

# **ANNUAL REPORT**

## **FISCAL YEAR 2008**

OF THE



## **OFFICE OF RECIPIENT RIGHTS**

### **REGARDING THE STATUS OF RECIPIENT RIGHTS PROTECTION**



**PREPARED PURSUANT TO SECTION 755(6) OF THE MICHIGAN MENTAL HEALTH CODE BY**

Jonathan E. Bennett, Director – Office of Recipient Rights

SUBMITTED FOR REVIEW AND COMMENT TO THE

**RECIPIENT RIGHTS ADVISORY COMMITTEE**  
**DECEMBER 16, 2008**

AND SUBMITTED TO THE

**BOARD OF DIRECTORS**  
**JANUARY 15, 2009**

Gregory D. Paffhouse, Chief Executive Officer

**This report is prepared and submitted pursuant to Section 755(6) of the Michigan Mental Health Code, which states:**

(6) The executive director or hospital director shall submit to the board of the community mental health services program or the governing board of the licensed hospital and the department an annual report prepared by the office of recipient rights on the current status of recipient rights in the community mental health services program system or licensed hospital system and a review of the operations of the office of recipient rights. The report shall be submitted not later than December 30 of each year for the preceding fiscal year or period specified in contract. 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 community mental health services program or licensed hospital 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) Desired outcomes established for the office of recipient rights and progress toward these outcomes.
- (g) Recommendations to the community mental health services program board or licensed hospital governing board.

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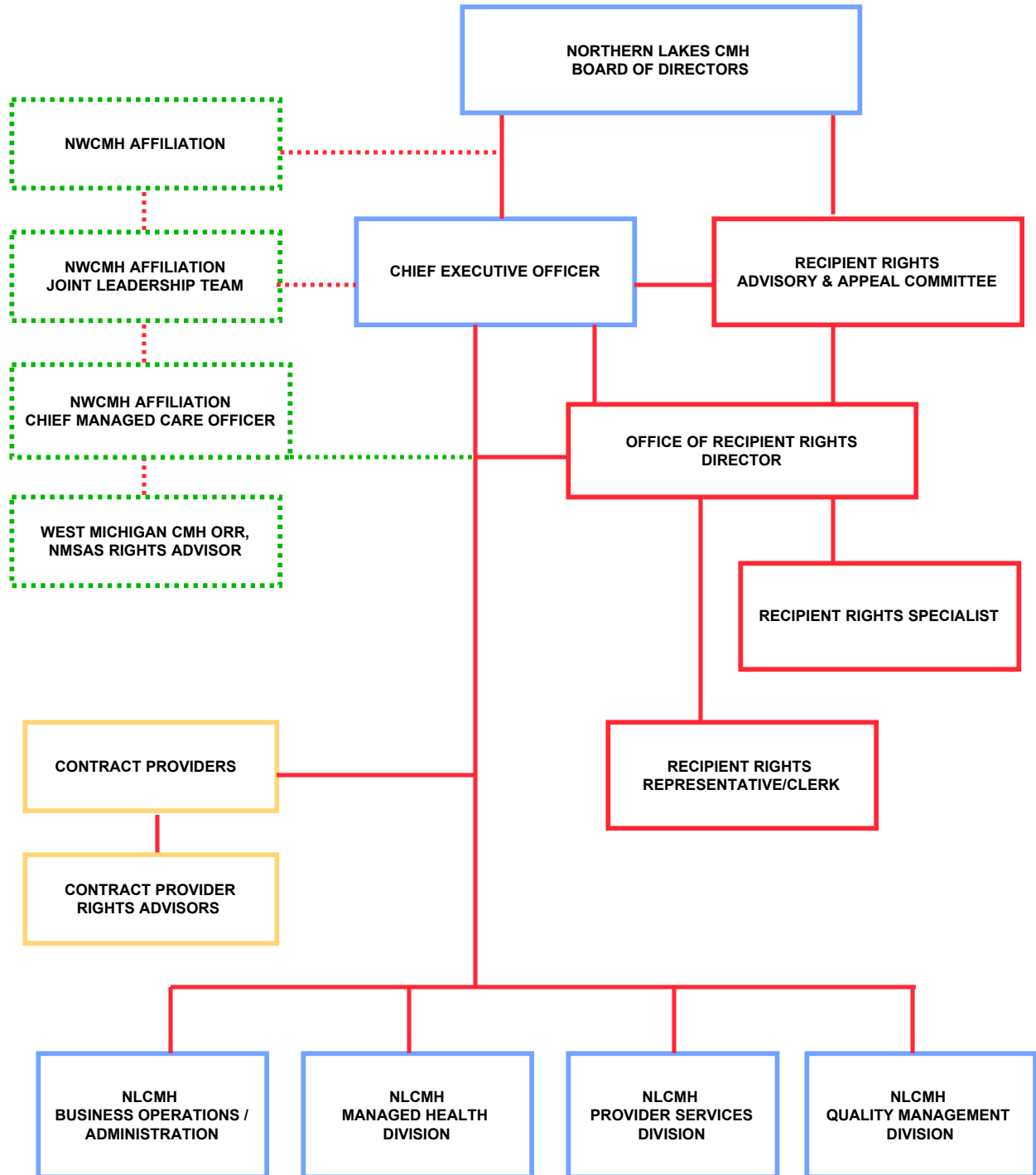
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# NORTHERN LAKES CMH RECIPIENT RIGHTS PROTECTION SYSTEM



## SECTION I



# RECIPIENT RIGHTS ADVISORY AND APPEALS COMMITTEE

### **Background:**

*Pursuant to §757 of the Michigan Mental Health Code, the Northern Lakes CMH Board of Directors appointed a Recipient Rights Advisory and Appeals Committee. The statutorily defined functions and responsibilities of the committee are to:*

- *Serve in an advisory capacity to the CEO and the Director of the ORR and make recommendations to the Board of Directors in matters pertaining to Recipient Rights protection.*
- *Recommend candidates for Director of the Office of Recipient Rights to the Chief Executive Officer, and consult with the executive director regarding any proposed dismissal of the Director.*
- *Protect the Office of Recipient Rights from pressures that could interfere with the impartial, even-handed, and thorough performance of its duties.*
- *Annually review the funding provided to the Office of Recipient Rights.*
- *Review and provide comments on reports prepared by the Office of Recipient Rights.*
- *Receive training each year in Recipient Rights Protection.*
- *Function as the Recipient Rights Appeals Committee pursuant to §774 of the Code, if appointed to do so.*

*Meetings of the Recipient Rights Advisory Committee are open to the public pursuant to the Open Meetings Act of Michigan. Recipient Rights Appeals Committee meetings are closed.*

### **Voting Members – FY2008**

Juanita Farr, Chair  
Cinnamon Finnerty, Alternate Chair  
Carla Richardson  
Pat Janisse  
Jeffrey Stringer  
Pete Wenzel  
Mary Swartz  
Frank Tosiello  
Jerry Fleese

### **Representing:**

Wexford/Missaukee Counties  
Wexford/Missaukee Counties  
Wexford/Missaukee Counties  
Crawford/Roscommon Counties  
Crawford/Roscommon Counties  
Grand Traverse/Leelanau Counties  
Grand Traverse/Leelanau Counties  
Grand Traverse/Leelanau Counties  
Grand Traverse/Leelanau Counties

### **Current Status and FY2008 Activities:**

The Recipient Rights Advisory and Appeals Committee (RRAC) is currently comprised of 9 members. Membership complies with Mental Health Code mandated membership requirements: 5 committee members are primary consumers, 3 are family members, and 1 is a community representative. As noted above, members represent each of the three general geographic areas within the NLCMH six county service area.

The Recipient Rights Advisory Committee met six times in FY2008 to review and comment on the status of the Recipient Rights Protection System at NLCMH, reviewing and monitoring period reports provided by the Director of the ORR, funding provided to the ORR, and progress towards desired outcomes set in the FY2007 Annual Report, and to advise the Director of the Office of Recipient Rights and the Chief Executive Officer in matters of Rights Protection. The RRAC received training in Recipient Rights and the Rights Protection System during this period.

The Recipient Rights Appeals Committee received and reviewed appeals of 3 complaints during FY2008.

## SECTION II



# THE OFFICE OF RECIPIENT RIGHTS

### Background:

The Northern Lakes Community Mental Health Office of Recipient Rights acts to ensure that the rights of all recipients served by NLCMH and its contracted providers are promoted and protected. In brief, the four essential functions of the Office as delineated by Section 755 of the Michigan Mental Health Code and by other contractually required, licensure, and accreditation standards are:

**Dispute Resolution:** receiving, intervening in response to and/or investigating reports and complaints of apparent or suspected rights violations, and assuring appropriate remedial action is taken when rights violations are substantiated.

**Coordination and Monitoring of Rights Protection:** conducting and coordinating service site, record, and policy reviews of all direct operated or contracted service providers and reviewing deaths and critical incidents.

**Prevention:** acting as the chief consultant to the CEO and to providers in matters pertaining to Recipient Rights, providing training to all provider staff and consumers, and developing contract language and policies and procedures to assure that the rights of recipients are being protected.

