was created to protect the legal rights given to individuals receiving mental health services. Our advocacy is not the same as a community consumer group, or an organization like Protection and Advocacy, which represents the concerns of an individual person. The advocacy that we perform surrounds each of the functions listed above. For example, complaint resolution. Before we can advocate on behalf of an individual, we first have to determine whether a person’s legal right has been violated. If it’s

determined that the right was not violated, there may be an *opportunity* to advocate for the improvement of the mental health system. However, if right was violated, we have a *statutory responsibility* to advocate on behalf of the individual to ensure their right it is protected. Whether it be prevention, monitoring, or education our first responsibility is to determine if there is or will be a problem that will impinge upon the individual to fully exercise their legal right. In doing this we stay true to the motto, "*To protect and advocate*".

The "Code" gives the primary responsibility for rights protection to the Office of Recipient Rights, but the Mental Health System can only provide quality treatment if everyone respects the people they serve. This is why the Office of Recipient Rights promotes yet another motto that applies to everyone in the mental health system: "*Rights is Everybody's Business!*"

Thank you!

A handwritten signature in black ink that reads "John T. Sanford". The signature is written in a cursive, flowing style.

John T Sanford, Esq.

The 2018 Annual Report of the Michigan Department of Health and Human Services, Office of Recipient Rights in compiled in accordance with Section 330.1754 of the Michigan Compiled Laws mandating that the Office produce a report for the Legislature, its sub-committees with legislative oversight of mental health matters, and the Director of the Department that describes the current status of rights protection in Michigan.

# MDHSS OFFICE OF RECIPIENT RIGHTS

## MISSION

*The mission of the MDHHS 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.*

## VISION

*It is the vision of the MDHHS Office of Recipient Rights that all recipients of public mental health services are empowered to exercise their rights and are to fully participate in all aspects of their lives.*

The Mental Health Code established the Michigan Department of Health and Human Services, Office of Recipient Rights (MDHHS-ORR) within the Director's Office. MDHHS-ORR consists of twenty staff. The functions and operations of the Office are defined in Section 330.1754. The primary mandates of the office are:

- 1) To promote and provide rights protection to individuals admitted to state psychiatric hospitals,*
- 2) To monitor the quality and effectiveness of the rights protection systems in Community Mental Health Service Programs (CMHSP) and,*
- 3) To provide technical assistance and training to CMHSPs and Licensed Private (Psychiatric) Hospitals (LPH).*

## Services Provided



### Hospital and Community Investigation Unit

Provides the rights protection for recipients in MDHHS-operated hospitals and centers. With offices at the Caro Center, Hawthorn Center, Kalamazoo Psychiatric Hospital, Walter Reuther Psychiatric Hospital, and the Center for Forensic Psychiatry, MDHHS-ORR staff:

- Resolve allegations of rights violations through investigations and interventions, and, when appropriate, recommend remedial action(s) to the directors of the facilities; and,
- Provide new hire training to all employees of the facilities; and,
- Educate consumers about their rights.

This unit is also responsible for conducting special investigations, when requested, in CMHSPs and LPHs, and when they are assigned by the MDHHS director under Section 300.1754 (6) (e) of the Code.

### Education and Training



Section 1754 of the Code mandates that MDHHS-ORR provide training in recipient rights protection to community mental health programs and licensed hospitals in order to assure equal protection and consistency of practice. In this area, the Office develops and presents educational and training programs in order to meet the mandate that all new rights staff and CMH Chief Executive Officers successfully complete the orientation programs and

receive training on a regular basis.

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

- Offers a six-day orientation (Basic Skills I and II) program (four times per year) that all new recipient rights staff system-wide must attend and successfully complete;
- Provides mandatory rights education programs for newly hired CMHSP CEOs;
- Coordinates recipient rights training programs provided to all staff in MDHHS Hospitals and Centers;
- Oversees the new hire rights orientation for all MDHHS Central Office staff;
- Develops and presents additional rights related training programs for recipient rights staff system-wide.



## Assessments of Community Mental Health Services Program Recipient Rights Systems

The Mental Health Code requires that MDHHS-ORR 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 relative to CMHSP governance, resource management, quality improvement, service

delivery and safety management may be waived by the department in whole or in part as the result of the CMHSP's accreditation by a nationally recognized accrediting body, recipient rights standards cannot be waived. These standards have to be reviewed by the department and MDHHS-ORR serves that function.

Each CMHSP receives an on-site assessment once every three years. CMHSP rights systems are assessed on standards developed from the Mental Health Code, the Administrative Rules of the Department and contractual requirements. As a result of these reviews, CMHs are classified as in full compliance, substantial compliance or less than substantial compliance. Plans of correction are required and monitored to bring the agencies into compliance. In addition, Each CMHSP recipient rights system is reviewed annually through careful evaluation of, and follow-up on, semi-annual and annual reports submitted by each CMHSP, as required by law.



## Information and Referral

The information and referral functions of the Office include handling of complaints from other jurisdictions received by the Office, answering questions from the public, systematic data collection, entry and analysis which then amalgamates the data for the semi-annual and annual reports mandated to be produced by the Office.



## Technical Assistance

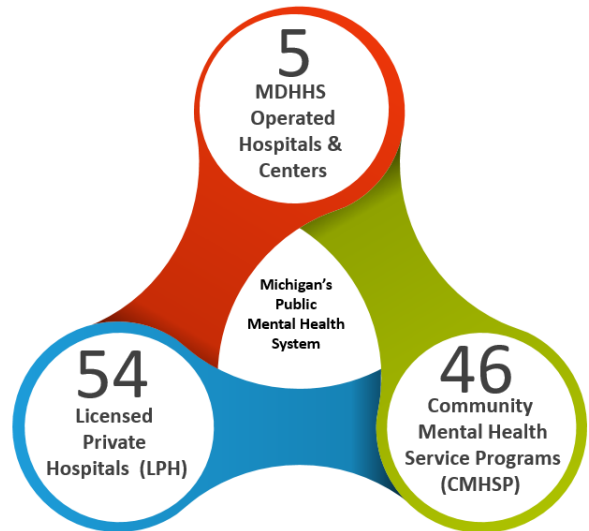
Section 330.21754(f) of the Mental Health Code requires that the Office of Recipient Rights offer technical assistance...to all community mental health services programs and other mental health service providers subject to this act. Over the past year, ORR has provided this assistance to rights advisory committees, court employees, individual rights staff in CMHSPs and LPHs, CMHSP CEO's and numerous other entities.

# RECIPIENT RIGHTS IN MICHIGAN

Rights protection is provided in Michigan in MDHHS operated hospitals and centers, all community mental health services providers (CMHSP), and all licensed private hospitals (L

## Staffing Resources

- 9 rights advisors in the five MDHHS facilities
- 119 rights staff for the Community Mental Health programs
- 54 (mostly part-time) rights staff in the Licensed Private Hospitals (LPH).



System-wide, rights staff in these agencies:



**Received** 16,382 allegations of rights violations



**Investigated** 11,155 and **intervened on** 5,227 allegations of rights violations



**Substantiated** 6,896 rights violations



### Represented:

- 265,041 recipients of Community Mental Health Service Programs
- 75,940 recipients admitted to Licensed Private Hospitals
- 692 Patients in MDHHS Hospitals and Centers



**Visited** 4,657 Service Sites to assure compliance with rights standards







# RESPONSIBILITIES

PA 258 of 1974, the Michigan Mental Health Code (Code), creates an internal rights protection system for recipients of public mental health services across the State. Chapter 7 of the Code identifies the rights, in addition to rights guaranteed by the United States Constitution, and other Federal and State laws, that are provided to these recipients.

It also mandates the establishment of an Office of Recipient Rights in the Michigan Department of Health and Human Services, each Community Mental Health Services Program (CMHSP) and every licensed psychiatric hospital (LPH) licensed by the Department of Licensing and Regulatory Affairs (LARA). As of the end of FY 17, there were 46 CMHSPs and 56 LPHs.

Each Office of Recipient Rights (ORR) is responsible for fulfilling four functions:

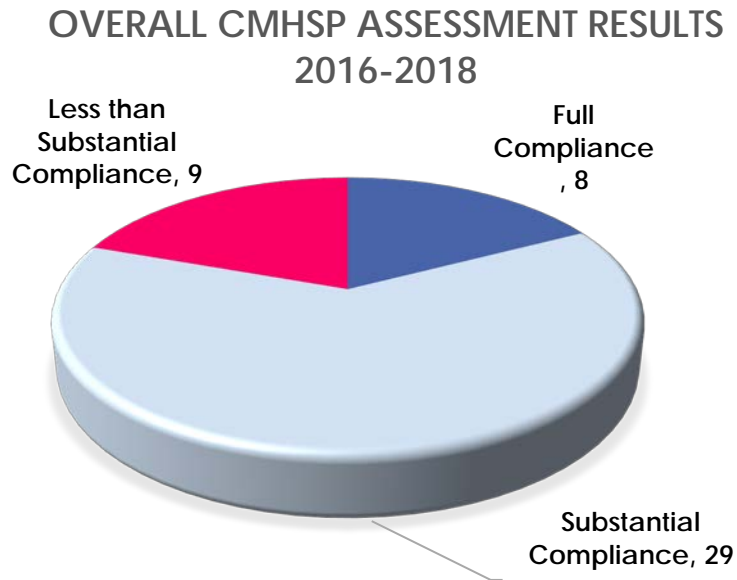
Prevention	Monitoring	Education	Complaint Resolution
 <p>A critical component of the rights protection system which aims to reduce risk factors for rights violations and increase proactive influences which may prevent violations.</p>	 <p>An essential link between program implementation and evaluating effectiveness of rights protection systems.</p>	 <p>Education on rights provided to all staff of an agency, all those who work for contract agencies or individual contractors, and consumers.</p>	 <p>Investigations into alleged violations of rights made by recipients, family members, staff and other interested parties.</p>

