

Michigan Department of Health
and Human Services
OFFICE of RECIPIENT RIGHTS

ANNUAL REPORT 2019

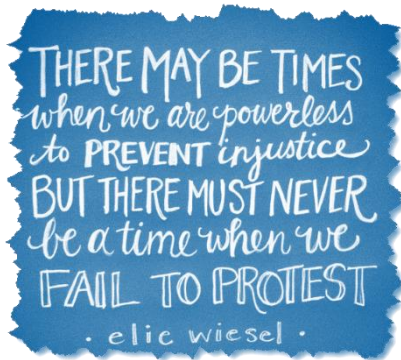


**SAFEGUARDING THE
RIGHTS OF MICHIGAN'S
MOST VULNERABLE
POPULATION**

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The 2019 Annual Report of the Michigan Department of Health and Human Services, Office of Recipient Rights is 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.



I have recently assumed the position of director of the Office of Recipient Rights for the Michigan Department of Health and Human Services. I have been with this office for 22 years; however, I am excited and humbled by taking on many new responsibilities and challenges in this role. There are many changes coming to our public mental health system and regardless of transformations the system may see, protecting the rights of the individuals we serve must remain our most deeply held value moving forward. The rights a person has should not be dependent on who provides their services or where the

funding source comes from but rooted in a belief that the people receiving public mental health services in Michigan are entitled to be full participants in their treatment, lives and communities.

I am proud to be a partner in a statewide system that champions the rights of our recipients. There is much work to do and we should always be striving to improve peoples' lives and ensure all service providers are accountable to the people they serve and the law. It is incumbent upon all of us to ensure behavioral health services, in all settings, focus on these guiding principles:

Recovery

Having hope for the future, that people can and do overcome the barriers and obstacles that confront them. Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth. The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Culture of Gentleness

The promotion of a treatment environment where all are equal, supports unconditional positive regard, is devoid of verbal and physical disrespect and is genuinely person-centered.

Dignity and Respect

Everyone has strengths and the ability to express preferences and make choices. A person's cultural background shall be recognized and valued in the decision-making process. Treatment and supports identified through the process shall promote maximum independence, least restrictive treatment modalities, community connections and quality of life.

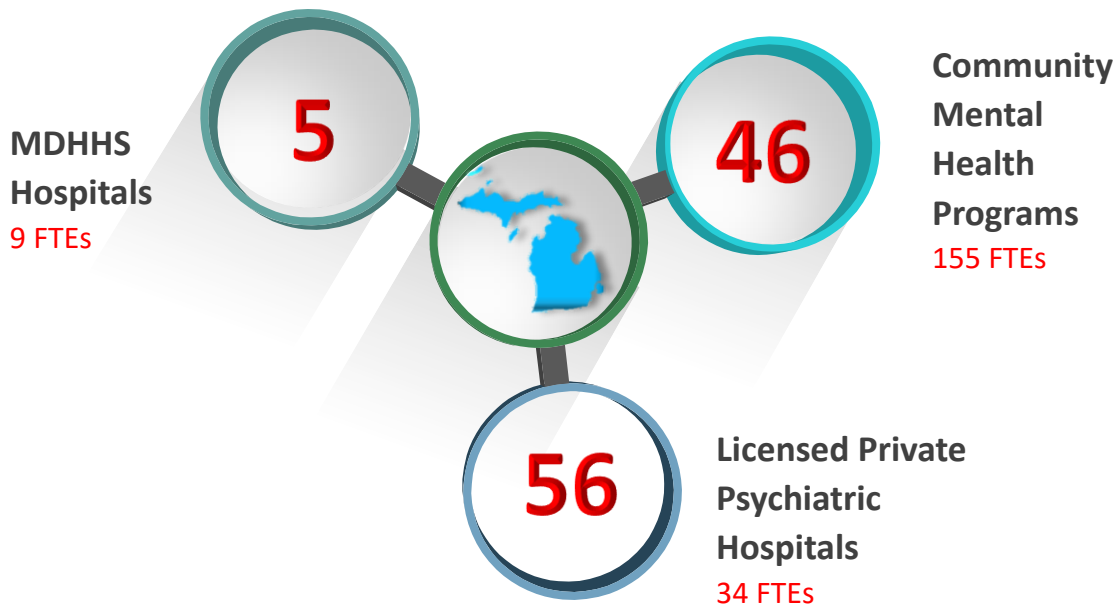
I look forward to standing along-side all recipients and other stakeholders in this journey to make Michigan's public mental health system the best that it can be.

Thank you!

Raymie Postema

RECIPIENT RIGHTS IN MICHIGAN

Recipient Rights protection is mandated to be provided in all MDHHS hospitals, all Community Mental Health Services Programs (CMHSP) and all Licensed Private Psychiatric Hospitals (LPH).



During FY19, ORR staff:



Received 16,289
allegations of rights
violations



Investigated 11,157
and **intervened on**
5,166 allegations of
rights violations



Substantiated 5,360
rights violations



Represented:





Over 300,000 persons receiving services from Community Mental Health Service Programs, Licensed Private Hospitals, and MDHHS Hospitals

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 (MDHHS-ORR), each Community Mental Health Services Program (CMHSP) and every psychiatric hospital or unit (LPH) licensed by the Department of Licensing and Regulatory Affairs (LARA). Currently there are 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>

330.1754 (6) (o) The annual report shall include, at a minimum, all of the following:

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

MDHHS OFFICE OF RECIPIENT RIGHTS

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 ORR are defined in Section 330.1754. The primary mandates of the office are:

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.

- 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 Psychiatric Hospitals (LPH).*

BUDGET

330.1754 (6) (o) The annual report shall include, at a minimum, all of the following: (viii) Review of budgetary issues including staffing and financial resources.

	FY19	FY20	Difference
FTE	20	20	-
Salary & Fringe	\$2,665,920	\$2,759,649	+\$103,729
CSS&M	\$61,089	\$11,204	- \$49,885
Travel	\$35,991	\$22,047	-\$13,994
MPHI - training	\$7,500	\$7,500	-
Total	\$2,763,000	\$2,802,400	+ \$39,850

MDHHS-ORR SERVICES PROVIDED



Hospital and Community Investigation Unit

Provides the rights protection for recipients in MDHHS-operated hospitals. 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 hospitals.
- Provide new hire training to all employees of the hospitals.
- Provide monitoring to ensure patients receive appropriate services in a safe, sanitary, humane treatment environment.
- Develop MDHHS policies related to rights protection.
- Provide education and consultation to hospital administration, employees, and patients.

This unit is also responsible for conducting special investigations in CMHSPs and LPHs, when requested or when they are assigned by the MDHHS director under Section 330.1754 (6) (e) of the Code.



Education, Training, and Compliance Unit

Section 330.1754 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) 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.
- 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.

EDUCATION PROVIDED BY MDHHS-ORR

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. 1,202 persons, an increase of 225 percent, went through MDHHS-ORR training programs in FY19. 2435 people, an increase of 16 percent from FY18, utilized the online training modules developed by the office.