**Information, Advocacy, and Referral Services:** providing information to recipients and family members about rights within the public mental health and substance abuse service system and as citizens.

### Number of Persons Receiving Recipient Rights Protection Services:

The Office of Recipient Rights provided Recipient Rights Protection services to the 7148 persons served by the authority in FY2007 (5944 persons “open” for services plus an additional 1204 persons screened or seen for brief crisis intervention only). We do not currently maintain data on the numerous and frequent informal contacts Office staff have with recipients, family members, guardians, staff, or other persons seeking information, referral, advocacy, or consultation pertaining to recipient rights or other rights-related issues.

### Current Staffing:

The Director of the ORR is solely subordinate to the Chief Executive Officer and supervises one FTE Recipient Rights Specialist and one .75 FTE Recipient Rights Representative/Secretary. The Office was “short-staffed” for approximately three months this year due to staff changes in the Recipient Rights Specialist Position.

### Committee Activities:

In addition to acting as a consultant to the Recipient Rights Advisory and Appeal Committee, in FY2007 staff of the Office of Recipient Rights participated as consultant members of the Behavior Management Committee and the Medical Services Committee. The Director of the ORR also participates in quarterly Executive Risk Management Team meetings and provides semi-annual reports to the Board of Directors. The Director of the ORR is additionally assigned .10 FTE to the PIHP and sits on the NWCMA Customer Services Committee.

### Training Received by Staff of the Office of Recipient Rights:

The Mental Health Code and the MDCH/CMHSP contract require that staff of the ORR receive initial and annual training in Recipient Rights Protection. In FY2008 ORR staff received 142 hours of training in Recipient Rights, in compliance with these mandates:

Staff Name	Topic	# Hours
Jonathan Bennett, Director - ORR	14th Annual Recipient Rights Conference	30
	RROAM meeting - November 9, 2007	6
	RROAM meeting - May 2, 2008	6
	RROAM conference - August 7-8 2008	10
Rosemary Rokita, Recipient Rights Specialist (employment with ORR until February 2008)	14th Annual Recipient Rights Conference	20
Crystal Rogers, Recipient Rights Specialist (employment with ORR began May 2008)	MDCH ORR Basic Skills Training Part I	24
	MDCH Basic Skills Training Part 11	24
	RROAM meeting - August 2, 2008	8
Nancy Robbins, RR	14th Annual Recipient Rights Conference	16

## SECTION III



## DISPUTE RESOLUTION

### Background:

A right is that which a person may do, have, receive, or a protection guaranteed by law. Some rights are inalienable and can never be divested or limited (e.g. freedom from abuse or neglect), while other rights are limitable, but only under certain conditions or circumstances allowed by law (e.g. confidentiality). In addition to the rights afforded to all citizens by the U.S. and Michigan Constitutions and other Federal and State laws, recipients of public mental health services are guaranteed certain additional treatment and support rights by the Michigan Mental Health Code. Allegations of rights violations are reported to and investigated by the Office of Recipient Rights and remediated under Chapter 7a of the Mental Health Code.

### Terminology and Processes:

- A recipient or any person acting on his/her behalf (a complainant) may file a Recipient Rights Complaint, either orally or in writing, alleging a Recipient Rights violation. The ORR must file a complaint on behalf of a recipient when it receives a report of an apparent or suspected rights violation from a provider, an anonymous source, or other means.
- A rights complaint is within the jurisdiction of the ORR if it involves an allegation that a provider of public mental health services has violated the recipient's rights.
- A rights complaint must include an allegation of a violation of a rights protected by the Michigan Mental Health Code, i.e., a Code Protected Right.
- A Recipient Rights Complaint is opened for investigation or intervention if it includes an allegation, i.e., an assertion of fact made by an individual not yet supported by evidence, of a Code Protected Right.
- If the allegation is out of ORR jurisdiction or does not involve a Code Protected Right it may be resolved through ORR advocacy or referred to another complaint process within the CMHSP or to another agency.
- Investigation is a detailed inquiry into, and systematic examination of an allegation raised in a rights complaint in accordance with processes defined in Chapter 7a of the Michigan Mental Health Code.
- An intervention is an informal inquiry and resolution process that may be conducted where the facts pertaining to an allegation are clear, when a remedy is easily obtainable and can be accomplished within 30 days, and when disciplinary action is not required by statute (i.e., allegations of Abuse, Neglect, and Retaliation/Harassment must be investigated).
- In an investigation, the ORR submits a Report of Investigative Findings to the respondent and to the CEO within 90 days, with Status Reports every 30 days before that time if not completed. The CEO then issues a Summary Report within 10 days of the Report of Investigative Findings.
- In an intervention, the ORR submits an Intervention Response to the complainant and recipient, if different, and the recipient's guardian, if applicable, advising of the results of the intervention. If dissatisfied, any of these persons have the right to request formal investigation.
- The statutorily required standard of proof used to determine whether or not an allegation is substantiated or unsubstantiated is a preponderance of the evidence, i.e., whether the greater weight, quality, and credibility, of the evidence either supports or does not support that the recipient's rights were violated.
- If the ORR substantiates an allegation (a Recipient Rights Violation), the respondent must take appropriate remedial action in a timely manner to correct the violation and to attempt to prevent a recurrence, with documentation of these actions submitted to the ORR. The Code mandates that violations of Abuse, Neglect, and Retaliation/Harassment result in appropriate disciplinary action.
- A complainant, the recipient (if different), the recipient's guardian, or the parent of a minor recipient all may appeal a rights investigation to the local Recipient Rights Appeals Committee within defined timeframes on the grounds that the findings do not match the facts or with law, that the remedy is insufficient to correct the violation, or that the investigation was not timely. Some appeals can be filed further to MDCH.

**Part A: Complaints**

<b>Complaints Received</b>	<b>185</b>
<b>Allegations Involved</b>	<b>267</b>
<b>Allegations Investigated</b>	<b>182</b>
<b>Allegations Resolved Through Intervention</b>	<b>85</b>
<b>Substantiated</b>	<b>111</b>

**Complaint Source:**

<b>Recipient</b>	<b>108</b>
<b>Staff</b>	<b>15</b>
<b>ORR</b>	<b>28</b>
<b>Guardian/Family</b>	<b>27</b>
<b>Anonymous</b>	<b>2</b>
<b>Community/General Public</b>	<b>4</b>
<b>Total</b>	<b>184</b>

**Timeframes of Completed Investigations**

	<b>Total</b>	<b>≤30</b>	<b>≤60</b>	<b>≤90</b>	<b>&gt;90</b>
<b>Abuse/Neglect</b>	51	3	9	16	21
<b>All others</b>	219	102	20	32	65

## Part B: Aggregate Summary

### 1. Freedom from Abuse

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7221	abuse class I								
72221	abuse class II - nonaccidental act	3	3			0		3	
72222	abuse class II - unreasonable force	7	7			1	1	5	1
72223	abuse class II - emotional harm								
72224	abuse class II - treating as incompetent								
72225	abuse class II - exploitation	8	8			4	5	3	
7223	abuse class III	12	12			5	4	8	
7224	abuse class I - sexual abuse								

### 2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
72251	neglect class I								
72252	neglect class I - failure to report								
72261	neglect class II	7	7			4	5	2	
72262	neglect class II - failure to report	1	1			1		1	
72271	neglect class III	12	12			6	7	5	
72272	neglect class III - failure to report	1	1			1		1	

### 3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	notice/explanation of rights								
7520	failure to report	5	5	0	0	5	1	4	
7545	retaliation/harassment	6	6			2	4	2	
7760	access to rights system								
7780	complaint investigation process	1	1	0	0	0			1
7840	appeal process/mediation								

### 4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	second opinion - denial of hospitalization								
4190	termination of voluntary hospitalization (adult)								
4510	involuntary admission process								
4630	independent clinical examination								
4980	objection to hospitalization (minor)								
7050	second opinion - denial of services	1	0	1	0	0	1		

5. Civil Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	civil rights: discrimination, accessibility, accommodation, etc	3	0	3	1	0	2	1	
7044	religious practice								
7045	voting								
7047	presumption of competency	5	4	1	0	4	4	1	
7284	search/seizure	2	2	0	0	2	1	1	

6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	family dignity & respect	8	5	3	2	3	1	5	2
7112	receipt of general education information								
7113	opportunity to provide information								

7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	visits								
7262	contact with attorneys or others regarding legal matters								
7263	access to telephone, mail								
7264	funds for postage, stationery, telephone usage								
7265	written and posted limitations, if established								
7266	uncensored mail								

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	disclosure of confidential information	28	18	10	3	8	23	4	1
7485	withholding of information (includes recipient access to records)	2	0	2	2	0	2		
7486	correction of record								
7487	access by p & a to records								
7501	privileged communication								

9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	safe environment	3	1	2	0	0	2	1	
7082	sanitary/humane environment	9	8	1	0	3	5	4	
7086	least restrictive setting	1	0	1	0	0	1		

10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	restrictions/limitations	6	4	2	1	2	5	1	
7400	restraint								
7420	seclusion	2	2	0	0	2	1	1	