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

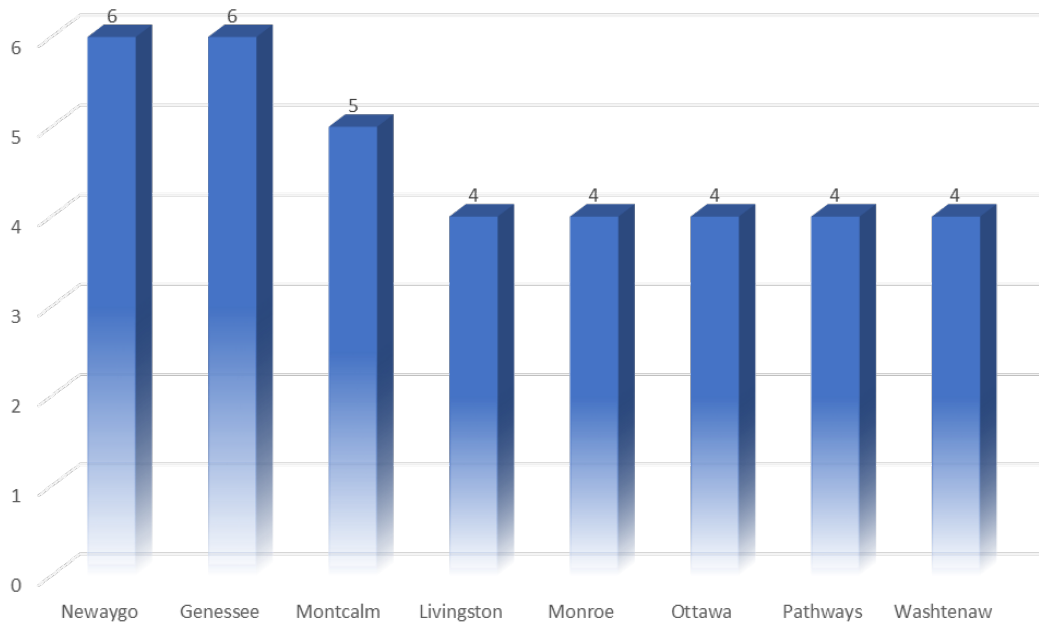
Franklin D. Roosevelt, 1/9/1940

## RESULTS OF CMHSP ASSESSMENTS - 2018

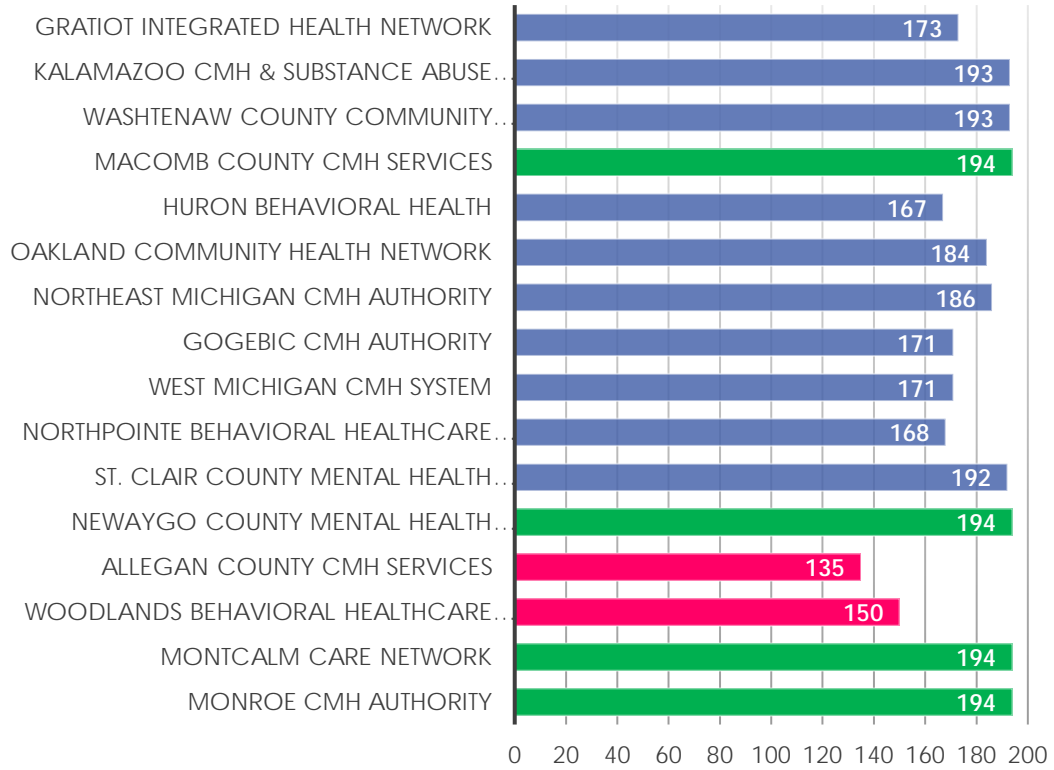
The following chart provides the overall results of the assessments of all 46 CMH service programs during the 2016-2018 cycle.



### CMHSP WITH THE MOST FULL COMPLIANCE SCORES 1998-2018



## CMHSP ASSESSMENT RESULTS - 2018

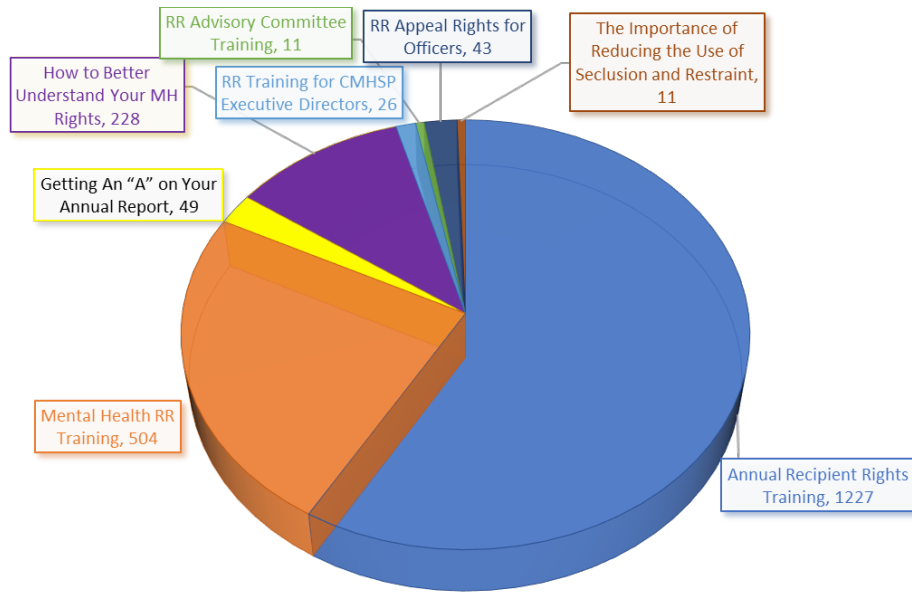


Note: Allegan and Woodlands have achieved Substantial Compliance based on the completion of corrective action plans.  
 Key: Green: Full Compliance; Blue: Substantial Compliance; Red: Less than Substantial Compliance

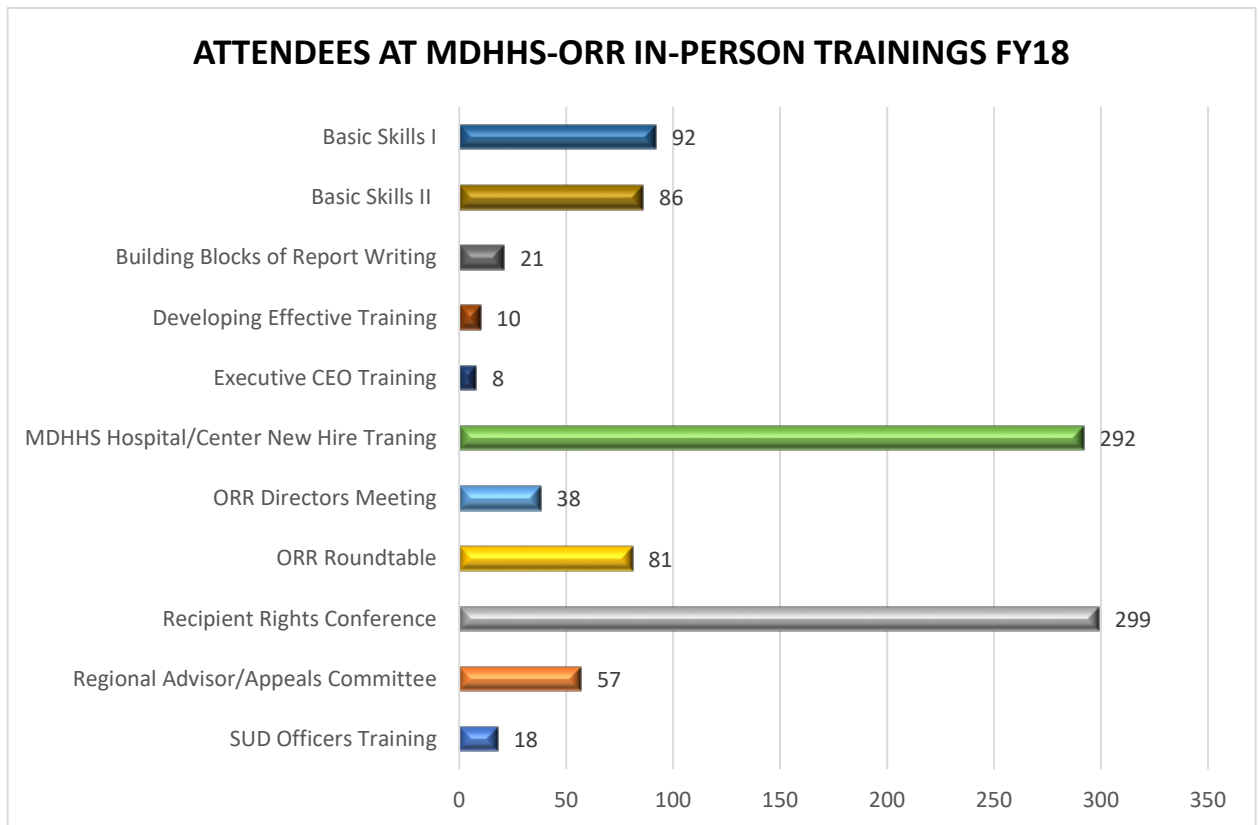


## EDUCATION PROVIDED BY THE STATE OFFICE OF RECIPIENT RIGHTS

The Office of Recipient Rights offers a variety of face-to-face and online education for its stakeholders. Education is one of the mandates of the office. These programs are required by the Mental Health Code. 318 persons went through MDHHS-ORR training programs in FY18. An additional 2099 people utilized the online training modules developed by the office.



ATTENDEES AT MDHHS RECIPENT RIGHTS ONLINE TRAININGS FY 2018



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.” Training received by MDHHS-ORR Recipient Rights staff (and recipient rights staff statewide) is organized into the following categories:

**Category I: Operations** – Programs that support and enhance the fundamental scope of responsibilities and effective work of recipient rights staff.

**Category II: Legal Foundations** – Programs that enhance the understanding and application of the Mental Health Code, Administrative Rules, Disability and Human Rights Laws, Federal Laws and regulations and any other laws addressing the legal rights of a mental health recipient.

**Category III: Leadership** - Programs that support and enhance the leadership abilities of rights staff.

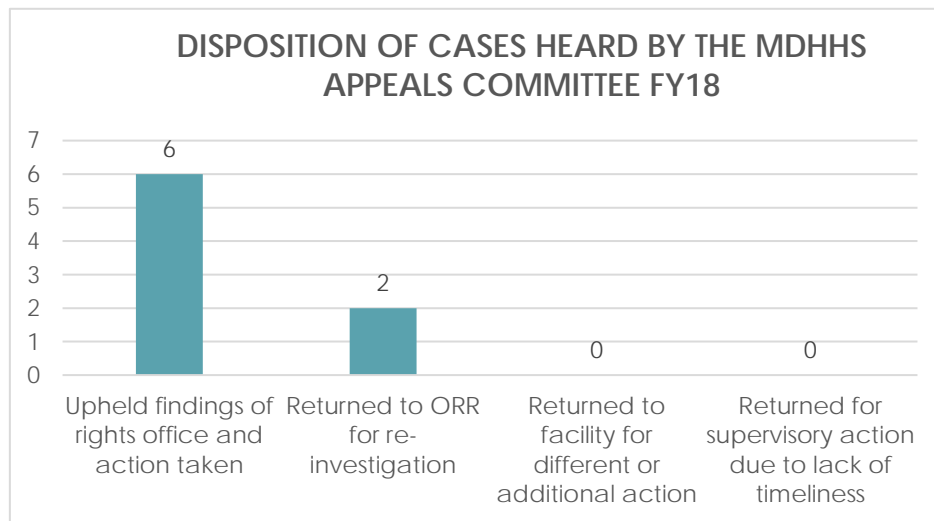
**Category IV: Augmented Training** - Programs that contain information that would help rights staff better understand the people they serve, their disabilities, their families, or training indirectly related to rights but affecting rights.