Chart 1: ATTENDEES AT MDHHS-ORR ONLINE TRAININGS FY 2019

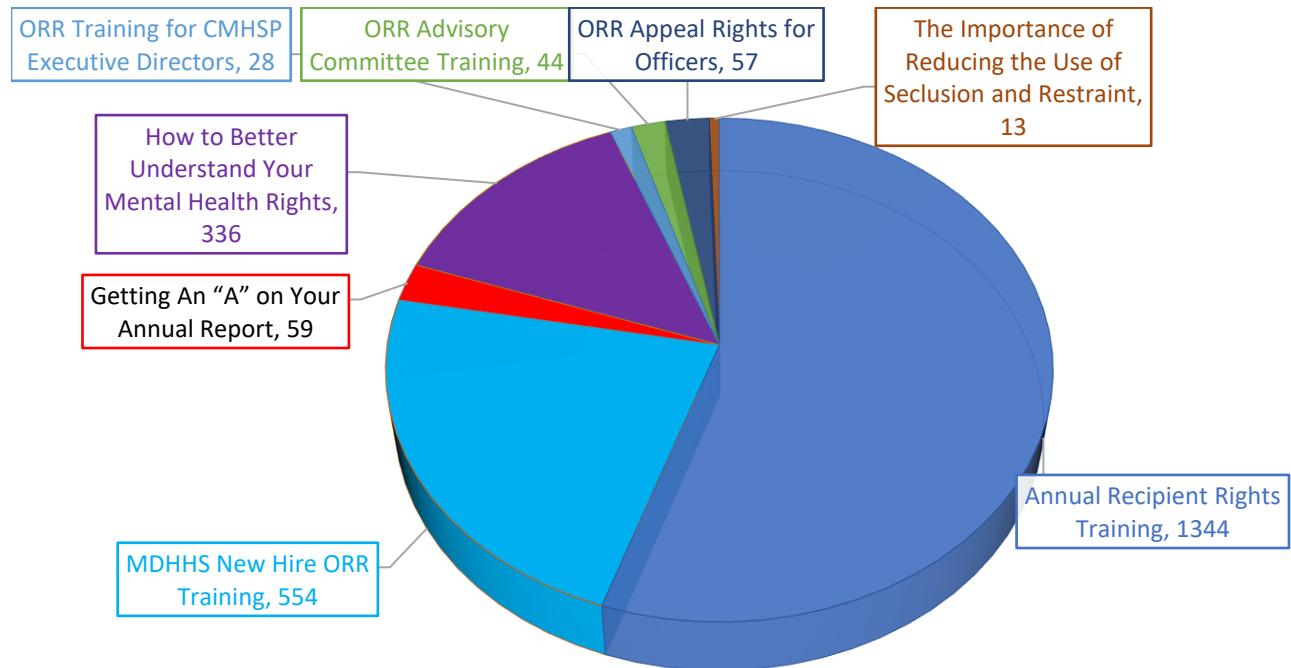
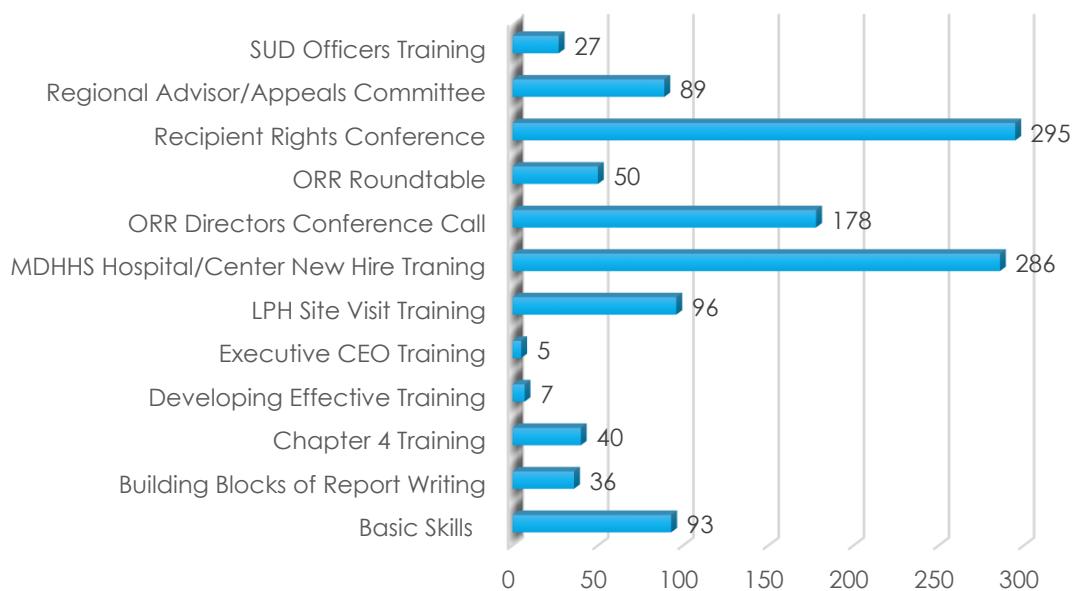


Chart 2: ATTENDEES AT MDHHS-ORR IN-PERSON TRAININGS FY 2019



EDUCATION RECEIVED BY MDHHS-ORR

Section 330.1754 (1)(d) of the Code requires that "Staff of the state office of recipient rights receive training each year in recipient rights protection." The chart below provides information on training received by MDHHS-ORR staff to meet these requirements. During FY19, MDHHS-ORR staff received training in the following.

Telehealth Basics

Advanced Behavior Analysis Techniques and the Difference Between Physical Redirection and Abuse

Michigan Court Appointed Special Advocates (CASA): What is CASA and What Do They Do?

Interviewing Principles with People with Serious Mental Illness

Communicate: Delivering Bad News

Scientific Content Analysis

Interviewing Folks with Personality Disorder Traits

A Comprehensive Training in Human Trafficking

Service Animals - Right to Access

Psychotropic Medication: A Guide for Recipient Rights Officers

Working with the Refugee Population: What You Need to Know

Voluntary Admission and Involuntary Petition Process

Adult Protective Services Investigations

Accurate Body Language 5 KEYS to Unlock the TRUTH!

Home and Community Based Services (HCBS) Rules and Recipient Rights

Substance Use Disorder (SUD) Rights Under the New Rules

Voluntary Admission and Involuntary Petition Process

ASSESSMENTS OF COMMUNITY MENTAL HEALTH SERVICES PROGRAM RECIPIENT RIGHTS SYSTEMS

The 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 Code, the Administrative Rules and contractual requirements. As a result of these reviews, CMHs are determined to be 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.

The following chart provides the overall results of the assessments of all 46 CMH service programs during the 2017-2019 cycle.