11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	safeguarding money								
7302	facility account								
7303	easy access to money in account								
7304	ability to spend or use as desired								
7305	delivery of money upon release								
7360	labor & compensation								

12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	access to entertainment materials, information, news								
7281	possession and use	1	1				1		
7282	storage space								
7283	inspection at reasonable times								
7285	exclusions								
7286	limitations								
7287	individual								
7288	waiver								
7289	protection	1		1				1	

13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	dignity and respect	26	18	8	1	7	22	4	
7003	informed consent	8	3	5	1	0	7	1	
7029	information on family planning								
7049	treatment by spiritual means								
7080	mh services suited to condition	62	36	26	7	20	41	13	8
7100	physical and mental exams								
7130	choice of physician/mental health professional	2	1	1	0	0	1	1	
7140	notice of clinical status/progress	2	1	1		1	2		
7150	services of mental health professional								
7160	surgery								
7170	electro convulsive therapy (ect)								
7180	psychotropic drugs								
7190	notice of medication side effects	2	2	0	0	1	2		

14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	person-centered process	12	8	4	1	6	8	2	2
7122	timely development	2	2	0	0	2	2		
7123	requests for review								
7124	participation by individual(s) of choice	2	2	0	0	2		2	
7125	assessment of needs								

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

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

17. No Right Involved

Code	Category	Received
0000	no right involved	8

insert the same number



8

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	5

insert the same number



5

## SUMMARY OF RIGHTS VIOLATIONS - FY2008

<b>Rights Category</b>	<b>Respondent Agency</b>	<b>Provider Type</b>	<b>Recipient Population</b>	<b>Brief Description</b>	<b>Remedial Action(s)</b>
Civil Rights - Search and Seizure	HopkinsAFC Homes	SIP (SIL)	DD Adult	Staff prohibited recipient from having and using her personal property without legal justification.	Environmental Repair/Enhancement
Civil Rights - Search and Seizure	NLCMH	Supported Housing	MI Adult	Staff entered and searched recipient's home without permission or legal authority.	Policy Revision/Development
Civil Rights - Presumption of Competency	NLCMH	ACT	MI Adult	Psychiatrist attempted to coerce recipient into accepting medications in a form she did not prefer and staff petitioned recipient for involuntary treatment based on a false presumption that she was incompetent to consent or to refuse to consent to	Training
Civil Rights - Presumption of Competency	NLCMH	Case Management	MI Adult	Staff communicated to Social Security Administration that recipient needed a payee based upon a false presumption that she was unable to manage her finances.	Training
Civil Rights - Presumption of Competency	NLCMH	Case Management	MI Adult	Staff included and required objectives that recipient did not want in her individual plan of services based on a false presumption that she was incompetent to make decisions about her mental health and/or substance abuse treatment.	Training
Civil Rights - Presumption of Competency	Beacon Residential Services, Inc.	Residential MI	MI Adult	Staff made decisions about recipient's medications and her choice of physician without her participation and agreement.	Policy Revision/Development
Civil Rights - Discrimination	NLCMH	Psychosocial Rehabilitation	MI Adult	Program discriminated against recipients by excluding them from a part of the program while allowing staff access.	Policy Revision/Development
Confidentiality - Disclosure of	NLCMH	Administration	MI Adult	Staff left recipient's records at another recipient's home.	Training
Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	MI Adult	Staff talked about recipient's confidential information in the clinic lobby where other individuals not authorized to receive this information could overhear.	Supervisory Counseling
Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	DD Adult	Staff disclosed recipients' confidential information to recipient's landlord after consent to do so had been withdrawn.	Training
Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	DD Adult	Staff disclosed recipient's confidential information to others without recipient's consent.	Training
Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	MI Adult	Staff disclosed confidential information about deceased recipient without consent of executor of recipient's estate	Training
Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	MI Adult	Staff disclosed to staff member's husband and/or allowed him to access recipient's confidential information without her consent	Written Reprimand

## SUMMARY OF RIGHTS VIOLATIONS - FY2008

Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	MI Adult	Staff allowed recipient's confidential information to be open for public inspection and disclosed to other individuals without recipient's consent.	Training
Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	MI Adult	Staff failed to adequately protect recipient's confidential information from being open to public inspection.	Training
Confidentiality - Disclosure of Confidential Information	NLCMH	Case Management	MI Adult	Staff disclosed recipient's confidential information to other individuals without recipient's consent and when otherwise prohibited by law.	Policy Revision/Development
Confidentiality - Disclosure of Confidential Information	NLCMH	Other	MI Child	Staff disclosed recipient's confidential information to other individuals without parental consent and when otherwise prohibited by law.	Training
Confidentiality - Disclosure of Confidential Information	NLCMH	Psychosocial Rehabilitation	MI Adult	Staff disclosed confidential information to another individual without his consent and when otherwise prohibited by law.	Training
Confidentiality - Withholding of Confidential Information	Country Easy Living AFC	Residential MI	MI Adult	Provider refused to disclose recipient's records despite court order compelling such disclosure	Requested information disclosed
Confidentiality - Withholding of Confidential Information	NLCMH	Administration	MI Adult	Staff refused to honor guardian's request for records without legal justification	Information disclosed to guardian per request
Family Rights - Family Dignity & Respect	NLCMH	Case Management	DD Adult	Staff failed to respond to and withheld information from family member without legal justification.	Supervisory counseling
Family Rights - Family Dignity & Respect	NLCMH	Outpatient	DD Child	Staff communicated to and documented information about minor recipient's parent in a judgmental and authoritarian manner.	Supervisory Counseling
Family Rights - Family Dignity & Respect	NLCMH	Outpatient	MI Child	Psychiatrist communicated in a rude and confrontational manner to a parent in response to parent's request for a re-assessment of minor recipient's psychiatric condition.	Employment Termination
Family Rights - Family Dignity & Respect	Aloha Ranch AFC	Residential DD	DD Adult	Staff communicated to recipient's family member in a rude, confrontational manner in response to the family member's concerns about the recipient's care.	Training
Family Rights - Family Dignity and Respect	NLCMH	Other	MI Adult	Staff published disrespectful statements about recipient's husband.	Training

## SUMMARY OF RIGHTS VIOLATIONS - FY2008

Freedom from Abuse - Class II Abuse (Exploitation)	NLCMH	Outpatient	MI Adult	Staff misappropriated recipient's property for her own use.	Written Reprimand; Staff paid recipient money owed
Freedom from Abuse - Class II Abuse (Exploitation)	GTALMC	Residential DD	DD Adult	Staff misappropriated recipient's funds for her own use.	Provider reimbursed recipient; Policy Revision
Freedom from Abuse - Class II Abuse (Unreasonable force)	Hopkins AFC Homes	Residential DD	DD Adult	Staff pushed recipient out of his chair.	Written Reprimand; Staff Transfer; Staff voluntarily quit employment
Freedom from Abuse - Class III Abuse	Hopkins AFC Homes	Residential DD	DD Adult	Staff used language or other forms of communication to threaten recipient.	Suspension
Freedom from Abuse - Class III Abuse	H.R. Slocum Acres, Ltd	Residential DD	DD Adult	Staff used language to degrade recipient	Contract Action
Freedom from Abuse - Class III Abuse	Lutheran Social Services of Michigan	Residential DD	DD Adult	Staff swore at, teased, and called recipient degrading names	Employment Termination
Freedom from Abuse - Class III Abuse	Lake Shore AFC Homes	Residential MI	MI Adult	Staff yelled at recipient in an angry tone of voice and told recipient he wasn't acting like a good Christian.	PENDING
Freedom from Abuse - Class III Abuse	Hopkins AFC Homes	SIP (SIL)	DD Adult	Staff routinely used degrading or threatening language and other forms of communication toward recipients.	Written Reprimand
Freedom from Abuse - Abuse Class II (Exploitation)	NLCMH	Residential DD	DD Adult	Staff misappropriated recipients property by stealing their medications and taking them out of the AFC Home.	Employment Termination
Freedom from Abuse - Abuse Class II (Exploitation)	Hopkins AFC Homes	Residential MI	MI Adult	Staff misappropriated recipient's funds.	PENDING
Freedom from Neglect - Class II Neglect	Beacon Residential Services, Inc.	Residential DD	MI Adult	Staff failed to ensure that needed care was immediately obtained for recipient after she suffered an injury	Training; Verbal Counseling
Freedom from Neglect - Class II Neglect	Aloha Centers, Inc	Residential MI	DD Adult	Home Manager contributed to recipient repeatedly incurring numerous physical injuries by failing to ensure that staff monitored and intervened in response to problem behaviors in accordance with recipient's IPOS.	Training; Increased Supervisory Oversight
Freedom from Neglect - Class II Neglect	NLCMH	Residential MI	MI Adult	Staff was unresponsive to needs of recipients, failing on more than one occasion to administer prescribed medications to one recipient , which contributed to one recipient suffering pain.	Written Reprimand. Policy Revision/Development
Freedom from Neglect - Class II Neglect (Failure to Report)	Christian Home Services	SIP (SIL)	DD Adult	Staff was aware of but failed to report the apparent or suspected Class II Abuse of recipient to the Office of Recipient Rights.	Training; Contract Action