The chart below provides information on training received by MDHHS- ORR staff to meet these requirements.

First Name	Last Name	Category I Operations	Category II Legal	Category III Leadership	Category IV Augmented	Total
Carla	Coleman	11.0		2.5	1.5	15.0
Karen	Currington	21.5	3.0			24.5
Walter	Herbert	15.0		2.5	3.0	20.50
James	Klingenberg	17.0	5.50	13.50	7.75	43.75
Raymie	Postema	20.5	12.0	3.5	4.75	40.75
Enid	Reed	8.0	3.	1.	4.5	16.5
LaToya	Rodgers	12.0	5.5	1.0	3.25	21.75
David	Scott	8.0		1.0	6.0	15.00
Cynthia	Shadeck	41.5	3.0	3.5	7.0	55.0
Andrew	Silver	10.0		1.0	1.5	12.5
Beverly	Sobolewski	50.5	4.5	5.5	3.25	63.75
Janice	Terry	30.0	3.0	1.0	10.0	44.0
Michele	Wills	10.5	3.0	3.5	1.5	18.5
Sue	Witting	24.5	8.5	3.5	3.25	39.75

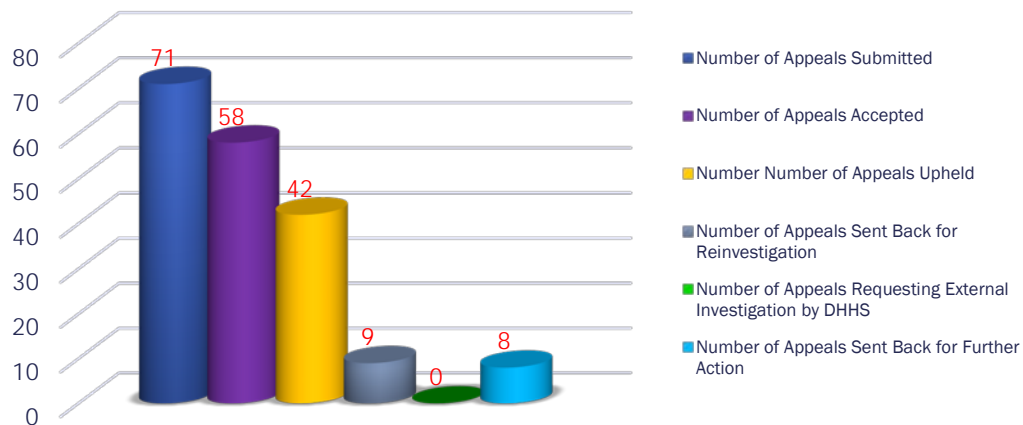
# APPEALS

Section 330.1974 of The Michigan Mental Health Code states, "The director shall appoint an appeals committee consisting of seven 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 MDHHS Appeals Committee reviews appeals of rights complaints filed by or on behalf of patients/residents of state hospitals and centers. Additionally, the Committee reviews appeals submitted by or on behalf of individuals who are or have been patients in one of the 54 licensed psychiatric hospitals/units (LPH) that have entered into an agreement to use the Department's Appeals Committee in lieu of appointing their own. Fifty-four licensed hospitals have executed an agreement with the MDHHS to use the State Appeals Committee for appeals filed by non-CMH recipients. Following is a summary of activity for the MDHHS Appeals Committee for FY 18. Members of the appeals committee are: Norman G. DeLisle, Jr., Jennifer Gorman, Neil Marchand, J.D., Michelle Milligan, LMSW, and Margret Stooksberry.



Appeals at the local (CMH) Level and those made subsequent to an investigation by a CMH client in a LPH are reviewed by the local CMH Committee.

## Actions on Appeals Requests - CMH System FY18



The annual report shall include, at a minimum, all of the following:

- (a) Summary data by category regarding the rights of recipients receiving services from the state operated hospitals and centers, community mental health services programs or licensed hospitals including complaints received, the number of reports filed, and the number of reports investigated by provider.
- (b) The number of substantiated rights violations by category and provider.
- (c) The remedial actions taken on substantiated rights violations by category and provider.
- (d) Training received by staff of the office of recipient rights.
- (e) Training provided by the office of recipient rights to contract providers.
- (f) Outcomes of assessments of the recipient rights system of each community mental health services system.
- (g) Identification of patterns and trends in rights protection in the public mental health system in this state.

## KEY TERMS

### **Allegation:**

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

### **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.

### **Investigation:**

A detailed inquiry into and a systematic examination of an allegation raised in a rights complaint and reported in accordance with Chapter 7A.

### **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). This is the standard used in rights investigations.

### **Substantiation:**

A determination that a right was violated.

## SYSTEM-WIDE DATA FY18



16,382 allegations of rights violations



11,155 investigations  
5,227 interventions



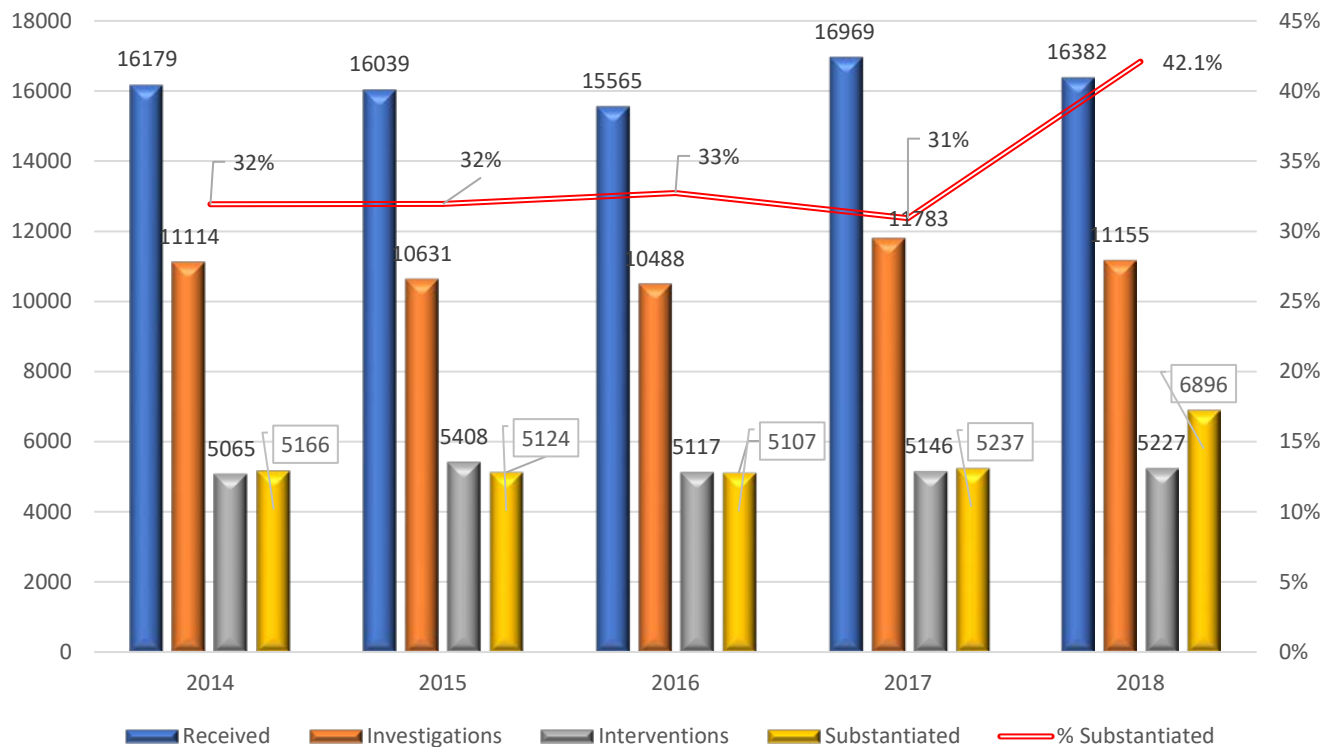
6,896 substantiated rights violations



38% increase over FY17

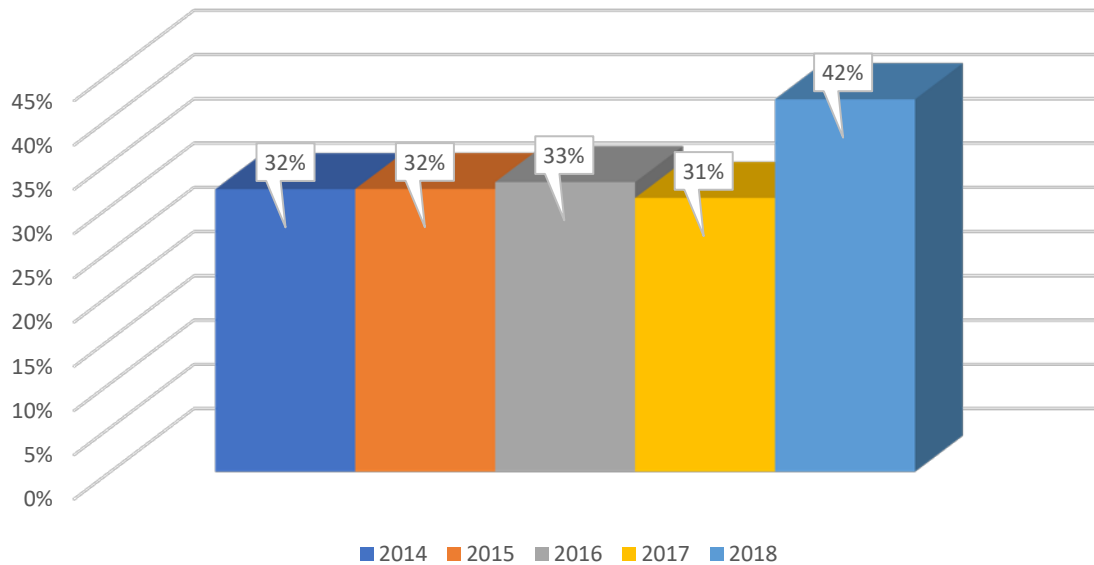
The chart below shows the number of allegations received, investigations and interventions conducted, and allegations substantiated over the past five years.

### Allegation Activity -System-wide 2014-2018





## PERCENT OF ALLEGATIONS SUBSTANTIATED - SYSTEM WIDE FY 14- FY 18



### ABUSE AND NEGLECT

Abuse and Neglect are the most serious violations in the rights system and account for much of the time spent in investigations by rights staff. MDHHS Administrative Rules provide clear definitions of Abuse and Neglect.