CMHSP ASSESSMENT RESULTS 2017-2019

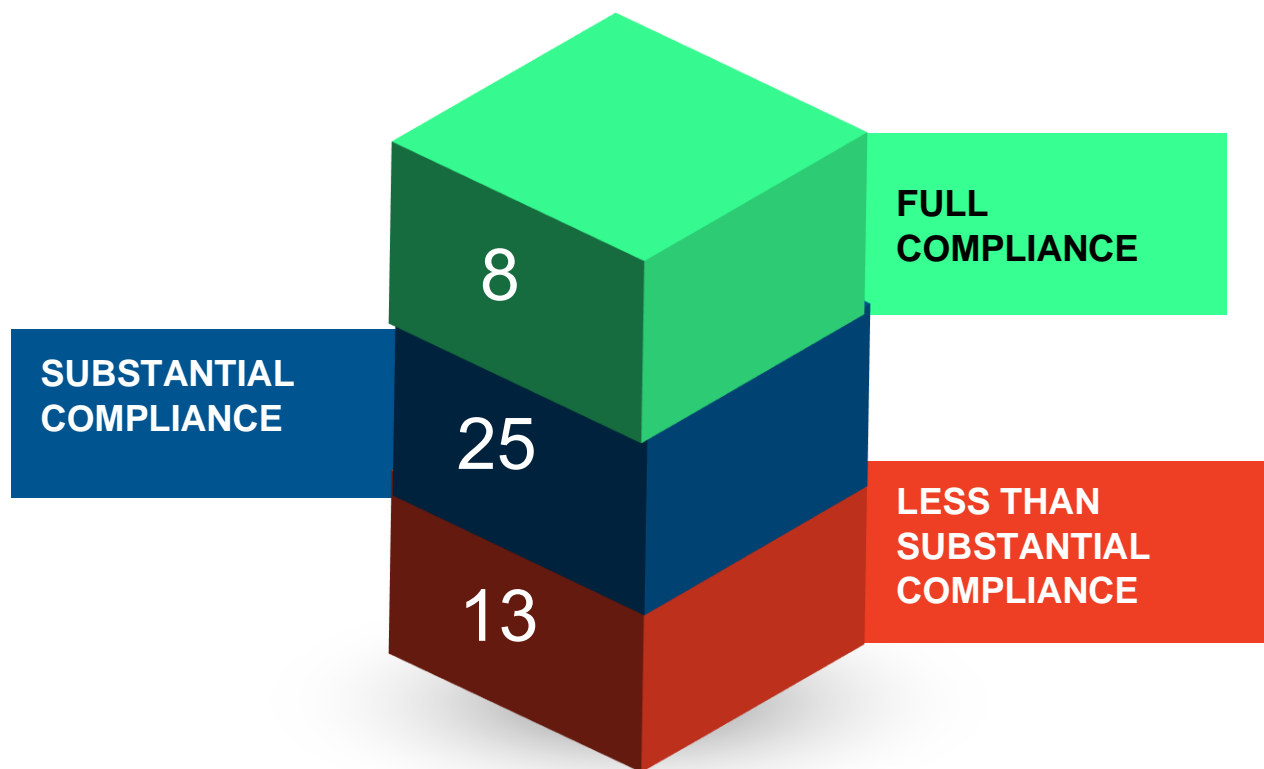
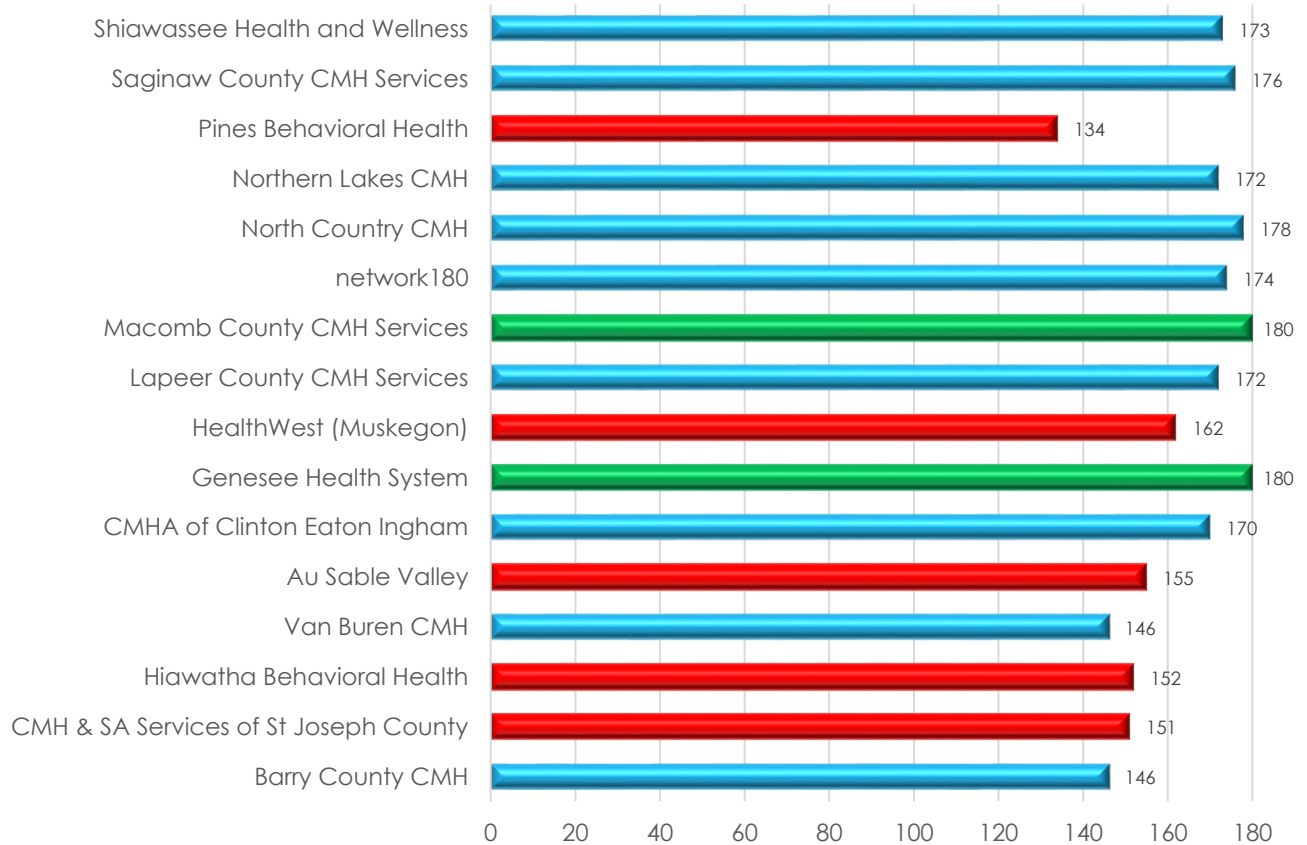


Chart 3: CMH Assessment Scores FY19



Full Compliance: 180 (with appeals) 161 (without appeals)

Key: Green: Full Compliance; Blue: Substantial Compliance; Red: Less than Substantial Compliance



Technical Assistance

Section 330.1754(f) of the Code requires that the MDHHS-ORR 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 CEOs and numerous other entities.

APPEALS

Section 330.1974 of the 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 recipients of state hospitals. Additionally, the Committee reviews appeals submitted by or on behalf of individuals who have received services in one of the 56 licensed psychiatric hospitals (LPH) that have entered into an agreement to use the department's Appeals Committee. Following is a summary of activity for the MDHHS Appeals Committee and a composite of the results of appeals in the CMH system. Appeals of investigations involving a CMH client completed at either a CMH or LPH are reviewed by the local CMH Committee.