## SUMMARY OF RIGHTS VIOLATIONS - FY2008

Freedom from Neglect - Class III Neglect	NLCMH	Outpatient	MI Adult	Staff placed recipient at risk of harm by failing to assess for risk of harm and develop a plan suited to recipient's condition in response to his acute mental health crisis.	Suspension; Written Reprimand
Freedom from Neglect - Class III Neglect	Lutheran Social Services of Michigan	Residential DD	DD Adult	Staff placed all residents at facility at risk of physical harm by knowingly allowing a potentially dangerous individual to come to the facility.	Employment Termination
Freedom from Neglect - Class III Neglect	NLCMH	Residential DD	MI Adult	Staff failed to administer post-surgical wound care to recipient as required by physician's orders, placing him at risk of infection or other physical harm.	Staff voluntarily left employment; Written Reprimand
Freedom from Neglect - Class III Neglect	NLCMH	Residential DD	DD Adult	Staff failed to ensure that recipient received medical care and equipment as needed and ordered by physician.	Staff voluntarily quit employment; Plan of Service Revision
Freedom from Neglect - Class III Neglect	LSSM	Residential MI	DD Adult	Staff failed to adequately monitor recipient, placing him at risk of physical harm	Employment Termination
Freedom from Neglect - Class III Neglect	Lakeshore AFC	Residential MI	MI Adult	Staff failed to follow safe medication administration procedures resulting in recipient taking a whole bottle of another resident's medications.	Written Reprimand; Environmental Repair/Enhancement
Freedom from Neglect - Class III Neglect (Failure to Report)	LSSM	Residential DD	DD Adult	Staff were aware but failed to report of multiple incidents involving the apparent Class III Abuse and Class III Neglect of recipient.	Verbal Counseling; Training
Freedom from Neglect - Neglect Class II	Hopkins AFC Homes	Residential MI	MI Adult	Staff failed to bring recipient's walker or wheelchair to an outing, contributing to her suffering pain	PENDING
Freedom of Movement - Restrictions / Limitations	Tendercare, Inc.	Residential MI	MI Adult	Staff routinely restricted recipient from leaving the facility without legal justification.	Plan of Service Revision
Freedom of Movement - Seclusion	Tendercare, Inc.	Residential MI	MI Adult	Staff prevented resident from leaving her room.	Plan of Service Revision
Freedom of Movement - Restrictions/Limitations	Hopkins AFC Homes	Residential DD	DD Adult	Staff routinely required recipients to sit at the dining room table as punishment.	Written Reprimand
Freedom of Movement - Restrictions/Limitations	West Shore Homes, LLC	Residential MI	MI Adult	Staff restricted recipient from accessing services authorized in recipient's IPOS without legal justification.	Staff voluntarily left employment

## SUMMARY OF RIGHTS VIOLATIONS - FY2008

Freedom of Movement - Seclusion	Listening Ear Crisis Center	Residential MI	DD Child	Staff secured recipient's bedroom windows closed so they couldn't fully open and locked doors from her bedroom area to the main living area of the home.	Environmental Repair/Enhancement
Rights Protection System - Failure to Report	Aloha Ranch AFC	Residential DD	DD Adult	Staff failed to document and report extraordinary incidents related to recipient .	Training
Rights Protection System - Failure to Report	GTALMC	Residential DD	DD Adult	Staff was aware of the apparent or suspected exploitation of recipient but failed to make an immediate report to the ORR as required by law and policy.	Supervisory counseling
Rights Protection System - Failure to Report	NLCMH	Residential MI	MI Adult	Staff was aware of apparent or suspected rights violations but failed to report them to the ORAR as required.	Training
Rights Protection System - Failure to Report	NLCMH	Residential DD	DD Adult	Staff were aware of the possible rights violation stated in A but failed to report this to the ORR as required by law & NLCMH policy & procedure	Staff voluntarily quit employment
Rights Protection System - Failure to Report	NLCMH	Residential DD	DD Adult	Staff had knowledge of suspected theft of recipients' medications but failed to report to the ORR.	Training
Rights Protection System - Retaliation/Harassment	NLCMH	Case Management	MI Adult	Staff contacted recipient after the filing of this Rights Complaint for the express purpose of pressuring or unduly influencing her about it.	Suspension
Rights Protection System - Retaliation/Harassment	GTACLMC	SIP (SIL)	DD Adult	Staff refused to provide services in retaliation against recipient for expressing concern that her and her spouse's rights may have been violated	PENDING
Suitable Services - MH Services Suited to Condition	H.R. Slocum Acres, Ltd.	Case Management	DD Adult	Provider failed to ensure that residents were adequately monitored and that staff were fully trained	Contract Action
Suitable Services - MH Services Suited to Condition	Pine Rest of Traverse City	Case Management	MI Child	Staff failed to modify recipient's IPOS or to monitor services provided by residential provider for over a year.	Employment Termination
Suitable Services - MH Services Suited to Condition	NFIS	Case Management	MI Child	Staff conducted assessment of minor recipient while under the influence and instructed person acting in loco parentis to abandon child	Employment Termination
Suitable Services - MH Services Suited to Condition	NLCMH	Case Management	MI Adult	Staff failed to provide recipient access to available transitional employment opportunities.	Policy Revision/Development
Suitable Services - MH Services Suited to Condition	NLCMH	Case Management	MI Adult	Psychiatrist refused to prescribe medication in oral form to recipient even though this form of the medication was equally	Recipient Transfer to Another Provider/Site
Suitable Services - MH Services Suited to Condition	NLCMH	Case Management	MI Adult	Staff failed to respond to recipient's request for crisis intervention services.	Supervisory Counseling
Suitable Services - MH Services Suited to Condition	NLCMH	Other	MI Adult	Staff failed to assess, plan for, provide, and obtain services and supports for recipient in a timely manner as was appropriate to	Supervisory Counseling

## SUMMARY OF RIGHTS VIOLATIONS - FY2008

Suitable Services - MH Services Suited to	Beacon Services	Outpatient	MI Adult	Staff pressed charges against recipient as punishment for recipient's behavior	Training
Suitable Services - MH Services Suited to	Pine Rest Christian	Outpatient	MI Child	Provider refused to provide services to minor recipient because parent with legal custody had delegated consenting authority to	Policy Revision/Development
Suitable Services - MH Services Suited to	NLCMH	Outpatient	DD Adult	Staff failed to obtain the consent of recipient's guardian to a newly prescribed medication and failed to follow the psychiatrist's	Supervisory counseling
Suitable Services - MH Services Suited to Condition	NLCMH	Outpatient	MI Adult	Staff failed to ensure that recipient received her prescribed medications.	Written Reprimand
Suitable Services - MH Services Suited to Condition	GTACLMC	Outpatient	DD Adult	Provider allowed recipient to be in the care of another individual without notification to guardian	Plan of Service Revision
Suitable Services - MH Services Suited to Condition	NLCMH	Psychosocial Rehabilitation	MI Adult	Staff failed to return recipient's phone calls and failed to ensure that recipient received her prescribed medications.	Training
Suitable Services - MH Services Suited to Condition	H.R. Slocum Acres, Ltd	Residential DD	DD Adult	Staff failed to administered medication to recipient as ordered by physician.	Contract Action
Suitable Services - MH Services Suited to Condition	Aloha Centers, Inc	Residential DD	DD Adult	Staff failed to administer medication I to recipient as ordered by physician	Environmental Repair/Enhancement
Suitable Services - MH Services Suited to Condition	Aloha Centers Inc.	Residential DD	MI Adult	Staff failed to administer and document that she had administered supplements prescribed to recipient.	Suspension
Suitable Services - MH Services Suited to Condition	NLCMH	Residential DD	MI Adult	Staff provided services to recipient in a manner that undermined her recovery.	Staff not allowed to continue supplemental employment
Suitable Services - MH Services Suited to Condition	NLCMH	Residential DD	MI Adult	Staff failed to respond in a timely manner to recipient's request for additional services to meet the recipient's needs.	Supervisory Counseling
Suitable Services - MH Services Suited to Condition	NLCMH	Residential DD	MI Child	Staff failed to provide or ensure that crisis emergency and follow-up assessment services were provided in response to recipient's acute crisis.	Training
Suitable Services - MH Services Suited to Condition	NLCMH	Residential DD	DD Adult	Staff failed to administer medication to recipient as ordered by physician.	Staff voluntarily quit employment
Suitable Services - MH Services Suited to Condition	Teaching Family Homes of Upper Michigan	Residential MI	MI Child	Staff failed to ensure that recipient's medication orders were filled, resulting in her missing doses.	Policy Revision/Development