#### **Abuse class I:**

A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.

#### **Abuse class II:**

Any of the following:

- (i) A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to nonserious physical harm to a recipient.
- (ii) The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
- (iii) Any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
- (iv) An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
- (v) Exploitation of a recipient by an employee, volunteer, or agent of a provider.

**Abuse class III:**

The use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.

**Neglect class I:**

Either of the following: (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient., or (ii) The failure to report apparent or suspected Abuse Class I or Neglect Class I of a recipient.

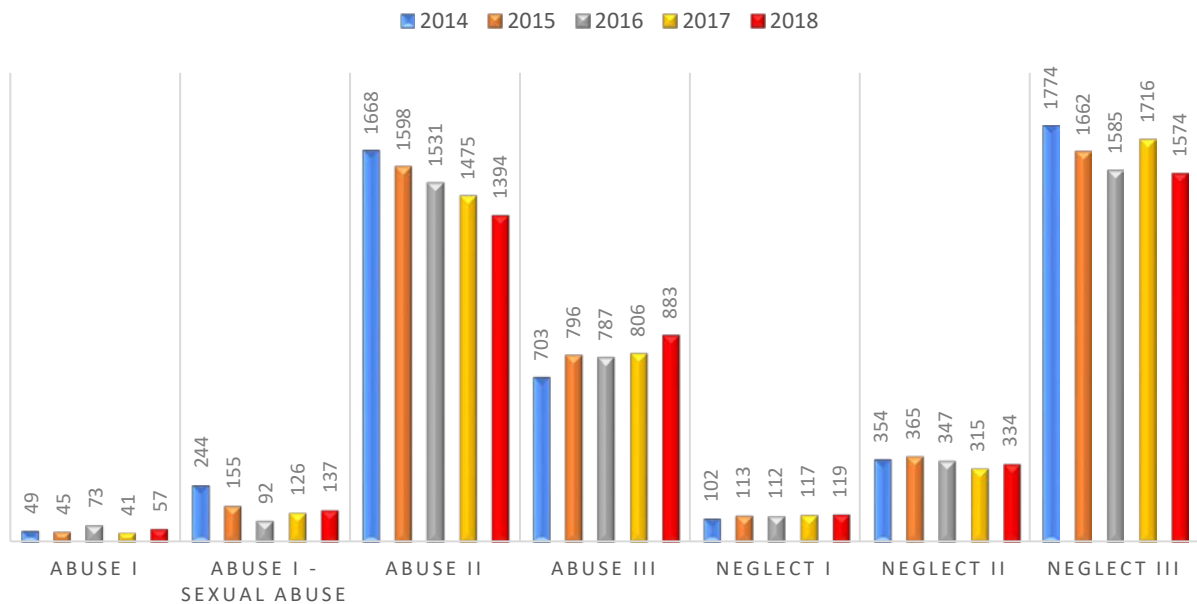
**Neglect class II:**

Either of the following: (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient, or (ii) The failure to report apparent or suspected Abuse Class II or Neglect Class II of a recipient.

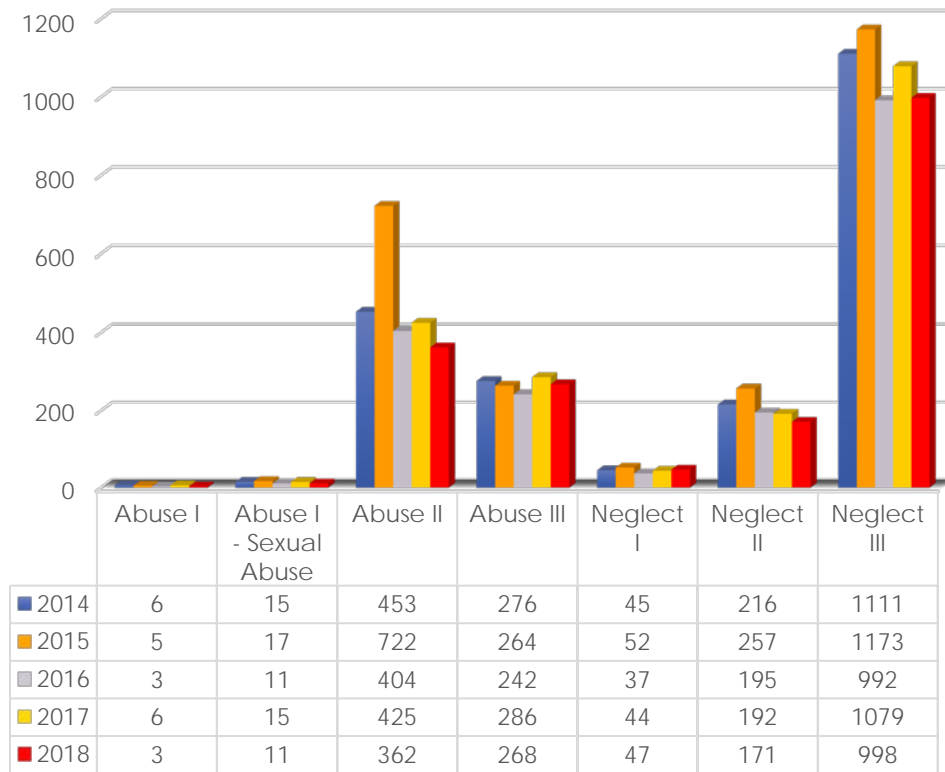
**Neglect class III:**

Either of the following: (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse, or (ii) The failure to report apparent or suspected Abuse Class III or Neglect Class III of a recipient.

**ABUSE AND NEGLECT ALLEGATIONS INVESTIGATED  
FY 14- FY18**



**ABUSE AND NEGLECT ALLEGATIONS SUBSTANTIATED  
FY 14- FY18**



THERE MAY BE TIMES  
 when we are powerless  
 to PREVENT injustice  
 BUT THERE MUST NEVER  
 be a time when we  
 FAIL TO PROTEST  
 • elie wiesel •

# DATA

## MDHHS HOSPITALS AND CENTERS

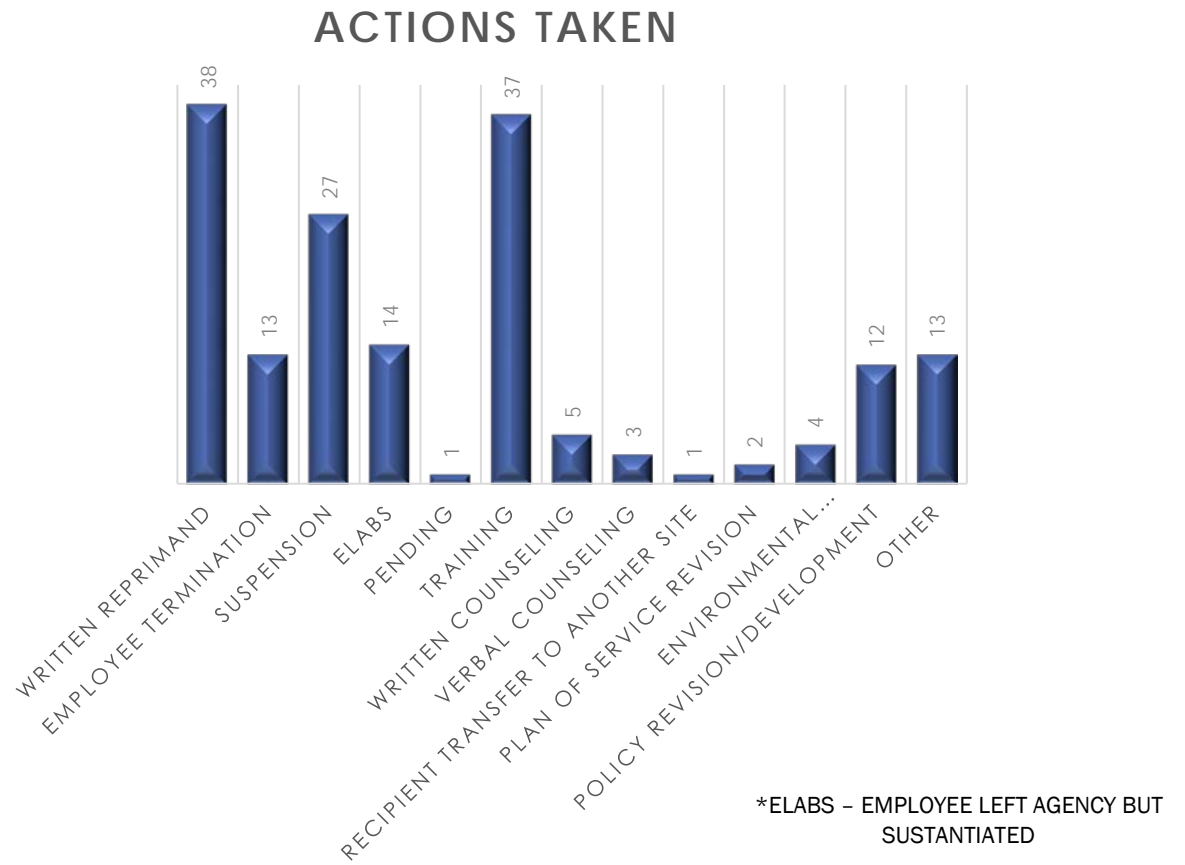
This table provides information on the number of complaints received, investigated and substantiated during FY18 at MDHHS Hospitals and Centers.

HOSPITAL OR CENTER	FY 18 Admissions	Rights Office Staffing FTE	Allegations (not including 0000 or 0001)	Investigations	Investigations Substantiated	% of Investigations Substantiated	Interventions	Interventions Substantiated	% of Interventions Substantiated
Caro Center	94	2.00	724	164	66	40.2%	560	8	1.4%
Center for Forensic Psychiatry	177	2.00	3255	120	16	13.3%	135	20	14.8%
Hawthorn Center	110	1.00	305	143	82	57.3%	162	22	13.6%
Kalamazoo Psychiatric	189	2.00	278	154	100	64.9%	124	8	6.5%
Walter Reuther Psychiatric	122	2.00	404	63	10	15.9%	341	12	3.5%

This table provides information on the number of substantiated allegations by category at MDHHS Hospitals and Centers

CATEGORY	Caro Center	Center for Forensic Psychiatry	Hawthorn Center	Kalamazoo Psychiatric Hospital	Walter Reuther Psychiatric Hospital	TOTALS
Neglect class II - failure to report	5	0	8	14	0	27
Abuse class II - exploitation	4	1	4	3	1	13
Abuse class II - non-accidental act	1	0	3	5	2	11
Neglect class I - failure to report	4	0	1	6	0	11
Restrictions/Limitations	4	0	5	2	0	11
Treatment by spiritual means	3	3	2	0	0	8
Abuse class I	2	0	0	4	0	6
Notice/explanation of rights	0	0	4	0	0	4
Abuse class II - unreasonable force	2	0	0	0	0	2
Contact with attorneys or others regarding legal matters	1	0	0	1	0	2
Protection of property	0	0	0	1	1	2
Waiver	0	0	0	1	1	2
Access to entertainment materials, information, news	1	0	0	0	0	1
Exclusions	0	0	0	1	0	1
Neglect class II	0	0	1	0	0	1
Restraint	0	0	1	0	0	1
Safe environment	0	0	1	0	0	1
Seclusion	0	0	1	0	0	1

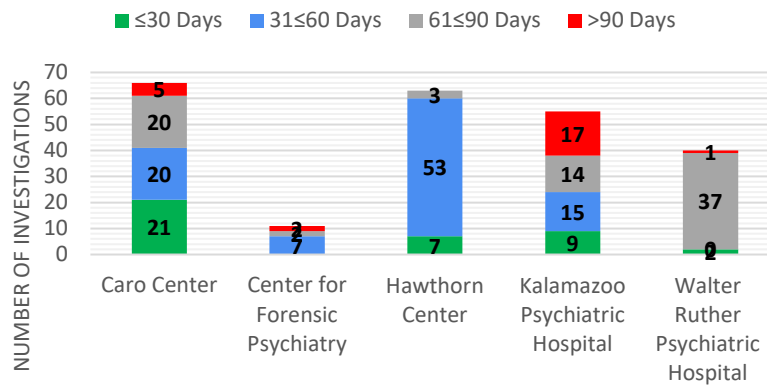
This chart shows the Action Taken on Substantiated Abuse and Neglect violations at MDHHS Hospitals and Centers during FY18.