Chart 4: Disposition of Appeals Reviewed by the MDHHS Appeals Committee - FY19

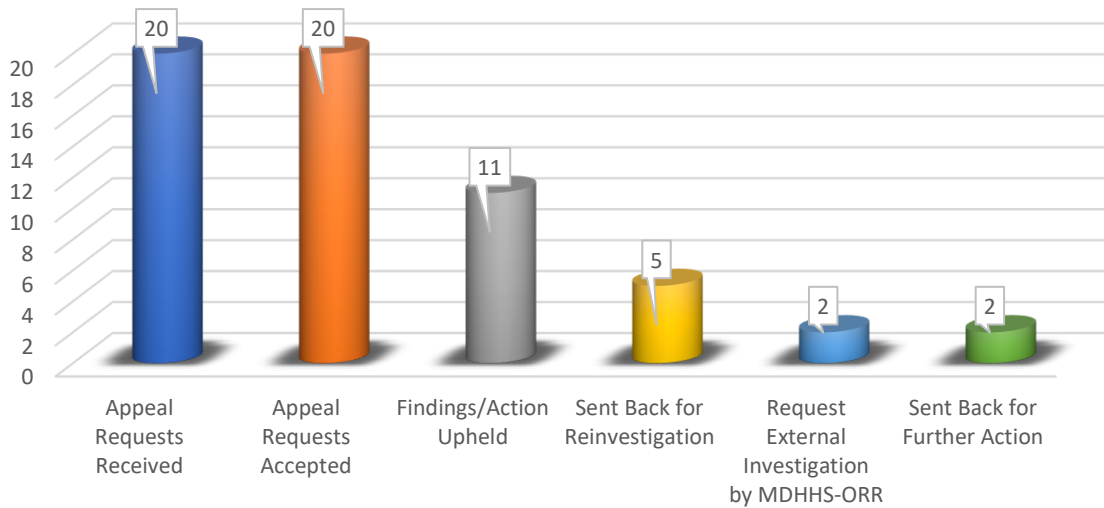
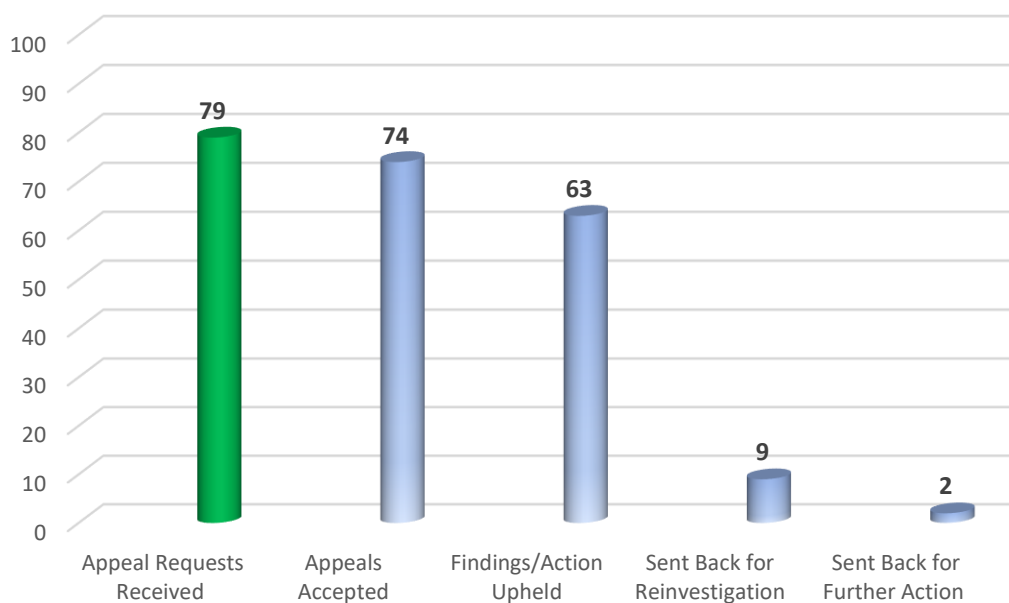


Chart 5: Disposition of Appeals Reviewed by CMH Appeals Committees - FY19



SYSTEM-WIDE DATA

KEY TERMS

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.

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.

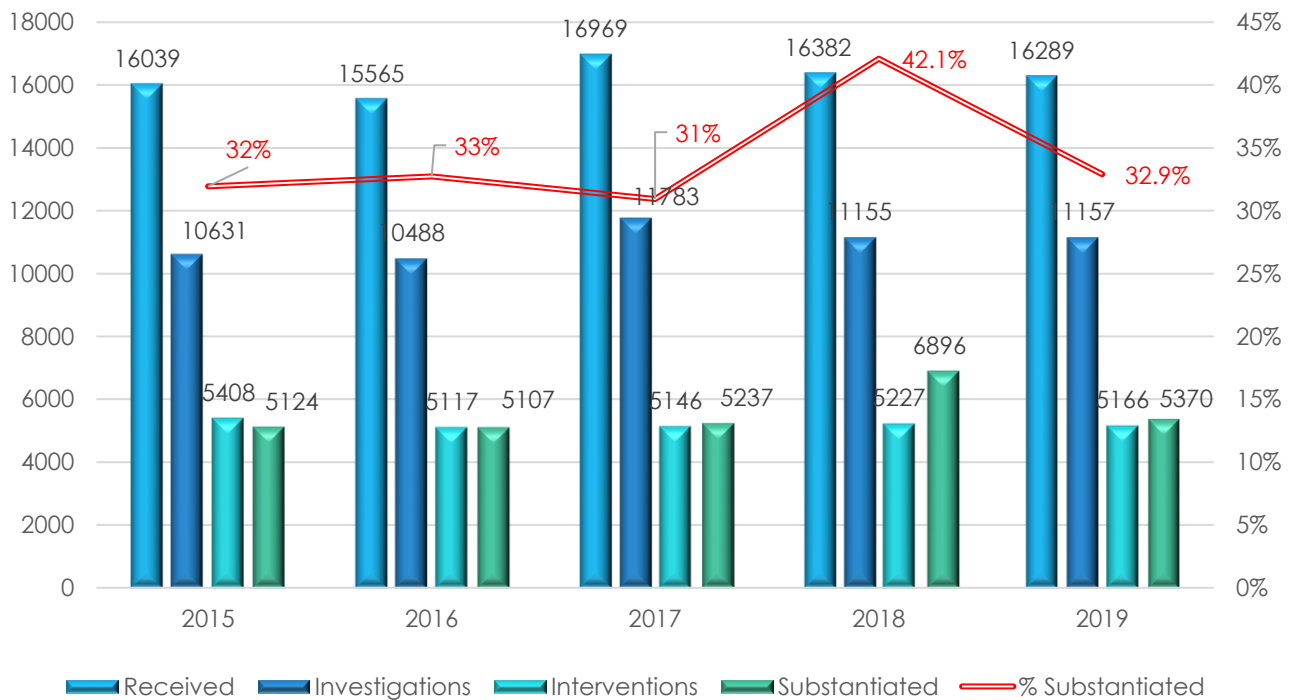
Substantiation:

A determination that a right was violated.

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.

Chart 6: System-wide Substantiation Rate FY 15-FY19



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.