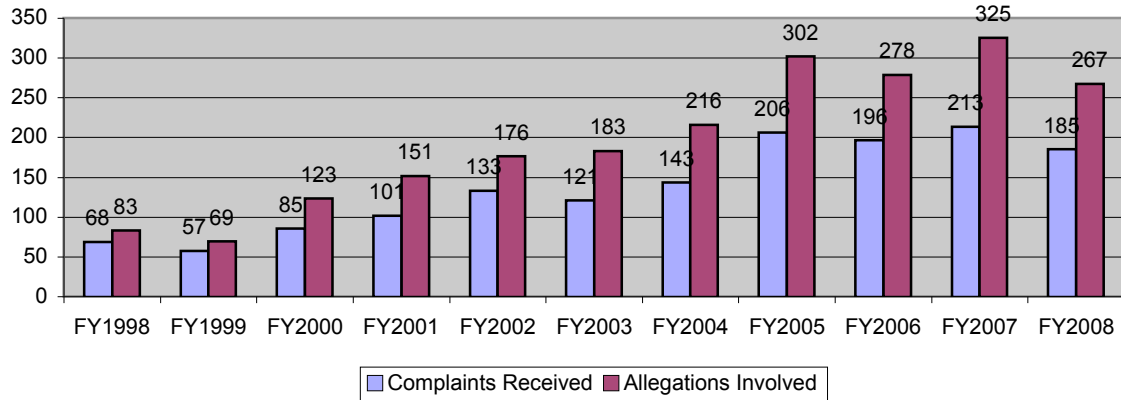
## SUMMARY OF RIGHTS VIOLATIONS - FY2008

Suitable Services - MH Services Suited to Condition	Teaching Family Homes of Upper Michigan	Residential MI	MI Child	Staff failed to discontinue medications as ordered by physician	Recipient Transfer to Another Provider/Site
Suitable Services - Dignity & Respect	NLCMH	Residential MI	MI Adult	Staff communicated to recipients in an authoritarian and inconsiderate manner.	Supervisory counseling
Suitable Services - Dignity and Respect	NLCMH	Case Management	MI Adult	Staff published disrespectful statements about recipient on the internet.	Training; Environmental Repair/Enhancement
Suitable Services - Dignity and Respect	NLCMH	Case Management	MI Adult	Staff came to recipient's home uninvited at a late hour and told her that she would lose her therapy services if she didn't comply, which was outside her job responsibilities.	Verbal Counseling
Suitable Services - Dignity and Respect	NLCMH	Residential DD	DD Adult	Staff used vulgar language, raised her voice, pointed her finger at, and communicated in an authoritarian manner to recipients	Verbal Counseling
Suitable Services - Dignity and Respect	Hopkins AFC Homes, Inc.	Residential MI	DD Adult	Staff threw a band-aid box at or towards one recipient and communicated in a frustrated and angry manner to other recipients.	Suspension
Suitable Services - Dignity and Respect	Beacon Residential Services	Residential MI	MI Adult	Numerous staff communicate to recipients in a disrespectful, authoritarian, and controlling manner.	Training
Suitable Services - Dignity and Respect	NLCMH	Residential MI	MI Adult	Staff communicated judgmental and disrespectful statements about residents' eating habits and about their expectations to receive quality care at the facility.	Training
Suitable Services - Notice of clinical progress/status	NLCMH	Case Management	MI Adult	Staff failed to review recipient's IPOS with recipient at the frequency specified in his IPOS	Plan of Service Revision
Suitable Services - Notice of Medication Side Effects	NLCMH	Outpatient	MI Adult	Psychiatrist failed to explain and provide recipient written information regarding potential risks and most common adverse effects prior to initiating newly prescribed psychotropic medication.	Policy Revision/Development
Suitable Services - Informed Consent	NLCMH	Outpatient	MI Adult	Staff failed to obtain consent of guardian prior to admitting recipient to crisis residential program.	Training
Suitable Services - Dignity and Respect	Hopkins AFC Homes	Residential MI	MI Adult	Staff communicated disrespectfully to recipient .	PENDING
Suitable Services - Mental Health Services Suited to Condition	NLCMH	Case Management	MI Adult	Staff failed to provide services suited to recipient's condition by 1)not having contact with her and/or 2)not following through with a transfer to another staff.	PENDING

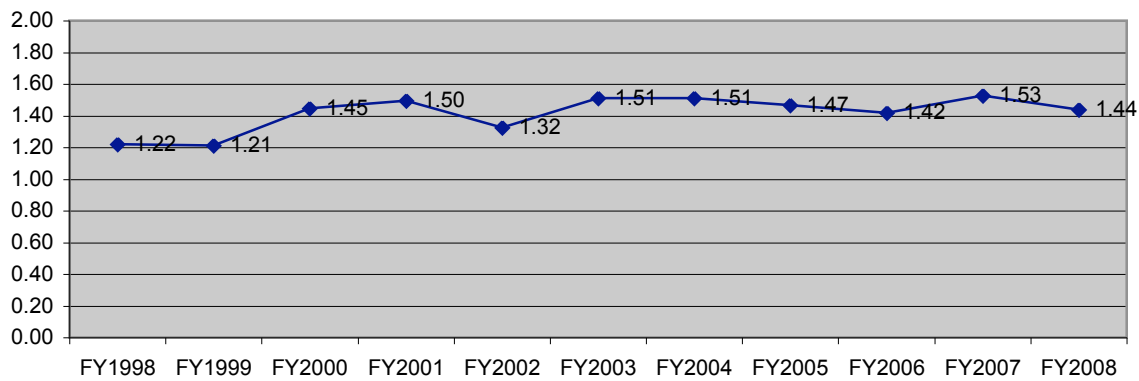
## SUMMARY OF RIGHTS VIOLATIONS - FY2008

Suitable Services - Mental Health Services Suited to Condition	NLCMH	Case Management	DD Child	Staff failed to provide case management services to recipient as needed for over four years	PENDING
Suitable Services - MH Services Suited to Condition	NLCMH	Case Management	MI Adult	Staff failed to assess, plan for, and provide services suited to recipient's condition	Plan of Service Revision; transfer to another provider
Suitable Services - Notice of Clinical Progress / Status	Pine Rest Christian Mental Health Services	Case Management	MI Child	Staff failed to ensure that recipient's clinical progress and status was reviewed orally and in writing at the frequency identified in his individual plan of services	Plan of Service Revision; transfer to another provider; increased supervision of staff
Suitable Services - Treatment Suited to Condition	Pine Rest Christian Mental Health Services	Case Management	MI Child	Staff failed to provide any case management services or otherwise oversee implementation of recipient's IPOS at residential facility for 16 months	Plan of Service Revision; transfer to another provider; increased supervision of staff
Treatment Environment - Humane	Hopkins AFC Homes	Residential DD	DD Adult	Staff routinely restricted recipients from accessing the bathroom.	Written Reprimand