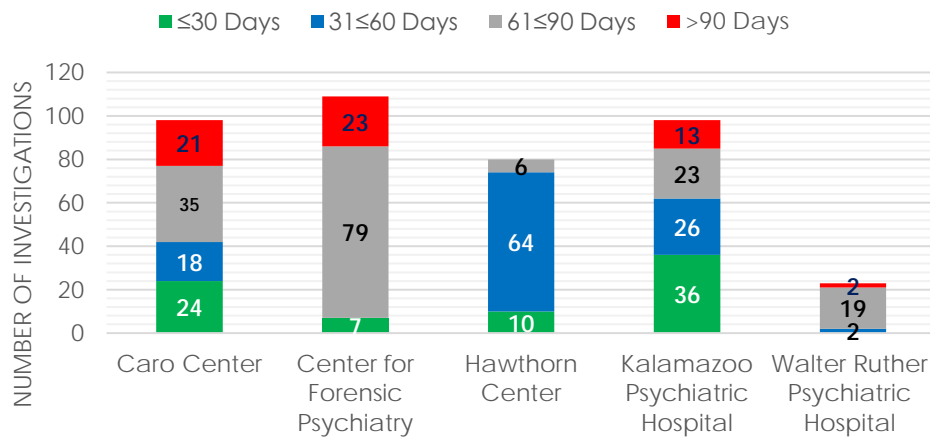
**330.1778 Investigation; initiation; recording; standard of proof; written status report; written investigative report; new evidence.**

(1) The office shall initiate investigation of apparent or suspected rights violations in a timely and efficient manner. Subject to delays involving pending action by external agencies as described in subsection (5), the office shall complete the investigation not later than 90 days after it receives the rights complaint.

Days to Completion  
Abuse and Neglect Investigations  
MDHHS Hospitals/Centers



Days to Completion  
All Other Investigations  
MDHHS Hospitals/Centers



# DATA COMMUNITY MENTAL HEALTH

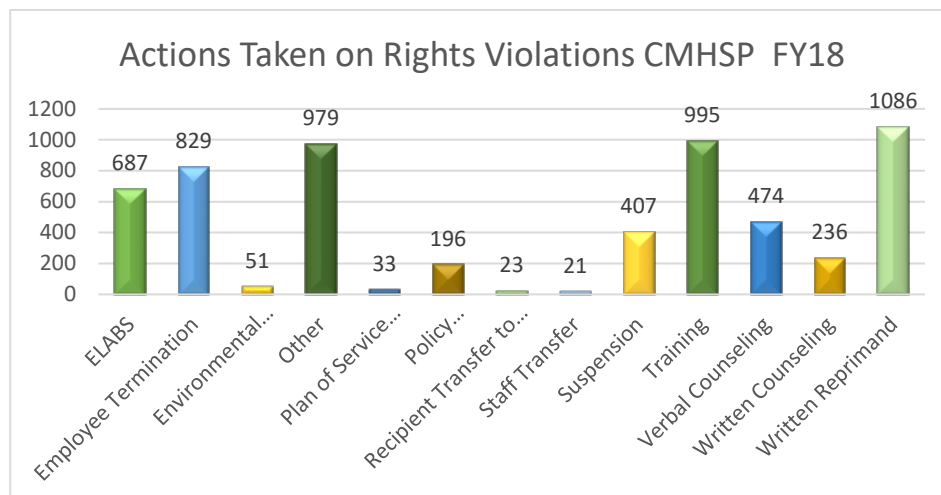
CMHSP	Unduplicated Count	Rights Office Staffing FTE	Site Visits Required	Allegations	Investigations	Investigations Substantiated	% Investigations Substantiated	Interventions	Interventions Substantiated	% Interventions Substantiated
Allegan	1,703	1.15	95	170	156	44	28.2%	14	4	28.6%
AuSable Valley	2,698	1.00	83	101	98	51	52.0%	3	1	33.3%
Barry County	1,532	1.00	43	21	17	11	64.7%	4	1	25.0%
Bay-Arenac	5,123	2.75	104	160	144	65	45.1%	16	13	81.3%
Berrien-Riverwood Center	5,836	1.80	88	41	27	16	59.3%	14	7	50.0%
Centra Wellness Network	1,495	1.50	21	36	23	12	52.2%	13	10	76.9%
St Joseph Cty	2,407	1.25	55	30	24	10	41.7%	6	2	33.3%
Clinton Eaton Ingham	10,866	4.00	207	164	164	43	26.2%	0	0	N/A
Central Michigan	9,834	5.82	210	369	369	163	44.2%	0	0	N/A
Ottawa County	3,275	1.00	85	21	21	5	23.8%	0	0	N/A
Copper Country	953	0.60	34	57	51	17	33.3%	6	1	16.7%
Detroit Wayne	63,922	32.00	632	1301	1301	481	37.0%	0	0	N/A
Genesee	10,690	6.00	168	480	464	211	45.5%	16	16	100.0%
Gogebic	539	0.25	17	6	5	5	100.0%	1	0	0.0%
Gratiot	1,654	1.00	18	33	33	20	60.6%	0	0	N/A
HealthWest	6,546	1.50	94	140	140	74	52.9%	0	0	N/A
Hiawatha	1,480	1.40	35	30	28	19	67.9%	2	0	0.0%
Huron	1,073	0.50	20	11	11	7	63.6%	0	0	N/A
Kalamazoo	6,347	6.00	129	625	438	164	37.4%	187	10	5.3%
Lapeer	2,524	1.00	48	46	34	15	44.1%	13	0	0.0%
Lenawee	1,649	1.00	40	56	56	19	33.9%	0	0	N/A
Lifeways	7,483	4.00	145	262	262	98	37.4%	0	0	N/A
Livingston	2,379	2.00	40	157	156	47	30.1%	1	1	100.0%
Macomb	10,853	16.50	342	1909	1909	813	42.6%	0	0	N/A
Monroe	2,695	2.00	37	138	137	91	66.4%	1	0	0.0%
Montcalm	1,917	1.25	31	33	21	8	38.1%	12	11	91.7%
network180	16,100	4.25	277	312	302	95	31.5%	10	5	50.0%
Newaygo	1,629	1.25	25	52	52	20	38.5%	0	0	N/A
North Country	4,030	2.00	105	159	135	91	67.4%	24	4	16.7%
Northeast Michigan	2,353	2.00	60	80	75	43	57.3%	5	3	60.0%
Northern Lakes	5,276	4.00	119	437	396	152	38.4%	11	8	N/A
Northpointe	1,848	1.00	37	44	37	22	59.5%	7	6	85.7%
Oakland	22,515	16.00	370	857	855	300	35.1%	2	0	0.0%
Pathways	2,900	3.00	72	176	159	59	37.1%	17	7	41.2%
Pines	2,298	0.50	53	150	145	67	46.2%	5	5	100.0%
Saginaw	7,523	3.00	150	117	116	73	62.9%	1	1	100.0%
Sanilac	1,279	1.10	55	118	95	48	50.5%	23	3	13.0%
Shiawassee	2,044	2.00	41	76	60	23	38.3%	16	13	81.3%
St Clair	4,140	2.00	78	193	193	134	69.4%	0	0	N/A
Summit Pointe	8,755	2.20	142	498	490	235	48.0%	8	4	50.0%
The Right Door	2,418	1.00	37	45	37	17	45.9%	8	4	50.0%
Tuscola	700	1.00	42	114	112	70	62.5%	2	0	0.0%
Van Buren	2,362	1.00	61	10	6	4	66.7%	4	3	75.0%
Washtenaw County	5,342	4.00	69	372	372	127	34.1%	0	0	N/A
West Michigan CMH	2,514	1.00	57	125	40	17	42.5%	85	80	94.1%
Woodlands	1,542	1.00	80	29	26	12	46.2%	3	2	66.7%
	265,041		4751	10361	9792	4118	42.1%	540	225	41.7%

Substantiated Rights Violations by Category in CMHSPs FY18

Category	Totals
mental health services suited to condition	897
neglect class III	850
dignity and respect	590
disclosure of confidential information	258
abuse class III	235
abuse class II - unreasonable force	151
safe environment	107
abuse class II - nonaccidental act	84
neglect class II	75
sanitary/humane environment	70
neglect class II - failure to report	69
failure to report	67
neglect class III - failure to report	66
abuse class II - exploitation	65
family dignity & respect	62
possession and use	46
restrictions/limitations	45
neglect class I	43
retaliation/harassment	23
seclusion	18
person-centered process	17
prior consent	16
safeguarding money	15
informed consent	15
abuse class I - sexual abuse	11
timely development	9
assessment of needs	9

Category	Totals
access to telephone, mail	8
complaint investigation process	7
abuse class II - emotional harm	5
access to rights system	5
search/seizure	5
limitations	5
protection	5
abuse class I	3
restraint	3
neglect class I - failure to report	2
religious practice	2
visits	2
uncensored mail	2
receipts to recipient and to designated individual	2
choice of physician/mental health professional	2
psychotropic drugs	2
notice/explanation of rights	1
civil rights: discrimination, accessibility, accommodation, etc.	1
funds for postage, stationery, telephone usage	1
labor & compensation	1
participation by individual(s) of choice	1
release to others/return	1

Table indicating resolution of Rights Violations in CMHSPs FY18.