Chart 7: System-wide Abuse Allegations Investigated/Substantiated FY19

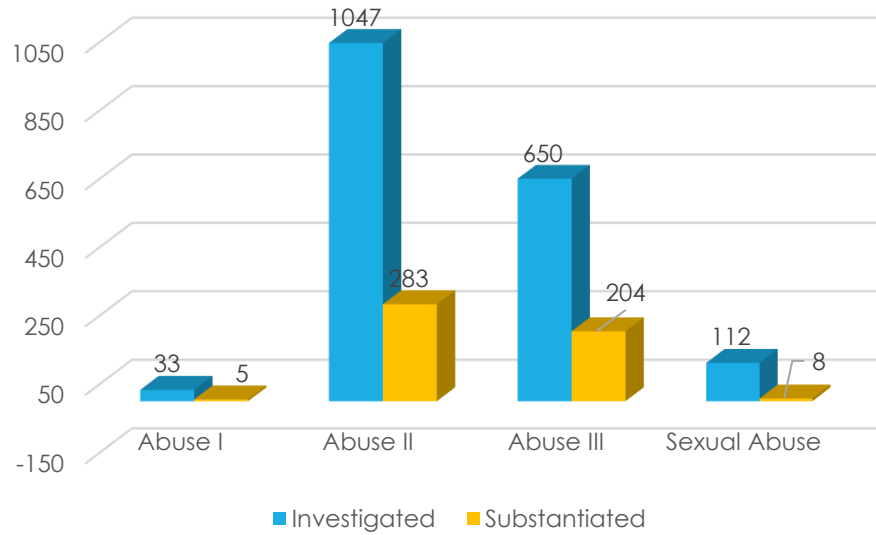
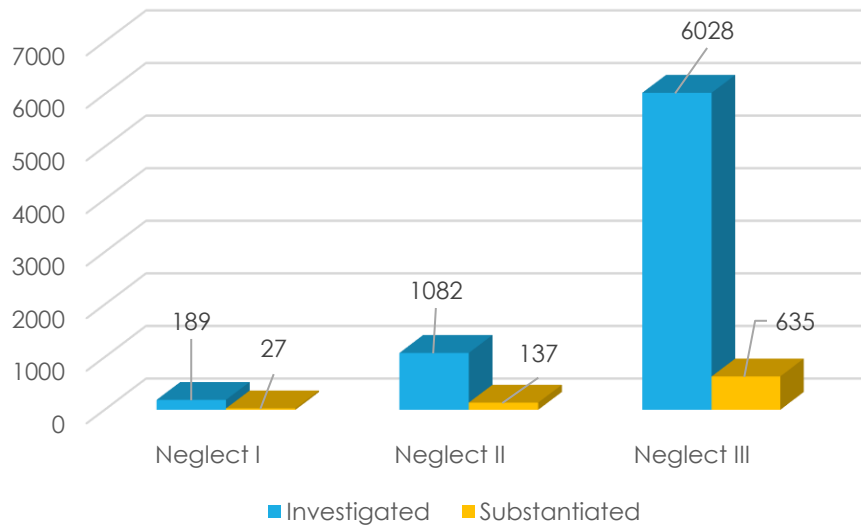


Chart 8: System-wide Neglect Allegations Investigated/Substantiated FY19



DATA – MDHHS HOSPITALS

Chart 9: Distribution of Allegations by MDHHS Hospital - FY19

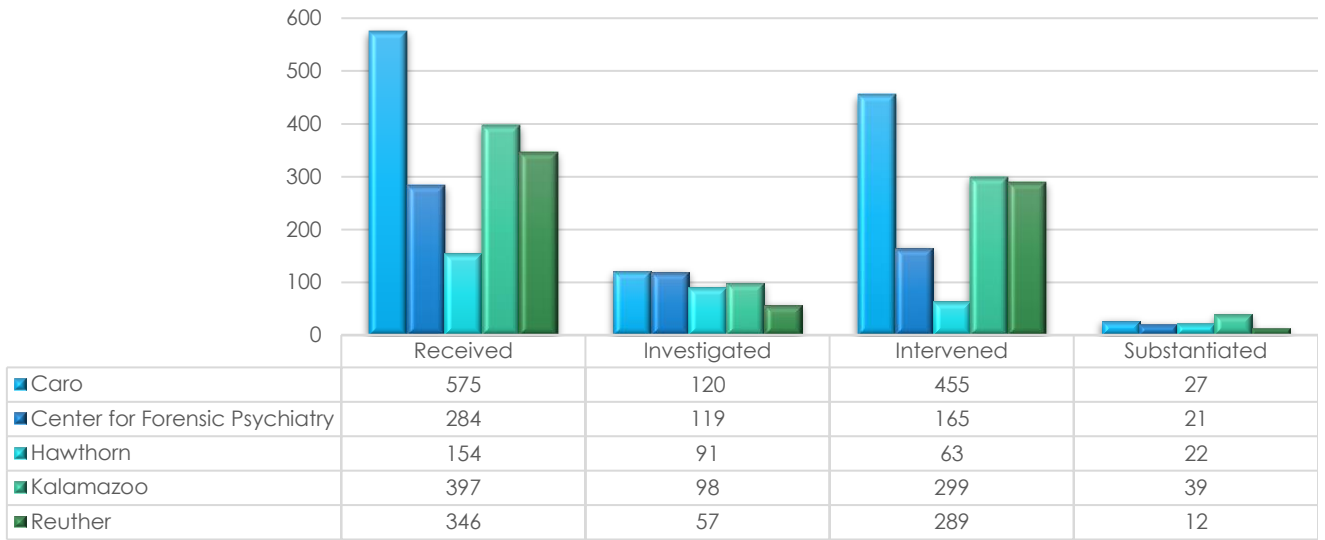


Table 1: Substantiated Allegations by Category at MDHHS Hospitals – FY19

Category	Caro Center	Center for Forensic Psychiatry	Hawthorn Center	Kalamazoo Psychiatric Hospital	Walter Reuther Psychiatric Hospital
Abuse Class II - Nonaccidental Act	2	0	0	4	0
Abuse Class II - Unreasonable Force	1	0	3	5	2
Abuse Class II - Emotional Harm	2	0	0	0	0
Abuse Class III	4	1	4	3	1
Neglect Class I	0	0	0	1	0
Neglect Class II	4	0	1	6	0
Neglect Class II - Failure to Report	0	0	1	0	0
Neglect Class III	5	0	8	14	0
Neglect Class III - Failure to Report	0	0	0	0	0
Civil Rights: Discrimination, Accessibility, Accommodation	0	0	0	0	1
Sanitary/Humane Environment	0	0	1	0	0
Seclusion	0	0	1	0	0
Possession and Use	1	0	0	0	0
Limitations	0	0	0	1	0
Person-Centered Process	0	0	1	0	0
Access to Telephone, Mail	1	0	0	1	0
Safe Environment	0	1	1	0	0
Protection	0	0	0	1	1
Failure to Report	0	0	4	0	0
Disclosure of Confidential Information	0	1	1	2	0
Mental Health Services Suited to Condition	3	3	2	0	0
Restrictions/Limitations	1	1	2	5	0
Restraint	4	0	5	2	0
Dignity and Respect	5	1	6	5	0

Table 2: Action Taken on Substantiated Rights Violations by Category at MDHHS Hospitals - FY19