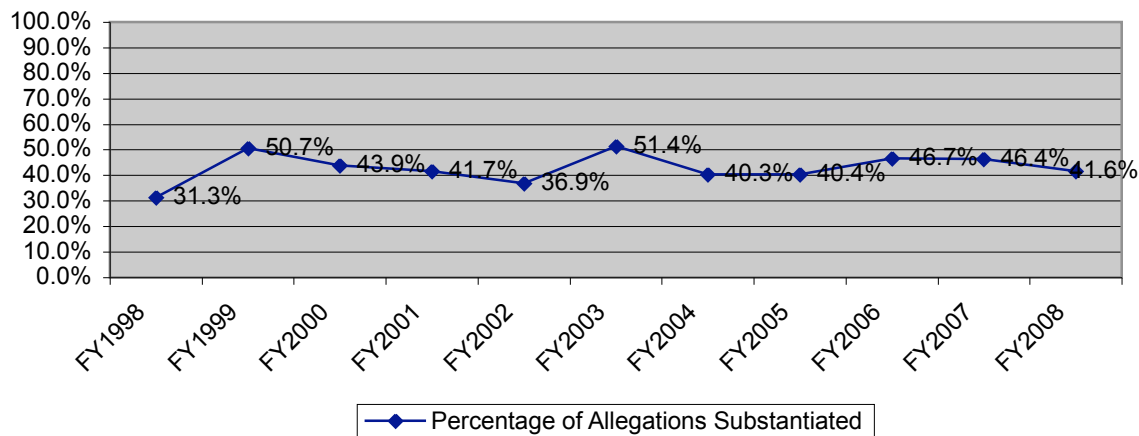
**Allegations per Complaints Received**

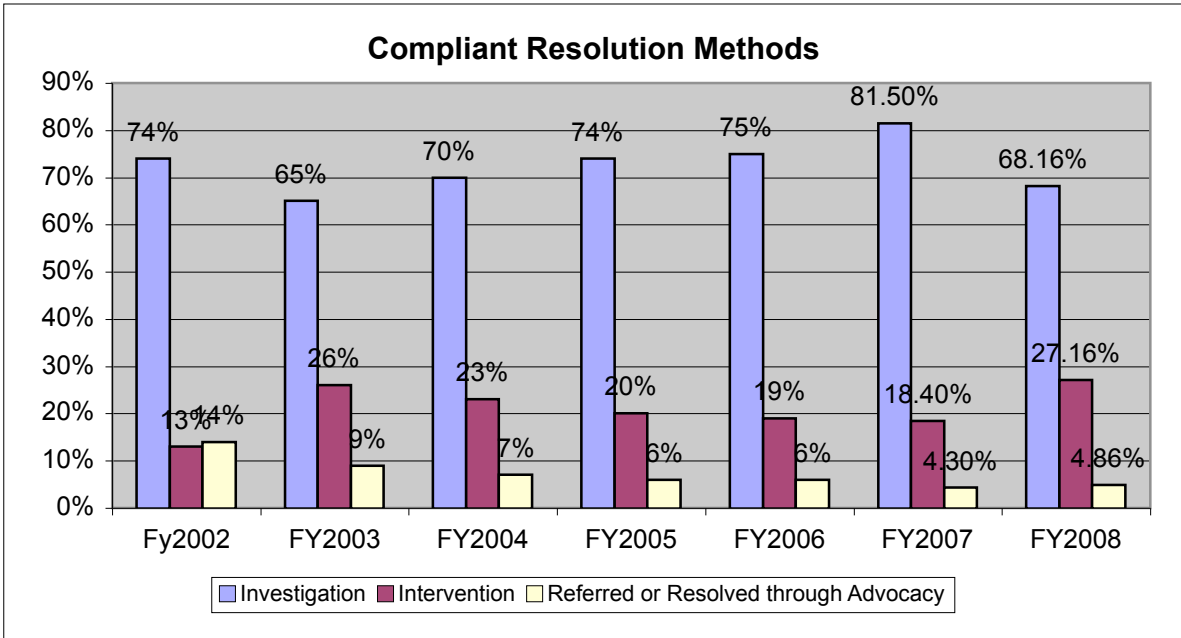
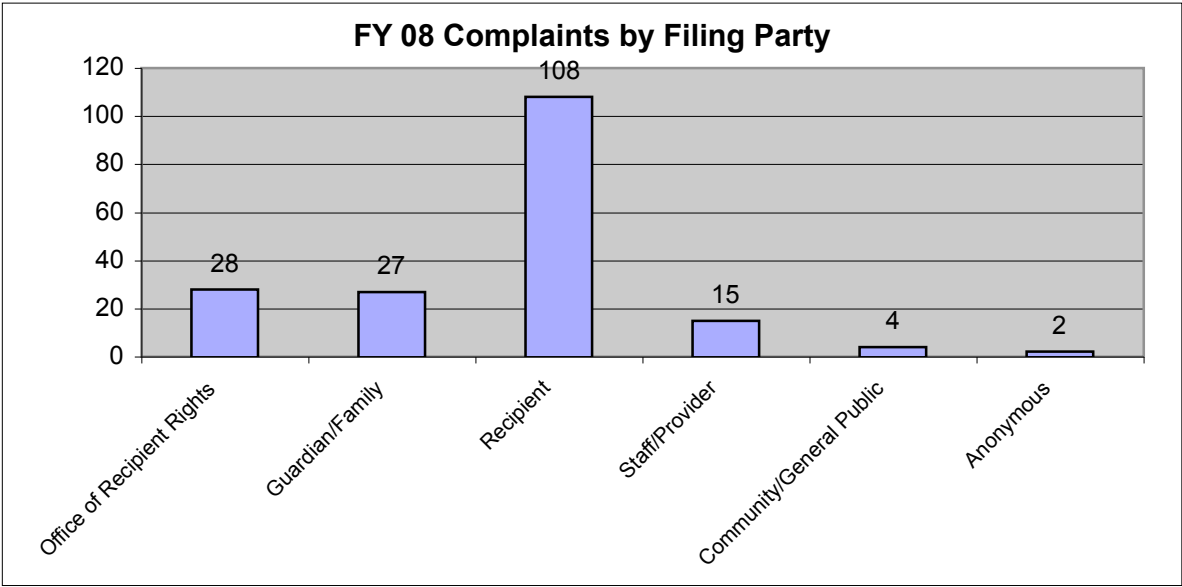


**Ratio of Complaints to Allegations Involved**

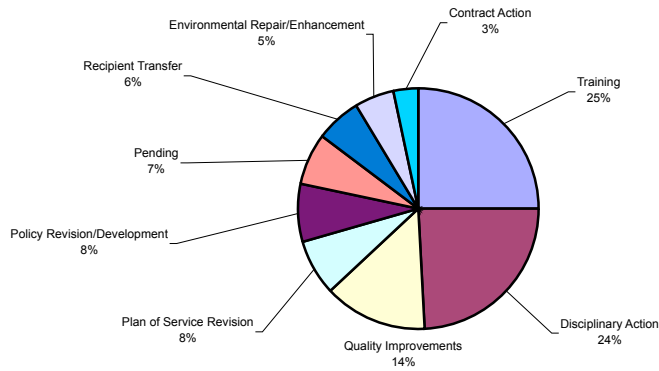


**Substantiation Rate**

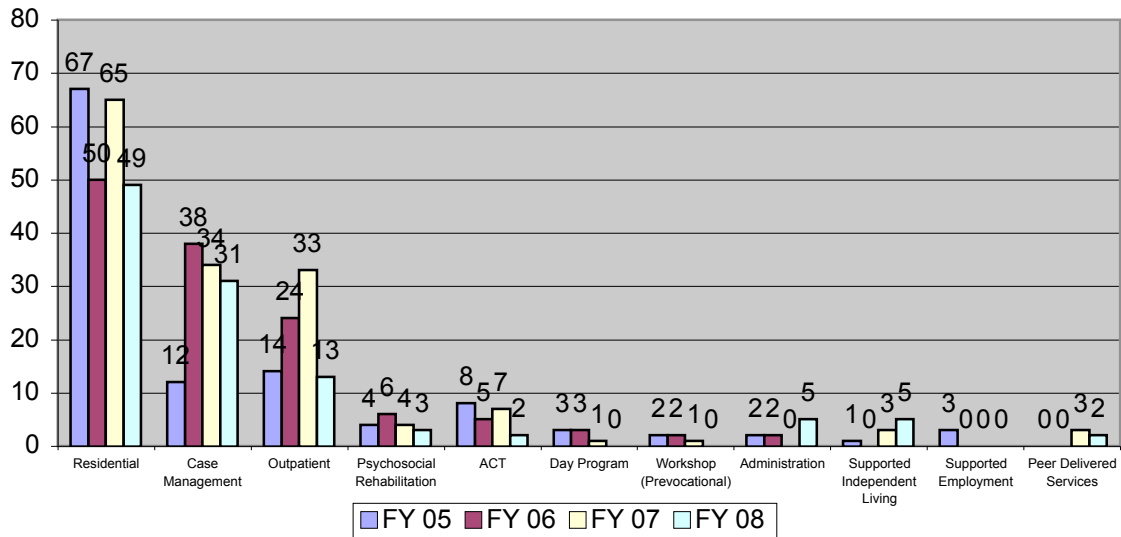




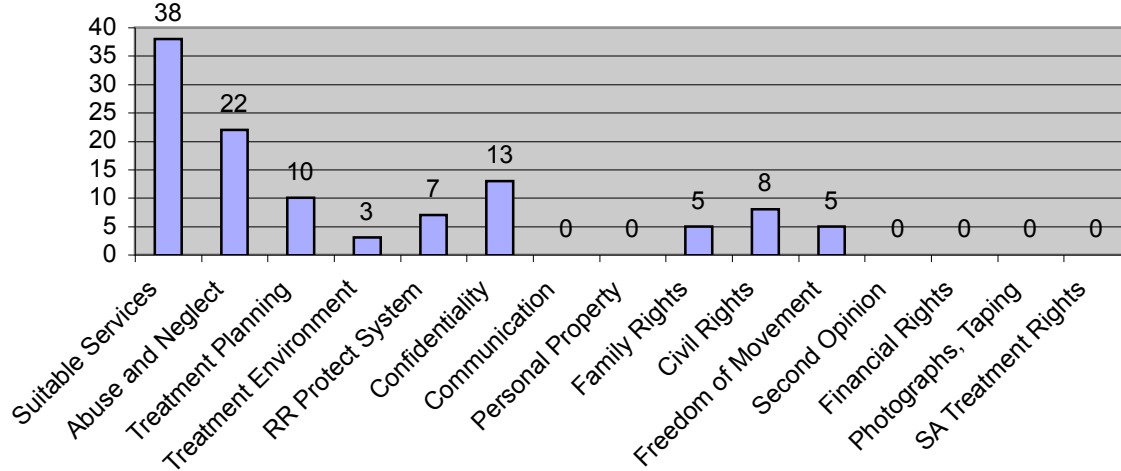
## Remedial Actions Proposed/Taken for Rights Violations