\*ELABS – EMPLOYEE LEFT AGENCY BUT SUBSTANTIATED



## Days to Completion - Abuse and Neglect Investigations - CMHSP

AGENCY	<30	<60	<90	>90
Allegan County CMH Services	7	11	24	0
AuSable Valley CMH	15	6	1	0
Barry County CMHA	4	0	6	0
Bay-Arenac Behavioral Health	14	2	3	0
Berrien-Riverwood Center	6	4	1	0
Centra Wellness Network	3	2	0	1
CMH & SA Services of St Joseph County	1	4	0	1
CMH Authority of Clinton Eaton Ingham	16	13	12	4
CMH for Central Michigan	54	11	10	0
CMH for Ottawa County	0	0	4	0
Copper Country CMH Services	0	0	3	2
Detroit Wayne MH Authority	26	25	214	4
Genesee Health System	18	34	47	0
Gogebic County CMH Services	0	0	0	0
Gratiot Integrated Health Network	2	0	0	0
HealthWest CMH Services	12	3	0	0
Hiawatha	3	0	5	0
Huron Behavioral Health Services	0	0	0	0
Kalamazoo CMH & SA Services	20	35	24	0
Lapeer County CMH Services	7	1	0	0
Lenawee County CMH Authority	0	2	4	3
Lifeways	2	4	48	0
Livingston County CMH Services	2	5	15	2
Macomb County CMH Services	4	5	216	4
Monroe CMH Authority	1	7	3	1
Montcalm Care Network	4	1	2	0
network180	35	10	10	1
Newaygo County CMH Services	0	1	0	0
North Country CMH	5	8	7	1
Northeast Michigan CMH Authority	2	2	0	0
Northern Lakes CMH	1	2	64	2
Northpointe Behavioral Healthcare Systems	6	0	0	1
Oakland Community Health Network	7	61	113	4
Pathways	4	5	9	0
Pines Behavioral Health Services	8	14	4	0
Saginaw County CMH Authority	2	4	28	0
Sanilac County CMH Services	12	3	0	0
Shiawassee County CMH Services	3	8	2	0
St. Clair County CMH Services	0	5	6	1
Summit Pointe Behavioral Health	5	13	30	0
The Right Door for Hope, Recovery and Wellness	4	2	0	0
Tuscola Behavioral Health Systems	8	6	0	1
Van Buren CMH Authority	0	0	0	0
Washtenaw County	12	13	21	3
West Michigan CMH	5	0	3	0
Woodlands	3	1	0	0

## Days to Completion – All Other Investigations – CMHSP

AGENCY	≤30	≤60	≤90	>90
Allegan County CMH Services	24	15	75	0
AuSable Valley CMH	31	27	17	1
Barry County CMHA	0	0	6	1
Bay-Arenac Behavioral Health	86	22	17	0
Berrien-Riverwood Center	5	11	0	0
Centra Wellness Network	5	7	5	0
CMH & SA Services of St Joseph County	13	5	0	0
CMH Authority of Clinton Eaton Ingham Co	39	32	48	0
CMH for Central Michigan	217	55	22	0
CMH for Ottawa County	1	4	12	0
Copper Country CMH Services	0	4	17	11
Detroit Wayne MH Authority	145	98	780	9
Genesee Health System	80	78	207	0
Gogebic County CMH Services	0	0	5	0
Gratiot Integrated Health Network	25	6	0	0
HealthWest CMH Services	95	19	11	0
Hiawatha	19	0	1	0
Huron Behavioral Health Services	11	0	0	0
Kalamazoo CMH & SA Services	60	157	140	2
Lapeer County CMH Services	17	7	2	0
Lenawee County CMH Authority	2	7	25	13
Lifeways	9	13	184	2
Livingston County CMH Services	14	18	95	5
Macomb County CMH Services	14	22	1638	6
Monroe CMH Authority	13	53	55	4
Montcalm Care Network	13	1	0	0
network180	147	64	35	0
Newaygo County CMH Services	31	14	6	0
North Country CMH	37	23	42	12
Northeast Michigan CMH Authority	50	15	3	3
Northern Lakes CMH	3	0	323	1
Northpointe Behavioral Healthcare Systems	22	7	1	0
Oakland Community Health Network	27	152	469	22
Pathways	27	53	61	0
Pines Behavioral Health Services	10	21	58	30
Saginaw County CMH Authority	3	8	71	0
Sanilac County CMH Services	62	17	4	0
Shiawassee County CMH Services	3	30	14	0
St. Clair County CMH Services	70	43	68	0
Summit Pointe Behavioral Health	43	82	301	16
The Right Door for Hope, Recovery and Wellness	23	6	2	0
Tuscola Behavioral Health Systems	45	45	6	1
Van Buren CMH Authority	0	3	3	0
Washtenaw County	71	113	133	6
West Michigan CMH	12	0	20	0
Woodlands	8	10	4	0

**DATA  
LICENSED  
PRIVATE  
HOSPITALS**

<b>LPH</b>	<b>Admissions</b>	<b># Hours/40</b>	<b>Allegations (not including 0000 or 0001)</b>	<b>Number of Investigations</b>	<b>Number of Substantiated Allegations</b>	<b>Number of Inventions</b>	<b>Number of Substantiated Intervention s</b>
Havenwyck Hospital	7,982	80.00	338	13	2	325	33
Pine Rest Christian Mental Health Services	6,944	80.00	197	7	3	190	3
Holland Community Hospital	4,981	6.00	30	30	2	0	0
StoneCrest Center	4,105	40.00	49	24	7	25	13
Henry Ford Kingswood Hospital	3,614	40.00	234	28	22	206	106
ForestView Psychiatric Hospital	3,423	25.00	153	2	0	151	63
HealthSource Saginaw	2,919	60.00	977	296	65	681	1
Harbor Oaks Hospital	2,611	30.00	116	25	13	91	44
Henry Ford Macomb Hospital	1,804	40.00	252	14	11	238	16
Michigan Medicine	1,544	37.50	28	27	13	1	1
Borgess Medical Center	1,498	16.00	29	2	0	27	1
Mercy Health St. Marys	1,461	16.00	28	5	2	23	2
Behavioral Center of Michigan	1,370	40.00	112	25	11	87	23
Samaritan Behavioral Center	1,349	40.00	51	16	9	35	5
Henry Ford Wyandotte Hospital	1,305	40.00	55	3	1	52	3
Henry Ford Allegiance Health	1,266	40.00	81	15	4	66	23
Sparrow-St Lawrence Hospital	1,251	40.00	45	35	4	10	1
St. Joseph Mercy Hospital	1,111	24.00	22	3	2	19	8
Mercy Health Hackley Campus	1,110	16.00	106	9	4	97	5
McLaren - Flint	1,037	16.00	10	2	0	8	0
McLaren - Bay Region	1,018	4.00	1	0	0	1	1
St. Mary Mercy Hospital	995	20.00	82	2	2	80	6
Pontiac General Hospital	967	30.00	98	95	6	3	0
Beaumont Hospital - Taylor	952	40.00	196	164	25	32	5
McLaren - Port Huron	933	20.00	49	17	1	32	2
Hurley Medical Center	924	8.00	30	30	5	0	0
Memorial Healthcare - Owosso	921	20.00	15	0	0	15	7
Beaumont Hospital - Royal Oak	914	5.00	7	1	0	6	0
Crittenton Hospital Medical Center	811	10.00	80	4	0	76	7

LPH	Admissions	# Hours/40	Allegations (not including 0000 or 0001)	Number of Investigations	Number of Substantiated Allegations	Number of Inventions	Number of Substantiated Interventions
St. Joseph Mercy Hospital - Chelsea	800	16.00	4	1	0	3	1
MidMichigan Medical Center - Gratiot	798	22.50	58	8	1	50	11
MidMichigan Medical Center - Midland	798	22.50	59	9	1	50	11
Bronson Battle Creek	777	24.00	144	19	6	125	25
Cedar Creek Hospital of Michigan	739	10.00	31	18	9	13	7
St. Joseph Mercy Hospital - Oakland	729	20.00	79	24	4	55	6
Ascension St. John Macomb-Oakland Hospital - Warren Campus	726	10.00	39	5	3	34	5
Ascension St. John Hospital & Medical Center	707	10.00	64	8	3	56	7
Ascension St. John Macomb-Oakland Hospital - Madison Heights Campus	707	10.00	9	1	0	8	1
Beaumont Hospital - Farmington Hills	652	15.00	5	4	4	1	1
Munson Medical Center	651	40.00	79	5	1	74	5
DMC Sinai-Grace Hospital	638	25.00	88	9	1	79	2
UP Health System - Marquette	623	16.00	13	3	2	10	6
ProMedica Monroe Regional Hospital	600	20.00	27	5	0	22	5
DMC Detroit Receiving Hospital	573	20.00	18	3	0	15	1
McLaren - Oakland Hospital	540	40.00	49	2	2	47	9
Oaklawn Hospital	540	8.00	29	3	1	26	2
War Memorial Hospital	539	20.00	85	28	14	57	48
MidMichigan Medical Center - Alpena	486	8.00	39	0	0	39	1
Ascension Providence Southfield	478	20.00	50	5	0	45	8
Hillsdale Community Health Center	468	8.00	4	0	0	4	0
McLaren - Lapeer Region	465	5.00	22	3	2	19	0
Promedica Coldwater Regional Hospital	457	3.00	11	0	0	11	0
Bronson Lakeview Hospital	198	2.00	3	3	2	0	0
McLaren - Greater Lansing	131	40.00	3	2	2	1	1
Lakeland Health		3.00	16	0	0	16	1

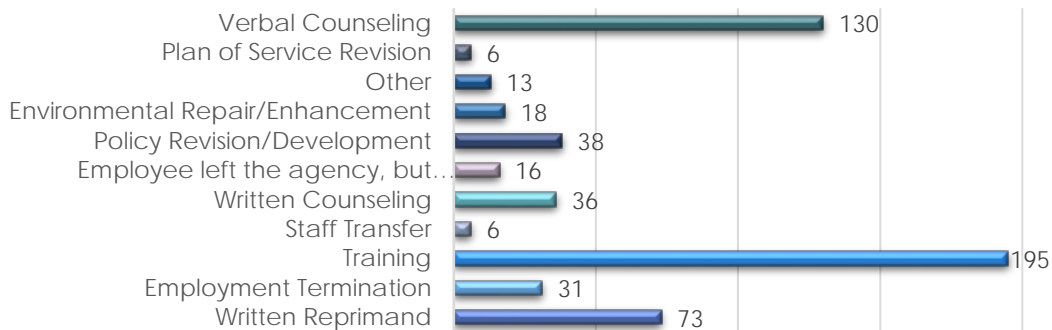
Substantiated Rights Violations by Category in LPHs FY18

Category	Totals
neglect class III	55
dignity and respect	35
abuse class II - unreasonable force	21
mental health services suited to condition	17
abuse class III	16
safe environment	15
abuse class II - nonaccidental act	13
neglect class II	13
involuntary admission process	9
sanitary/humane environment	9
choice of physician/mental health professional	9
restraint	7
protection	6
psychotropic drugs	6
family dignity & respect	5
person-centered process	5
abuse class II - emotional harm	4
voting	4

Category	Totals
disclosure of confidential information	4
informed consent	4
objection to hospitalization (minor)	3
possession and use	3
receipts to recipient and to designated individual	3
prior consent	3
abuse class II - exploitation	2
neglect class II - failure to report	2
complaint investigation process	2
restrictions/limitations	2
assessment of needs	2
abuse class I	1
neglect class I	1
opportunity to provide information	1
visits	1
access to telephone, mail	1
seclusion	1
services of mental health professional	1
timely development	1

Table indicating resolution of Rights Violations in LPHs FY18.