Category	Caro	CFP	Hawthorn	Kalamazoo	Reuther	Grand Total
Abuse - Class I		1				1
Employee left the agency, but substantiated		1				1
Abuse - Class III	6	4	1	2		13
Employee left the agency, but substantiated	2					2
Employment Termination	1	1				2
Pending					1	1
Suspension	1		1		1	3
Written Reprimand	2	3				5
Abuse Class II - Nonaccidental act			3		2	5
Employment Termination			1			1
Suspension			2		2	4
Abuse class II - Unreasonable Force	4	2	4	2	1	13
Employee left the agency, but substantiated			1			1
Employment Termination			1			1
Pending			1			1
Suspension	4	2	1	2	1	10
Access to telephone, mail		1				1
Training		1				1
Dignity and respect	2	5	6	2	2	17
Employee left the agency, but substantiated			1			1
Other		1			1	2
Suspension			1			1
Training		4		1	1	6
Verbal Counseling				1		1
Written Counseling	2		2			4
Written Reprimand			2			2
Disclosure of confidential information				2		2
Contract Action				1		1
Training				1		1
Failure to report (other than Abuse/Neglect)	1					1
Training	1					1
Informed consent				1		1
Pending				1		1
Mental Health Services Suited to Condition	3	1	3	2	1	10
Plan of Service Revision	1	1				2
Policy Revision/Development	1					1
Suspension			1			1
Training	1		1	1	1	4
Written Reprimand			1	1		2
Neglect - Class I	1	1			1	3
Employment Termination					1	1
Pending		1				1
Suspension	1					1

Category	Caro	CFP	Hawthorn	Kalamazoo	Reuther	Grand Total
Neglect - Class II	4				1	1 6
Employee left the agency, but substantiated	1					1
Employment Termination	2					2
Suspension	1				1	1 3
Neglect - Class III	3	1	2		9	15
Employee left the agency, but substantiated	1					1
Employment Termination					3	3
Pending	1					1
Suspension			1		1	2
Written Counseling			1			1
Written Reprimand	1	1			5	7
Person-Centered Process	2					2
Pending	1					1
Plan of Service Revision	1					1
Property - protection					1	1 2
Other						1 1
Training					1	1
Restraint			1		2	3 6
Suspension			1			1
Training					2	3 5
Restrictions/limitations	1	2			8	11
Other					1	1
Pending					1	1
Plan of Service Revision					1	1
Policy Revision/Development					3	3
Training	1	2			2	5
Safe environment		2	2		1	5
Other		2				2
Training			1		1	2
Written Reprimand			1			1
Sanitary/humane environment		1			3	1 5
Environmental Repair/Enhancement					3	3
Other		1				1
Training						1 1
Seclusion					2	2
Pending					2	2
Grand Total	27	21	22		39	12 121

DATA – CMHSP SYSTEM

CMHSP	Unduplicated Count of Persons Served	Rights Office Staffing FTE	Allegations	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
Allegan County CMH Services	1,940	3.00	293	242	47	51	14
AuSable Valley CMHA	2,709	2.00	85	81	42	4	2
Barry County CMHA	1,534	1.00	12	12	12	0	0
Bay-Arenac Behavioral Health	5,033	2.75	161	142	57	19	14
Berrien MHA-Riverwood	5,145	1.60	46	36	19	10	7
Centra Wellness Network	1,663	1.50	35	30	18	5	3
CMH & SA Services of St Joseph County	2,188	1.25	30	26	9	4	1
CMH Authority of Clinton Eaton Ingham	11,164	4.00	131	131	37	0	0
CMH for Central Michigan	10,495	5.80	300	300	107	0	0
CMH of Ottawa County	3,236	1	38	38	11	0	0
Copper Country CMH Services	1,011	2.00	58	56	25	2	0
Detroit Wayne Mental Health Authority	65,199	33.00	1312	1312	504	0	0
Genesee Health System	10,817	6.00	388	372	168	16	16
Gogebic Community Mental Health Authority	548	0.25	6	6	5	0	0
Gratiot Integrated Health Network	1,787	1.00	13	11	5	2	2
HealthWest	6,550	2.00	180	180	122	0	0
Hiawatha Behavioral Health	1,459	1.40	24	21	18	3	0
Huron Behavioral Health Services	1,019	0.50	7	7	4	0	0
Kalamazoo CMH & SA Services	6,464	6.00	714	500	191	214	22
Lapeer County CMH Services	2,342	1.00	34	37	16	1	1
Lenawee County CMH Authority	1,975	1.25	103	103	51	0	0
Lifeways CMH	7,817	4.00	242	242	102	0	0
Livingston County CMH Authority	2,296	2.00	142	141	50	1	1
Macomb County CMH Services	12,545	15.50	1713	1713	660	0	0
Monroe CMH Authority	2,670	2.00	173	173	105	0	0
Montcalm Care Network	2,123	1.25	58	42	33	16	10
network180	15,857	4.25	340	328	124	12	4
Newaygo County CMH Services	2,511	1.25	45	36	14	9	7
North Country CMH	4,045	2.00	128	111	58	17	6
Northeast Michigan CMH Authority	2,433	2.00	80	79	52	1	1
Northern Lakes CMH	6,326	5.00	371	356	181	15	12
Northpointe Behavioral Healthcare Systems	1,965	1.00	61	59	35	2	1
Oakland Community Health Network	25,408	16.00	868	867	345	1	1