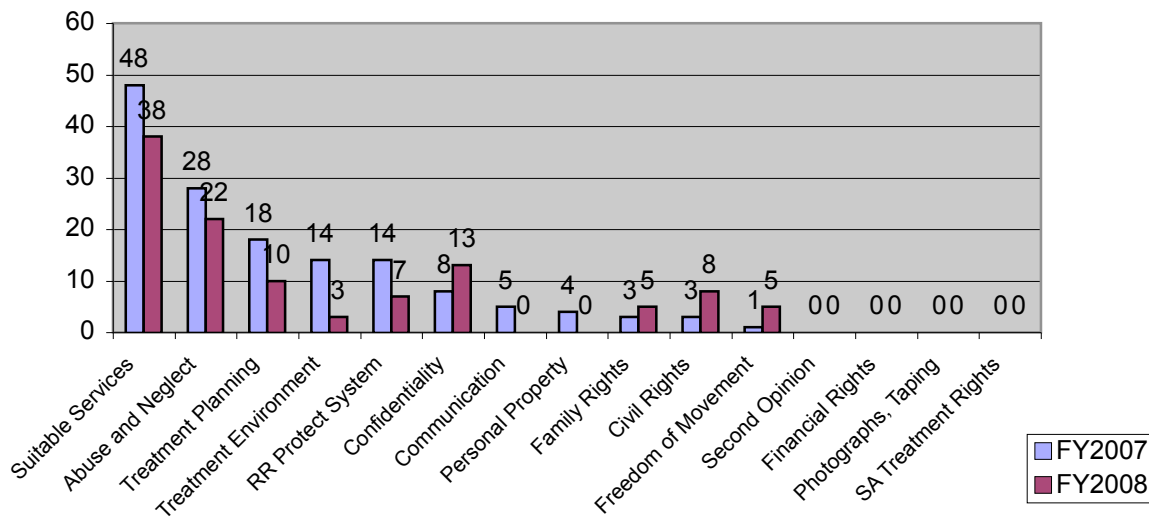
## Rights Violations by Provider Type - Comparison to Previous Years



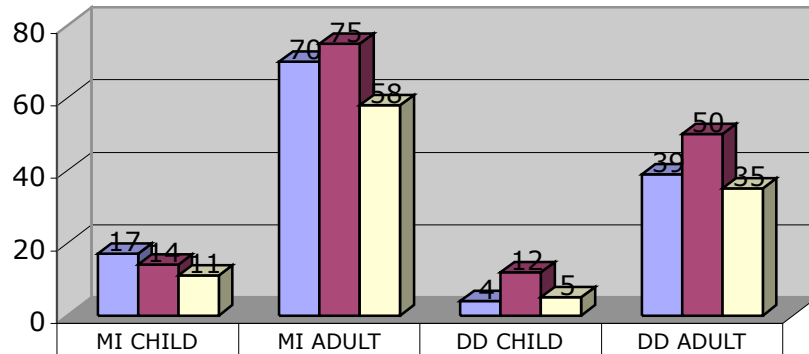
**Rights Violations by General Category FY 2008**



**Rights Violations by General Category Comparison to Previous Year**

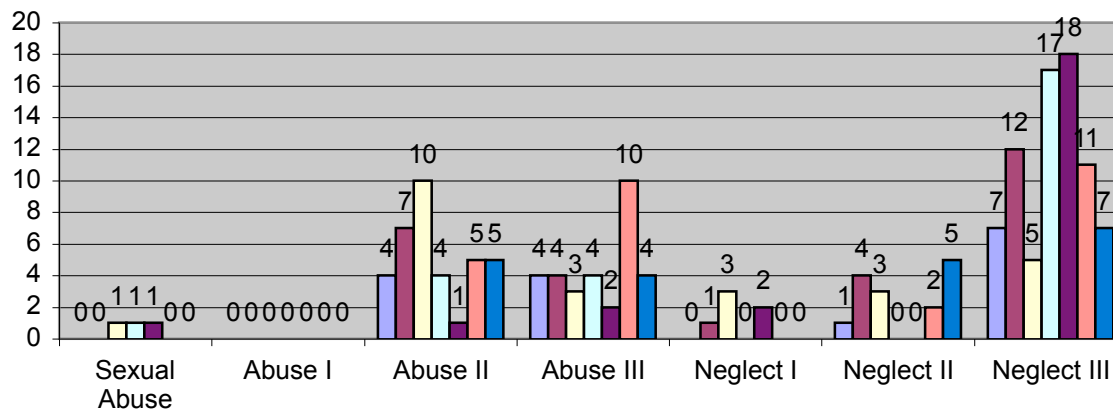


### Rights Violations by Population Comparison to Previous Three Years



	MI CHILD	MI ADULT	DD CHILD	DD ADULT
FY2006 Substantiated Count	17	70	4	39
FY2007 Substantiated Count	14	75	12	50
FY2008 Substantiated Count	11	58	5	35

### Abuse and Neglect - Comparison to Previous Years



	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
Sexual Abuse	0	0	1	1	1	0	0
Abuse I	0	0	0	0	0	0	0
Abuse II	4	7	10	4	1	5	5
Abuse III	4	4	3	4	2	10	4
Neglect I	0	1	3	0	2	0	0
Neglect II	1	4	3	0	0	0	5
Neglect III	7	12	5	17	18	11	7

## SECTION IV



## MONITORING AND COORDINATION OF RIGHTS PROTECTION

### Background:

*The Mental Health Code requires that the Office of Recipient Rights monitor services to ensure that the rights of recipients are being protected in accordance with uniformly high standards, conducting or coordinating for site and policy reviews of all of these service sites as often as necessary, but at a minimum annually. This includes a variety of CMH provider types as well as licensed psychiatric hospitals and units. When deficiencies are identified, providers are asked to submit plans of correction. The ORR also reviews the CMHSP's policies and procedures, contract language pertaining to Recipient Rights, and critical incidents such as a serious injury to, or death of a recipient.*

### Summary of Monitoring and Coordination Activity:

As of the date of this writing, the ORR has been notified that Northern Lakes CMH directly operates or contracts with providers of mental health services at approximately 135 service sites and/or programs (according to information provided to the ORR by contract and network management staff and the NLCMH Chief Operations Officers) – see service types below.

The ORR directly conducted site reviews for 114 of the 135 sites during FY2008 which, although not in compliance with Mental Health Code requirements as described above, was improved significantly from last fiscal year. It is noteworthy that some of the sites/programs not monitored were sites that ORR was not notified of until many months after services were initiated at the service site. Respondent providers were assessed for compliance with Recipient Rights protections under uniform protocols (21 key rights dimensions with 72 indicators are assessed at all sites/programs other than licensed psychiatric hospitals and units (LPH/U). At LPH/Units, 8 key rights dimensions with 76 indicators are assessed including policy review). Compliance data by provider type was not available this year due to a transition to a new database.

### Number of Service Sites:

Type of Site	In Catchment Area	Out of Catchment	Site Visit Required
Outpatient	17	1	14
Residential MI	5	7	12
Residential DD	40	10	50
Inpatient	1	15	16
Day Program MI	2	1	3
Day Program DD	0	0	0
Workshop (prevocational)	3	0	3
Supported Employment	3	0	0
ACT	3	0	3
Case Management	5	1	6
Psychosocial Rehabilitation	2	0	2
Partial Hospitalization	1	0	1
SIP	5	0	5
Other	21	5	23
<b>Total Number of Service Sites that Require Site Visits</b>			<b>135</b>
<b>Total Number of Site Visits Conducted</b>			<b>114</b>

## SECTION V



## PREVENTION

### Background:

The Michigan Mental Health Code requires that all employees, contract employees and volunteers receive rights training within 30 days of hire and since 1996. Additionally, NLCMH policy and procedure and participating provider agreements require that all providers receive annual rights refresher training. The Office of Recipient Rights ensures that all staff receives training in recipient rights in accordance with these requirements and as a means of promoting and understanding recipient rights and to prevent violations. ORR staff additionally consult with provider staff and provide information, referral, and advocacy services to recipients, families, guardians, and others.

### Summary of Prevention Activity:

#### Training:

ORR staff spent 106.5 hours training almost 600 staff and consumers, family members, and others in FY2008, offering several different training curricula in Recipient Rights protection issues to providers (see the graph on the following page).

A comprehensive six-hour Recipient Rights training is offered to all new NLCMH and contracted provider staff once per month alternating between the Cadillac and Traverse City office locations.

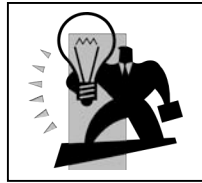
A shorter two hour Recipient Rights refresher training for direct care and paraprofessional staff is offered once per month.

Clinical staff are required to successfully complete refresher training in Recipient Rights via a self-guided computer curriculum, which was developed and implemented this year. Clinical staff are also required to complete a self-guided computer curriculum module in the right to Person-Centered Planning, Advance Directives, and Confidentiality

Attendee evaluations continue to be overwhelmingly positive for all trainings.