## Action Taken on Rights Violations FY 18 LPH System



\*ELABS - EMPLOYEE LEFT AGENCY BUT SUBSTANTIATED

## Days to Completion - Abuse and Neglect Investigations - LPH

	≤30 Days	31≤60 Days	61≤90 Days	>90 Days
Beaumont Hospital - Farmington Hills	0	0	0	0
Beaumont Hospital - Royal Oak	0	1	0	0
Beaumont Hospital - Taylor	0	4	0	0
Behavioral Center of Michigan	9	0	0	0
Borgess Medical Center	0	0	1	0
Bronson Battle Creek	2	2	4	0
Bronson Lakeview Hospital	0	0	0	0
Cedar Creek Hospital of Michigan	1	0	0	0
Promedica Coldwater Regional Hospital	0	0	0	0
Crittenton Hospital Medical Center	0	0	0	0
DMC Detroit Receiving Hospital	3	0	0	0
DMC Sinai-Grace Hospital	7	0	0	0
ForestView Psychiatric Hospital	0	0	0	0
Harbor Oaks Hospital	6	3	1	5
Havenwyck Hospital	5	0	0	0
HealthSource Saginaw	21	5	3	3
Henry Ford Allegiance Health	6	1	0	0
Henry Ford Kingswood Hospital	12	0	0	0
Henry Ford Macomb Hospital	0	0	0	0
Henry Ford Wyandotte Hospital	0	0	0	0
Hillsdale Community Health Center	0	0	0	0
Holland Community Hospital	0	0	2	3
Hurley Medical Center	1	2	0	0
Lakeland Health	0	0	0	0
McLaren - Bay Region	0	0	0	0
McLaren - Greater Lansing	2	0	0	0
McLaren - Lapeer Region	2	0	0	0
McLaren - Oakland Hospital	0	0	0	0
McLaren - Port Huron	2	0	0	0

## Days to Completion - Abuse and Neglect Investigations - LPH

	≤30 Days	31≤60 Days	61≤90 Days	>90 Days
McLaren - Flint	0	0	0	0
Memorial Healthcare - Owosso	0	0	0	0
Mercy Health Hackley Campus	1	2	2	0
Mercy Health St Mary's	3	0	1	0
Michigan Medicine	3	2	0	0
MidMichigan Medical Center - Alpena	0	0	0	0
MidMichigan Medical Center - Gratiot	7	1	0	0
MidMichigan Medical Center - Midland	7	1	0	0
Munson Medical Center	0	0	1	0
Oaklawn Hospital	0	2	1	0
Pine Rest Christian Mental Health Services	0	1	0	0
Pontiac General Hospital	0	0	11	0
ProMedica Monroe Regional Hospital	1	1	0	0
Ascension Providence Southfield	1	0	1	0
Samaritan Behavioral Center	0	0	0	0
Sparrow St. Lawrence Hospital	4	2	0	0
Ascension St. John Hospital & Medical Center	5	0	0	0
Ascension St. John Macomb-Oakland Hospital - Madison Heights Campus	0	0	0	0
Ascension St. John Macomb-Oakland Hospital - Warren Campus	4	0	0	0
St. Joseph Mercy Hospital	0	0	0	0
St. Joseph Mercy Hospital - Chelsea	0	0	1	0
St. Joseph Mercy Hospital - Oakland	1	2	0	0
St. Mary Mercy Hospital	0	0	0	0
StoneCrest Center	7	0	0	0
UP Health System - Marquette	3	2	0	0
War Memorial Hospital	2	0	0	0

## Days to Completion – All Other Investigations – LPH

	≤30 Days	31≤60 Days	61≤90 Days	>90 Days
Beaumont Hospital - Farmington Hills	0	0	0	0
Beaumont Hospital - Royal Oak	0	0	0	0
Beaumont Hospital - Taylor	64	35	60	1
Behavioral Center of Michigan	16	0	0	0
Borgess Medical Center	0	0	1	0
Bronson Battle Creek	3	4	4	1
Bronson Lakeview Hospital	0	0	0	0
Cedar Creek Hospital of Michigan	0	0	0	0
Promedica Coldwater Regional Hospital	0	0	0	0
Crittenton Hospital Medical Center	0	0	0	0
DMC Detroit Receiving Hospital	0	0	0	0
DMC Sinai-Grace Hospital	1	1	0	0
ForestView Psychiatric Hospital	0	0	0	0
Harbor Oaks Hospital	2	0	1	6
Havenwyck Hospital	0	0	0	0
HealthSource Saginaw	62	47	105	50
Henry Ford Allegiance Health	0	0	0	0
Henry Ford Kingswood Hospital	0	0	0	0
Henry Ford Macomb Hospital	0	0	0	0
Henry Ford Wyandotte Hospital	3	0	0	0
Hillsdale Community Health Center	0	0	0	0
Holland Community Hospital	0	0	25	0
Hurley Medical Center	16	5	6	0
Lakeland Health	0	0	0	0
McLaren - Bay Region	0	0	0	0
McLaren - Greater Lansing	0	0	0	0
McLaren - Lapeer Region	22	0	0	0
McLaren - Oakland Hospital	0	0	0	0
McLaren - Port Huron	0	0	0	0



## Days to Completion – All Other Investigations – LPH

	≤30 Days	31≤60 Days	61≤90 Days	>90 Days
McLaren - Flint	0	0	0	0
Memorial Healthcare - Owosso	0	0	0	0
Mercy Health Hackley Campus	0	0	0	0
Mercy Health St Mary's	0	0	0	0
Michigan Medicine	0	0	0	0
MidMichigan Medical Center - Alpena	0	0	0	0
MidMichigan Medical Center - Gratiot	0	0	0	0
MidMichigan Medical Center - Midland	0	0	0	0
Munson Medical Center	1	0	3	0
Oaklawn Hospital	0	0	0	0
Pine Rest Christian Mental Health Services	6	0	0	0
Pontiac General Hospital	0	3	81	0
ProMedica Monroe Regional Hospital	2	1	0	0
Ascension Providence Southfield	0	0	0	0
Samaritan Behavioral Center	0	0	0	0
Sparrow-St Lawrence Hospital	0	0	0	0
Ascension St. John Hospital & Medical Center	2	1	0	0
Ascension St. John Macomb-Oakland Hospital - Madison Heights Campus	1	0	0	0
Ascension St. John Macomb-Oakland Hospital - Warren Campus	1	0	0	0
St Joseph Mercy Hospital	0	0	0	0
St Joseph Mercy Hospital - Chelsea	5	0	0	0
St Joseph Mercy Hospital - Oakland	0	0	0	0
St Mary Mercy Hospital	0	0	0	0
StoneCrest Center	14	3	0	0
UP Health System - Marquette	0	0	0	0
War Memorial Hospital	24	2	0	0



The Education, Training, and Compliance Unit is responsible for content development and implementation of the Recipient Rights Conference. The focus of this event addresses the Code mandate of providing annual education in rights to rights personnel from across the State. The 2018 Conference was the 25<sup>th</sup> annual event.

The Recipient Rights Conference had its inception in 1994. 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, 3) assure an informed and knowledgeable consumer population.

The 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 the CMHSPs. The consumer scholarship covers the cost of registration and hotel accommodations; travel expenses are provided by the sponsoring CMHSP. The Director of the Education, Training and Compliance Unit, in collaboration with a steering committee composed of representatives from state and local rights offices, has responsibility for planning and implementing the conference. All conference sessions were approved for continuing education units for Michigan Social Workers and for Recipient Rights continuing education credits.

*Each year the Director of the Michigan Department of Health and Human Services recognizes 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 the honorees for FY 2018.*

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

To be considered for this award, an honoree 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 on 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.



Kathleen Tynes

### **2018 HONOREE: KATHLEEN TYNES**

Ms. Kathleen Tynes is a retired customer service provider for Genesee County CMH now known as Genesee Health System. She is also a certified Peer Support Specialist, public speaker, consumer advocate, and information/referral specialist in the LGBT/Rights community. Ms. Tynes received a special appointment to the state Recovery Council by Irene Kazieczko for her knowledge, tenacity, and passion for furthering recovery for all consumers and their families. She spends many waking hours advocating for others and passing along her wealth of information to those in need. She can be found among the leaders and organizers of annual events like May Walk a Mile, Pride rallies, and state committee meetings. She never hesitates to speak openly and honestly for she deeply believes that all people deserve to be treated with the same respect and dignity. The state of Michigan has a great asset in Ms. Tynes. We should all endeavor to follow her lead.

### PREVIOUS HONOREES

- |  |  |
|--|--|
| 2017 Tim Ninemire, Saginaw County CCMH Services              | 2007 John McKevez, Oakland County CMH Authority        |
| 2016 Mark Mishal, Macomb County CMH Services                 | 2006 Community Network Services - "The Stigma Busters" |
| 2016 Briana Squibb, Macomb County CMH Services               | 2005 Patricia Jolly, MDCH Office of Recipient Rights   |
| 2013 Sue Witting, Henry Ford Kingswood Hospital              | 2004 Cheryl Parker & Beatrice Stevens, Newaygo County  |
| 2012 Recovery Care Committee, Center for Forensic Psychiatry | 2003 West Michigan CMH System                          |
| 2011 Bay-Arenac Behavioral Health Rights Office              | 2002 Jonathan Bennett, North Central CMH               |
| 2010 Lisa Jolly, Lapeer County CMH                           | 2001 Woodlands Behavioral Health                       |
| 2009 James Tenuta, Doctors' Hospital of Michigan             | 2000 Oakland County CMH Authority                      |
| 2008 Shane Ray, CMH Partnership of SE Michigan               |  |

## Director's Award for Consumer Empowerment



Telly Delor and St. Clair CMH  
CEO, Debra Johnson

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.

### **2018 HONOREE: TELLY DELOR**

As the Office of Recipient Rights Director for St Clair County CMH, Telly is devoted to protecting the rights of all individuals served by the CMH system. She is always looking for ways to streamline, improve, correct and document any area where recipient rights are being denied or infringed upon by another person. Telly has also been the person that makes sure all employees from transportation providers to administration leaders have been educated and trained to protect the rights of many that do not have the voice to protect themselves. Monthly training opportunities are held throughout the county. Posters, newsletters and monthly recognition for employees that go out of their way to support recipient rights keep these rights in the forefront at all times. Telly also takes the time to provide individuals served by CMH the opportunity to understand their rights. She works with individuals, families and advocacy agencies to make sure that they all have the knowledge and means to feel safe advocating for themselves or family members. Her sunny disposition and friendly manner puts everyone at ease, even in some very trying times.