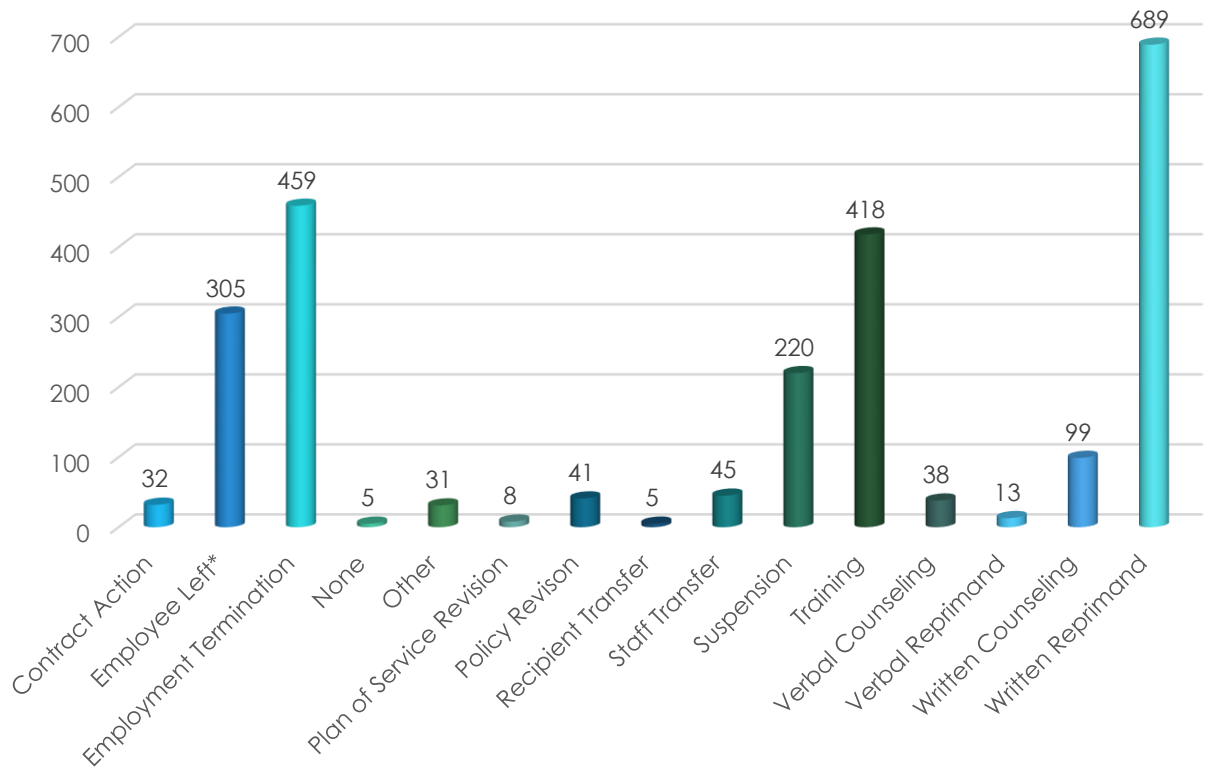
CMHSP	Unduplicated Count of Persons Served	Rights Office Staffing FTE	Allegations	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
Pathways	2,806	3.00	238	227	99	11	5
Pines Behavioral Health Services	2,060	0.60	97	95	31	2	2
Saginaw County CMH Authority	7,725	3.00	185	181	97	4	3
Sanilac County CMH Services	1,308	1.20	123	107	60	16	1
Shiawassee County CMH Services	2,072	2.00	68	56	26	12	12
St Clair County CMH Services	4,674	2.50	179	179	81	17	0
Summit Pointe Behavioral Health	8,291	2.50	437	437	258	0	0
The Right Door for Hope, Recovery and Wellness	2,385	1.00	47	45	19	0	0
Tuscola Behavioral Health Systems	1,314	1.00	122	122	72	0	0
Van Buren CMH Authority	2,262	1.00	8	5	1	3	1
Washtenaw County CMH	4,430	4.00	326	324	116	1	0
West Michigan CMH	2,820	1.00	86	73	36	13	11
Woodlands	1,383	1.00	51	50	15	1	0
TOTALS	273,804	158.35	10158	9691	4138	485	160

Table 4: Substantiated Rights Violations by Category - CMHSPs FY19

Category	Number
Abuse Class I	4
Abuse Class I - Sexual Abuse	18
Abuse Class II - Emotional Harm	7
Abuse Class II - Exploitation	61
Abuse Class II - Nonaccidental Act	71
Abuse Class II - Unreasonable Force	191
Abuse Class Iii	265
Access to Rights System	3
Access To Telephone, Mail	15
Assessment of Needs	2
Choice of Physician/Mental Health Professional	5
Civil Rights	4
Complaint Investigation Process	5
Delivery of Money Upon Release	1
Dignity and Respect	626
Disclosure of Confidential Informantion	185
Easy Access to Money in Account	2
Failure to Report	71
Family Dignity & Respect	78
Informed Consent	5
Labor and Compensation	2
Least Restrictive Setting	7
Limitations	3
Mental Health Services Suited to Condition	982

Category	Number
Neglect Class I	21
Neglect Class I - Failure To Report	8
Neglect Class II	84
Neglect Class II - Failure to Report	72
Neglect Class III	841
Neglect Class III - Failure to Report	80
Notice Of Clinical Status/Progress	1
Person-Centered Process	16
Possession and Use	48
Prior Consent	44
Protection	3
Psychotropic Drugs	1
Religious Practice	2
Requests for Review	1
Restraint	12
Restrictions/Limitations	47
Retaliation/Harassment	7
Safe Environment	144
Safeguarding Money	8
Sanitary/Humane Environment	58
Search/Seizure	6
Seclusion	9
Storage/Destruction	1
Timely Development	3
Visits	5
Withholding of Information	5