# Hours	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Consumers	Method of Training
66	39	177			Face-to-Face
33.5	68	284			Face-to-Face
(aprox. 1.5 hours per staff)	238				Computer
2.0			12 resident physicians		Face-to-Face
1.5			1 volunteer intern		Face-to-Face
1.5	8				Face-to-Face
3				10 parents	Face-to-Face
<b>106.50</b>	<b>353</b>	<b>461</b>	<b>13</b>	<b>10</b>	

## SECTION VI



## QUALITY IMPROVEMENT

### **Background:**

*Section 755 of the Mental Health Code requires that the annual report of the Office of Recipient Rights include a review of progress toward desired outcomes set for the Rights Protection System during the past fiscal year and that new desired outcomes be established for the coming year. Additionally, the report must include recommendations to the governing board.*

### **A: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES**

#### **Progress on Outcomes established for the office for FY 07/08**

##### **1. Improve timeliness of investigative and summary reports and complete all site visits.**

Discontinued

**Explanation:** Compliance with the completion of Summary Reports and site visits improved significantly during the past year. However, due to staffing changes in our small ORR, the timeliness of investigative reports deteriorated even further. Since this outcome was actually a reiteration of legal requirements it is being discontinued for the coming year. However, compliance will be routinely monitored by the ORR Director and the RRAC and it is anticipated that compliance will improve now that the office is fully staffed, new staff are trained, and with the implementation of the newly developed electronic Recipient Rights record system.

##### **2. Effective Remedial Action is taken and documented with shared responsibility of the CEO.**

Discontinued.

**Explanation:** Compliance with the implementation of remedial action plans (RAPs) and the submission of documentation to the ORR verifying their completion was mainly a problem for NLCMH operations rather than for contract providers. Significant efforts were made to "clean up" a long list of outstanding RAPs, most of which have now been completed. Since this outcome was largely a statement of legal requirements, this is being discontinued for the coming year. However, compliance will be routinely monitored by the ORR Director and the RRAC and routine monitoring of RAPs will be easier with the implementation of the newly developed electronic Recipient Rights record system. There remains a problem in evaluating the effectiveness of RAPs but this is done on a case by case basis via recommendations of the Office in response to specific investigations. This is also a structural problem caused by the fact that an ORR currently has no legal authority to "certify" any particular RAP proposed by a respondent as acceptable. The Recipient Rights Officers Association of Michigan recommends that ORR's be given this authority, but this may require statutory amendment unless a particular CMHSP Executive Director gives this to its ORR.

##### **3. Provide increased opportunities for consumers to learn about their rights.**

Ongoing

**Explanation:** The ORR was only able to do one formal training for consumers this year (a training for parents of minor recipients) due to competing demands. This goal will be modified for the coming year.

##### **4. Promote the delivery of services suited to condition by implementing the QIC workplan.**

Accomplished

**Explanation:** The QIC workplan has been partially implemented with respect to this outcome. The ORR completed a training for all clinical supervisors with mixed reviews as to the benefits of this activity; some supervisors found it beneficial while others did not appear receptive to consultation with the ORR. The executive team has reviewed clinical supervision skill training curricula. This will be discontinued as a desired outcome although it is anticipated that efforts will be made to continue to make positive gains in the promotion of this fundamental right.

##### **5. RRAC members gain increased knowledge of the Mental Health Code and Administrative Rules.**

Accomplished

**Explanation:** The ORR Director provided four trainings to the RRAC during FY07/08 on the following topics: 1) Changes to the Michigan Department of Community Health Administrative Rules; 2) Voluntary and

Involuntary Commitment; 3) Advance Directives; and 4) The Rights-Recovery Connection: A Natural and Necessary Relationship.

**5. Encourage consumers to attend RRAC meetings.**

Accomplished

**Explanation:** Consumer attendance at RRAC meetings increased this year. This outcome will be modified for the coming year although other interested consumers will continue to be encouraged to attend meetings.

**6. Explore feasibility of provider self-assessment tool to supplement monitoring activities.**

Discontinued

**Explanation:** The ORR determined that there are more important priorities and more efficient ways of promoting provider compliance with Recipient Rights protection via existing monitoring tools.

**Outcomes established for the office for FY2009**

1. By January 2009, the Office will have completed and begin using the electronic Recipient Rights complaint records module. By March 2009, the Office will have completed and begin using the electronic Recipient Rights monitoring records module.
2. By February 2009, the Office will have revised all applicable NLCMH policies and procedures to reflect changes in the MDCH Administrative Rules as well as the Technical Requirement for Behavior Treatment for adoption by NLCMH and distribution to contract providers.
3. By February 2009, February 2009, the RRAC will have revised its procedures to include membership terms, application and appointment procedures, and appointment of officers.
4. By May 2009, the Office will make the self-guided Introduction to Recipient Rights training curriculum and test available to providers on the [northernlakescmh.org](http://northernlakescmh.org) website.
5. By June 2009, the Director of the Office and the NLCMH Recovery Coordinator will have developed a plan for improving, understanding, and making connections between rights and recovery.
6. By September 2009, the Office will have developed a mechanism by which consumers routinely receive meaningful and understandable education in Recipient Rights and Recipient Rights self-advocacy and will have solicited, selected, and trained a core group of volunteer peer rights advocate trainers who will conduct at least one training per month to other consumers.
7. By October 2009, the Recipient Rights Advisory Committee will conduct a Recipient Rights "needs assessment" based on the input of consumers, parents, family members, guardians, and stakeholders in order to advise the Recipient Rights Director and CEO as to the status of rights protection at NLCMH.
8. Recipient Rights Advisory Committee members will become well-informed about proposed legislation pertinent to mental health rights issues to improve or strengthen rights protections. As necessary and appropriate, the committee will take public policy positions and play an active advocacy role. This will be a standing agenda item for each RRAC meeting.

## **B: RECOMMENDATIONS TO THE GOVERNING BOARD**

### **Actions taken in response to recommendations from the Recipient Rights Advisory Committee to the Chief Executive Officer and the Director of the Office of Recipient Rights for the previous year, FY2008:**

- 1. The FY2007 Annual Report should be presented to and discussed with the Executive Team and be made available to NLCMH staff and contract providers as an educational opportunity.**

**ACTION TAKEN IN RESPONSE:** Following submission of the report to the Board of Directors in January 2007, the Director of the Office of Recipient Rights presented the report to the Executive Team at a quarterly Executive Risk Management meeting and to a group of large agency provider directors at a Network Provider meeting. The report was also published on the northernlakescmh.org website.

- 2. The CEO should incorporate discussion of the relationship between recovery and rights as a main theme at Learning Community meetings.**

**ACTION TAKEN IN RESPONSE:** The Director of the Office of Recipient Rights created a presentation titled "The Rights-Recovery Connection: A Natural and Necessary Relationship" in FY 2008. It was presented to the RRAC and after further development, the Director of the ORR presented it at the Fifteenth Annual Recipient Rights Conference in Dearborn, Michigan in collaboration with the NLCMH Recovery Coordinator and the Manager of the Office of Recipient Rights and a Peer Supports Specialist from Oakland County CMH Authority. The NLCMH Director of the ORR and Recovery Coordinator are planning future presentations to NLCMH staff and consumers in FY2009.

- 3. The CEO and Director of the ORR should review the effectiveness of the current process for educating consumers about their rights, making improvements as appropriate to ensure meaningful notification and explanation occurs.**

**ACTION TAKEN IN RESPONSE:** The Director of the ORR believes that the best practice for ensuring that consumers receive meaningful education about their rights is for the Office of Recipient Rights to both provide this education itself and to train consumers to educate other consumers. This is being addressed as a goal for FY2009 in Desired Outcome #6.

### **Actions taken in response to recommendations from the Chief Executive Officer to the Board of Directors for FY2008:**

- 1. The Board should receive and file the FY2007 Annual Report of the Office of Recipient Rights.**

**ACTION TAKEN IN RESPONSE:** The Board received and filed the FY2007 Annual Report of the Office of Recipient Rights at the Board's December 2007 Board Meeting.

- 2. The Board workplan should continue to contain semi-annual and annual Recipient Rights report presentations and training.**

**ACTION TAKEN IN RESPONSE:** The workplan continues to contain these reports and the Board received both semi-annual and annual presentations and training in FY2008.

- 3. The Board should appoint a new member to the currently vacant Recipient Rights Advisory Committee seat consistent with the Committee's recommendation when presented.**

**ACTION TAKEN IN RESPONSE:** The Board appointed a new member to fill the vacant seat as recommended by the RRAC in July 2007. Unfortunately, this same seat became vacant again in December 2008.

- 3. The Board should request that the Recipient Rights Advisory Committee consider and make a recommendation with respect to the potential advantages of setting term limits for RRAC appointments.**

**ACTION TAKEN IN RESPONSE:** This recommendation was the subject of extensive discussion at both RRAC and Board meetings. Despite much confusion about this recommendation, the RRAC has planned to finalize its response at its February 2009 meeting for submission to the Board at its meeting later that same month.

**RECIPIENT RIGHTS ADVISORY COMMITTEE AND OFFICE OF RECIPIENT RIGHTS  
FY2009RECOMMENDATIONS:**

- 1. The Board should develop a comprehensive policy pertaining to the organization's responsibility and commitment to promote and protect the rights of recipients and that includes a mechanism for monitoring meaningful outcomes pertaining to these rights.**
- 2. The Office of Recipient Rights needs to be given authority within and be better integrated into the administrative and operational systems of Northern Lakes CMH to ensure that the rights of recipients are promoted and protected to the maximum extent guaranteed by law.**