### Previous Honorees

- |  |  |
|--|--|
| 2017 The Newaygo County Recipient Rights Advisory Committee    | 2008 Sue Witting, Henry Ford Kingswood Hospital                |
| 2015 Lisa Haywood, Henry Ford Wyandotte Hospital               | 2007 Newaygo County CMH  |
| 2014 Renee Richards, Mercy Memorial Hospital System            | 2006 Judy Tucker, MDHHS Office of Recipient Rights             |
| 2014 Honorable Judge Frank Arnold, Monroe County Probate Court | 2005 Kevin Oosterhouse, Network 180                            |
| 2013 John Rogers, Detroit Wayne Mental Health Authority        | 2004 Dianne Baker, MDCH Office of Recipient Rights             |
| 2012 Rebecca Browne, Shiawassee County CMHA                    | 2003 Sanilac County CMH  |
| 2011 Christina Wilkins, War Memorial Hospital                  | 2002 Borgess Medical Center/Kalamazoo Valley Community College |
| 2010 Jonathan Bennett, Northern Lakes CMH                      | 2001 Macomb County CMH   |
| 2009 Les Behnken, Oakwood Heritage Hospital                    | 2000 MDCH - Mt. Pleasant Center Office of Recipient Rights     |

## 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).



Jennifer Gorman (center) with Nancy Vriebel, MDHHS Deputy Director and Andrew Silver, MDHSS-ORR

### 2018 HONOREE – JENNIFER GORMAN, ST. JOSEPH MERCY – ANN ARBOR AND CHELSEA

As behavioral health becomes even more challenging, Jennifer has become a strong voice that advocates for our behavioral health patients that get held on our units as we try to work through state and county jurisdiction. Jennifer understands the complexities of behavioral health and is always willing to help no matter the day or time. Jennifer gets involved because she says, "it's the right thing to do for that patient" and she uses her resources and peers to get the information needed to get the patient to the correct level of care. Jennifer's passion for Recipient Rights is exhibited in her commitment to the field. She is currently:

- Chairperson of the Office of Recipient Rights State Appeals Committee
- Member of the Office of recipient Rights Advisory Committee
- Member of the Office of Recipient Rights Conference Steering Committee
- Founding Member of the Office of Recipient Rights Southeast Michigan Round Table.

Jennifer enjoys educating others on what Recipient Rights is and how we can improve patient care when we find that we have an area for improvement. Jennifer makes herself available to ensure that both of her ministries are covered even if the events and interviews need to occur outside of usual business hours. Jennifer is active in state roles and is viewed by others across the state as an educator and knowledgeable colleague. From my standpoint Jennifer consistently prioritizes patient safety, patient rights and learning from defects. Jennifer protects the rights of some of our most vulnerable patients -she insures they have a voice and that they receive the care they need. A true patient advocate and protector.

**2018 HONOREE - KATIE SMITH, NORTHPOINT BEHAVIORAL HEALTH SYSTEM**

Northpointe serves Dickinson, Iron, and Menominee counties in the rural Upper Peninsula of Michigan. Our community needs surveys and community health assessment surveys continually show availability of mental health and substance abuse treatment is a significant need. As a CMH we provide the largest service array of any provider in our catchment area. The stigma of mental health conditions and mental health treatment is thought to be part of the problem, particularly in a rural area. Katie Smith, Northpointe's Recipient Rights officer, participates in our Operations Team and is involved in the agency's strategic planning process. Last year during this strategic planning process she supported the development of a new committee called the "Community Awareness Committee". Further, she volunteered to chair the new committee and works with staff across all 3 counties that hold a variety of positions within our agency to have regular meetings, carry out action plans, and plan events. The goals are community awareness of Northpointe, education about mental illness/mental health, and anti-stigma efforts surrounding mental illness and accessing treatment. In less than a year, with Katie's leadership, this committee has achieved many things. They have launched an awareness ad campaign that includes an increased Facebook presence, newspaper ads, radio ads that played in all 3 counties during May for Mental Health Awareness Month and Northpointe sponsorship of, or participation in, community events. Staff in Menominee County joined efforts with other community service agencies for a "Do it for Daniel" event. Dickinson/Iron Counties joined forces and Northpointe hosted an awareness event at a community venue in Crystal Falls, MI (midpoint between the 2 counties) that offered family friendly activities, an educational seminar, and Northpointe treatment information. Katie's enthusiasm and willingness to take this on far exceeds what would be expected of someone in the role of a Recipient Rights Officer to ensure individuals have the access to mental health care as the Michigan Mental Health Code intends. This work exceeds ensuring a person's right to have access to mental health treatment once within the public mental health system and advocates for community change and acceptance that supports access to the public mental health system by reducing barriers to that treatment; lack of education, information, and stigma. Katie takes a person's right to have access to treatment a giant step in the right direction with the idea that part of helping to truly make treatment accessible in the community is to advocate and provide information to the community at large, working to reduce stigma surrounding the access of the treatment, not just waiting until someone enters the mental health system for her work to begin through the ORR.



Katie Smith with Nancy Vriebel, MDHHS Deputy Director

Previous Honorees

- |  |   |
|--|---|
| 2017 Matt Zugel, Michigan Medicine and Washtenaw County CMH  | 2007 John McKevez, Oakland County CMH Authority           |
| 2016 Mark Mishal, Macomb County CMH Services                 | 2006 Community Network Services - "The Stigma Busters"    |
| 2016 Briana Squibb, Macomb County CMH Services               | 2005 Patricia Jolly, MDCH Office of Recipient Rights      |
| 2013 Sue Witting, Henry Ford Kingswood Hospital              | 2004 Cheryl Parker & Beatrice Stevens, Newaygo County CMH |
| 2012 Recovery Care Committee, Center for Forensic Psychiatry | 2003 West Michigan CMH System                             |
| 2011 Bay-Arenac Behavioral Health Rights Office              | 2002 Jonathan Bennett, North Central CMH                  |
| 2010 Lisa Jolly, Lapeer County CMH                           | 2001 Woodlands Behavioral Health                          |
| 2009 James Tenuta, Doctors' Hospital of Michigan             | 2000 Oakland County CMH Authority                         |
| 2008 Shane Ray, CMH Partnership of SE Michigan               |   |

## Cookie Gant Spirit Award

### 2018 HONOREE – WAYNE HOGAN

Wayne would have felt so truly honored to receive the Cookie Gant Spirit Award. Like Cookie, Wayne was an exceptionally dedicated and determined advocate who improved the quality of life of countless people. Protecting the rights of individuals with mental illness and developmental disabilities was of the utmost importance to him. Wayne mentored and empowered many individuals including recipients, family members, mental health staff and Recipient Rights Office staff. He educated us about our recipient rights and civil rights. Not just what our rights are, but how to advocate for ourselves and other individuals. Wayne was an expert on the Americans with Disability Act and the ADA Accessibility Guidelines for Buildings and Facilities. This was important to him because it's essential that individuals with "disAbilities" have full access to living in the community. Wayne despised the word "disabled" so much, that when he wrote the word, he always capitalized the letter "A" to emphasize "able". In 1996, he became a volunteer in the Right's Office for the Oakland Community Health Network (previously Oakland County Mental Health Authority), protecting the rights of the "disAbled" and those that could not speak for themselves. He was involved in many activities in his work with the OCHN rights office including:

- Recipient Rights Training and Monitoring Committee
- Recipient Rights Advisory Committee
- Consumer Advisory Committee (CAC)
- Consumer Evaluation Committee (CEC) – chair
- Consumer Involvement Committee
- Outcomes Improvement Committee
- Independent Facilitator
- Certified WRAP Facilitator

Wayne also put advocacy to work on the State level, serving as a member of the MDHHS Recipient Rights Advisory Committee and on the MDHHS Recipient Rights Appeals Committee, which he chaired for part of his tenure. Wayne passed away in 2018. His mother, Frances was at the awards presentation to accept the award on his behalf.

### 2018 HONOREE – KATHLEEN O'DONNELL

"Our presence and our voice is our strength," said Kathy O'Donnell, Detroit Wayne Mental Health Authority (DWMHA) Certified Peer Mentor. "We have to get out there and fight." Kathy uses her strength every day. She started her passionate work as a peer in 2008 living in Muskegon, then moved to the Detroit area in 2014, bringing her energy east to take care of her ailing father and mother. With both her and her son living with disabilities, she immediately enrolled in the DWMHA peer program and has been a fierce ally to her peers providing unyielding support ever since. Kathy is a powerful force. She currently works as a peer with the DWMHA COPE program, working with hospital staff to ensure peoples' rights are being respected. She works countless hours to



*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 Advisory 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.*

ensure people get the services they need, and when they don't, she boldly advocates on their behalf. Kathy is also a major contributor to DWMHA Constituents' Voice (CV), an advocacy and advisory group, giving shape to the mini-grant process, and developing training opportunities to people receiving services. These trainings help people explore and share their dreams which can then become part of their person-centered plan. As a CV member, she has influenced DWMHA policy and procedures, all of which is unselfishly done in the name of system improvements. This past May, Kathy shared a moving speech at the 2018 Community Mental Health Association of Michigan's Walk a Mile in My Shoes Rally, inspiring over 2,000 people in the crowd which took place on the lawn of the Michigan State Capitol. She declared that "there is hope for the future if the community is willing to take a stand, get out and fight for their rights." It is impressive to note that she advocates for everyone the same, whether she is fighting for her family, peers, or people receiving services. She remains involved and engaged in activities, programs, and opportunities and regularly attends trainings and encourages others to invest in their personal and professional growth, so that they too can help others.

### Previous Honorees

2017 Michael Squirewell  
2016 Stelios Chimpouras  
2015 Donna Orrin  
2014 Todd Koopsman  
2013 Sheryl Kuenzer  
2012 Dalia Smith  
2012 Kate Zajac  
2011 Malkia Newman

2010 Pamela Stants  
2009 Nancy Lewis  
2008 Donna Nichols  
2007 James Lindsey  
2006 Linda Rama  
2005 Jamie Armstrong  
2004 Marty Raaymakers  
2003 Cookie Gant (posthumously)



*You can only protect your liberties in this world  
by protecting the other man's freedom. You  
can only be free if I am free.*

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*Clarence Darrow*

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# RECOMMENDATIONS

Once again, the Office of Recipient Rights has the following recommendations for the Department:



The Department should approve an additional position in the Education, Training, and Compliance Unit to assist in the Code mandated provision of training for recipient rights stakeholders. This position has been consistently **requested from the Department for the past 11 years** and has never been funded. Mandated for training Department staff, staff from CMH and LPH agencies, and recipients have significantly increased during this time. In order to meet the demand, ORR has pulled resources from other areas, decreasing the ability of those staff to perform the functions assigned to them.



**To assure a uniformly high standard of recipient rights protection**, it is again recommended that the Michigan Department of Health and Human Services (MDHHS) through agreement with the Michigan Department of Licensing and Regulatory Affairs, allow the state Office of Recipient Rights to review the recipient rights systems of all licensed psychiatric hospitals/units for compliance with standards established in Chapters 7 and 7A of the Mental Health Code and attendant Administrative Rules. Currently, under Sec. 753, the Office of Recipient Rights reviews only the rights systems of the community mental health service programs.



MDHHS should require its hospitals and centers to follow departmental policies and practice guidelines to ensure standardization within the Bureau of Hospitals and Administrative Operations.



*MDHHS should develop and implement the following policies and procedures to ensure the promotion and protection of rights is afforded to all recipients of the public mental health system:*

- ✓ A policy and procedure describing how the department intends to fund the Office of Recipient Rights [MHC 330.1754[2][a].
- ✓ A policy and procedure describing a formula to ensure the ORR has sufficient staff and other resources necessary to perform its duties as required by MHC 330.1754[3][a].
- ✓ A policy and procedure which describes and details the role Recipient Rights Advisory Committee will play in the review of funding the ORR required [MHC 330.1754[2][a].
- ✓ A policy and procedure to protect complainants, staff in the rights office, or any staff from harassment or retaliation resulting from recipient rights activities as required by MHC 330.1754[3][b].

# 2018



## Annual Report