Chart 10: Resolution of Abuse/Neglect Rights Violations in CMHSPs - FY19



*Employee Left – VIOLATION SUBSTANTIATED - EMPLOYEE LEFT AGENCY PRIOR TO DISCIPLINE

DATA – LPH SYSTEM

Table 5: Comparative Data for LPH Rights Systems – FY19

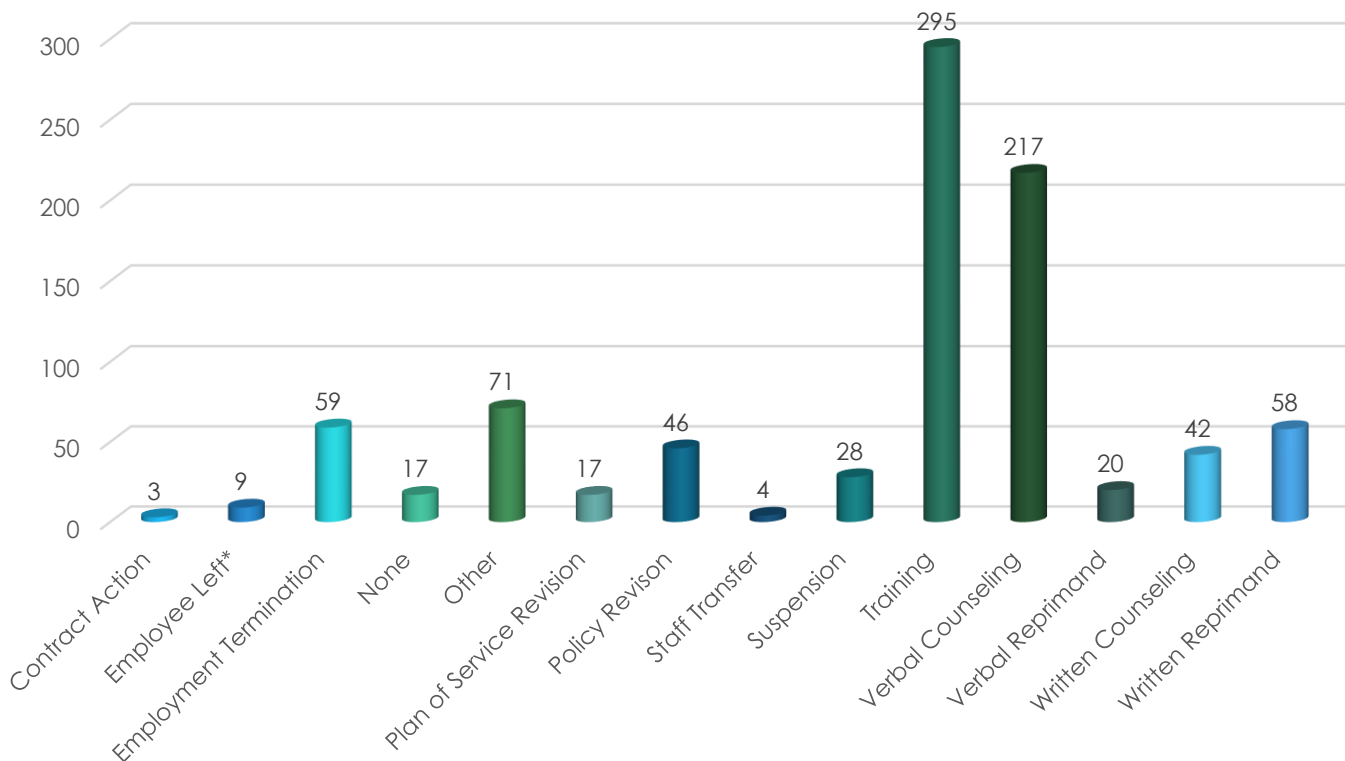
LPH	Admissions	FTE	Allegations	Number of Investigations	Number of Substantiated Allegations	Number of Interventions	Number of Substantiated Interventions
Ascension Borgess Hospital	2,371	0.40	24	2	0	22	3
Ascension Macomb-Oakland Hospital - Madison Heights Campus	711	0.25	24	3	0	21	2
Ascension Macomb-Oakland Hospital - Warren Campus	947	0.25	32	2	0	30	2
Ascension Providence Hospital	463	0.50	79	8	3	71	12
Ascension Providence Rochester	847	0.13	40	8	2	32	3
Ascension St John Hospital	661	0.25	65	14	9	51	9
Beaumont Hospital - Farmington Hills	666	0.38	10	2	0	8	4
Beaumont Hospital - Royal Oak	818	1.73	19	1	0	18	0
Beaumont Hospital - Taylor	786	1.00	254	253	16	1	0
Behavioral Center of Michigan	1,305	1.00	69	11	4	58	19
Bronson Battle Creek - Field Stone	560	0.60	160	22	8	138	25
Bronson Lakeview Hospital	159	0.05	6	5	4	1	0
Cedar Creek Hospital	1,509	0.50	67	58	15	9	5
DMC Detroit Receiving Hospital	434	0.25	8	8	2	2	2
DMC Sinai-Grace Hospital	828	0.80	60	6	2	64	3
ForestView Psychiatric Hospital	3,464	0.63	167	12	0	155	63
Harbor Oaks Hospital	2,637	1.75	210	56	36	154	36
Havenwyck Hospital	6,697	2.00	316	30	4	286	25
HealthSource Saginaw	2,929	1.00	665	112	32	553	34
Henry Ford Allegiance Health	604	1.20	50	4	2	46	15
Henry Ford Kingswood Hospital	3,556	1.00	287	32	11	255	101
Henry Ford Macomb Hospital	1,806	1.00	191	26	17	165	10
Henry Ford Wyandotte Hospital	1,077	1.00	81	6	3	75	8
Hillsdale Hospital	361	0.20	6	6	1	1	1
Holland Hospital	585	0.15	22	15	1	7	1
Hurley Medical Center	1,095	0.18	12	12	1	0	0
McLaren - Bay Region	1,098	0.10	9	9	2	0	0
McLaren - Flint	1,086	0.40	7	2	0	5	0
McLaren - Greater Lansing	117	1.00	4	3	0	1	0
McLaren - Lapeer Region	2,920	0.13	17	10	9	7	0
McLaren - Oakland	668	1.00	109	7	7	102	16
McLaren - Port Huron	703	0.50	66	7	0	59	5

LPH	Admissions	FTE	Allegations (not including 0000 or 0001)	Number of Investigation s	Number of Substantiated Allegations	Number of Interventions	Number of Substantiated Interventions
Memorial Healthcare - Owosso	830	0.50	8	2	2	6	0
Mercy Health Partners - Hackley Campus	1,104	0.40	61	9	1	52	7
Mercy Health St Mary's	652	0.05	23	0	0	23	0
Michigan Medicine	1,629	1.00	29	29	16	0	0
MidMichigan Medical Center - Alpena	432	0.20	4	0	0	4	1
MidMichigan Medical Center - Gratiot	818	0.56	77	21	6	56	9
MidMichigan Medical Center - Midland	737	0.50	109	5	3	104	3
Munson Medical Center	615	1.00	140	5	3	135	6
Oaklawn Hospital	452	0.20	31	4	0	29	3
Pine Rest Christian Mental Health Services	7,148	1.50	123	11	5	112	0
Pontiac General Hospital	1,487	0.50	69	13	8	56	3
Promedica Coldwater Regional Hospital	446	0.08	7	7	2	0	0
ProMedica Monroe Regional Hospital	574	0.50	19	2	0	18	6
Samaritan Behavioral Center	1,252	1.00	39	16	8	23	6
Sparrow-St Lawrence Hospital	1,297	0.04	48	35	13	13	3
Spectrum Health Lakeland Hospital	907	0.13	5	2	1	3	1
St Joseph Mercy Hospital	966	0.60	15	4	2	11	2
St Joseph Mercy Hospital - Chelsea	818	0.40	11	5	0	6	3
St Joseph Mercy Hospital - Oakland	814	0.50	75	5	2	70	4
St Mary Mercy Hospital	907	0.50	68	6	3	62	10
StoneCrest Center	5882	1.00	201	21	15	180	144
UP Health System - Marquette	626	0.25	11	1	0	10	3
War Memorial Hospital	524	0.50	89	26	11	63	41
	74392	33.05	4398	981	292	3433	659

Table 6: Substantiated Violations by Category – LPH System

Category	Total Investigated
Abuse Class I	1
Abuse Class I - Sexual Abuse	1
Neglect Class III - Failure to Report	1
Complaint Investigation Process	1
Second Opinion - Denial of Hospitalization	1
Termination of Voluntary Hospitalization (Adult)	1
Voting	1
Written and Posted Limitations, If Established	1
Receipts to Recipient and To Designated Individual	1
Notice of Clinical Status/Progress	1
Notice of Medication Side Effects	1
Person-Centered Process	1
Neglect Class I - Failure to Report	2
Civil Rights	2
Search/Seizure	2
Least Restrictive Setting	2
Restrictions/Limitations	2
Possession and Use	2
Protection	2
Informed Consent	2
Visits	3
Abuse, Class II - Nonaccidental Act	4
Abuse Class II - Emotional Harm	4
Restraint	4
Neglect Class I	5
Seclusion	5
Access To Entertainment Materials, Information, News	5
Psychotropic Drugs	5
Sanitary/Humane Environment	6
Retaliation/Harassment	7
Neglect Class II	8
Involuntary Admission Process	8
Disclosure of Confidential Information	8
Mental Health Services Suited to Condition	15
Safe Environment	19
Abuse Class III	21
Abuse Class II - Unreasonable Force	28
Dignity and Respect	43
Neglect Class III	54

Chart 11: Action Taken on Abuse/Neglect Violations – LPH System



*Employee Left – VIOLATION SUBSTANTIATED - EMPLOYEE LEFT AGENCY PRIOR TO DISCIPLINE

RECOMMENDATIONS

The Office of Recipient Rights has the following recommendations for the department:



To assure a uniformly high standard of recipient rights protection across all service providers, it is again recommended that the Michigan Department of Health and Human Services (MDHHS), through legislation or 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 MDHHS Administrative Rules. Currently the Code only allows for reviews of the rights systems of community mental health service programs.^[PR(1)]



The department should provide funding for 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 12 years and the need has only increased. In order to meet the current demand, ORR has pulled resources from other areas, decreasing the ability of those staff to perform the functions assigned to them.