

# AGENDA

## BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE MEETING

Thursday, December 7, 2023 at 5:00 pm

William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members	Present	Excused	Absent	Others Present:
Patrick McFarland, Ch	_____	_____	_____	Justin Peters	_____	_____	_____	BABH: Melissa Prusi, Chris Pinter, and Sara McRae  Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
Sally Mrozinski, V Ch	_____	_____	_____	Laurie Van Wert	_____	_____	_____	
Robert Bowers	_____	_____	_____	Colleen Maillette, Ex Off	_____	_____	_____	
Ernie Krygier	_____	_____	_____	Richard Byrne, Ex Off	_____	_____	_____	
Kathy Niemiec	_____	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Advisory Committee Report 3.1) Executive Summary of Complaints Through November 30, 2023		3.1) No action necessary
4.	Training 4.1) Complaint Investigation & Resolution, 3-5-1 4.2) Investigation Scenarios		4.1) No action necessary 4.2) No action necessary
5.	Unfinished Business 5.1) None		
6.	New Business 6.1) December Site Visits 6.2) Summary of Senate Bill (SB) 227 6.3) 2024 Annual Goals		6.1) No action necessary 6.2) No action necessary 6.3) Consideration of motion to adopt the 2024 Annual Goals

## AGENDA

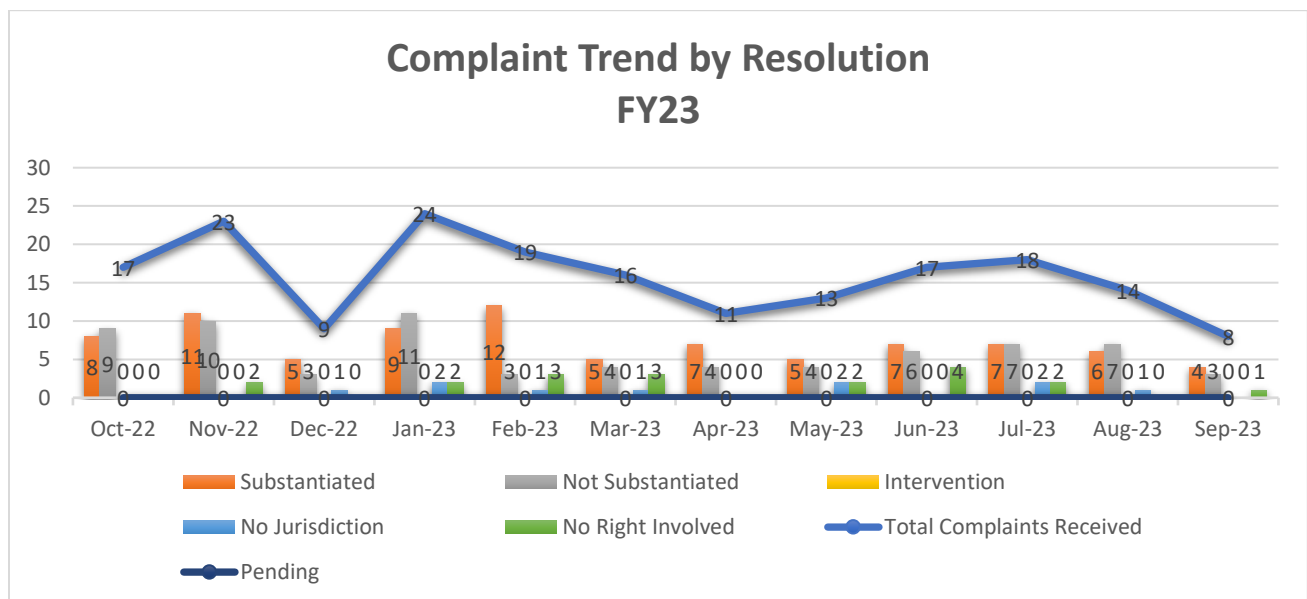
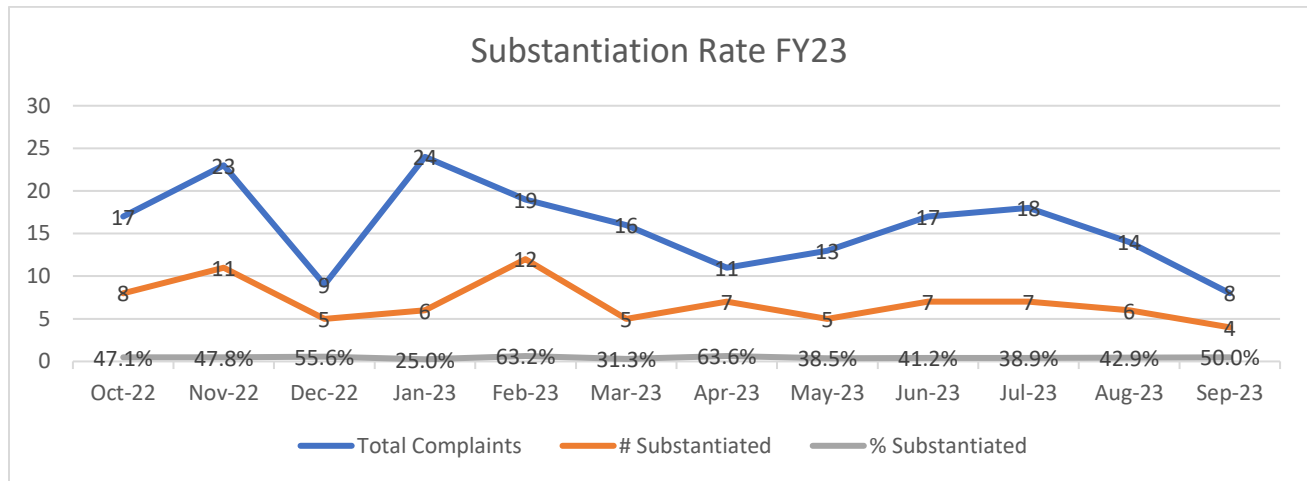
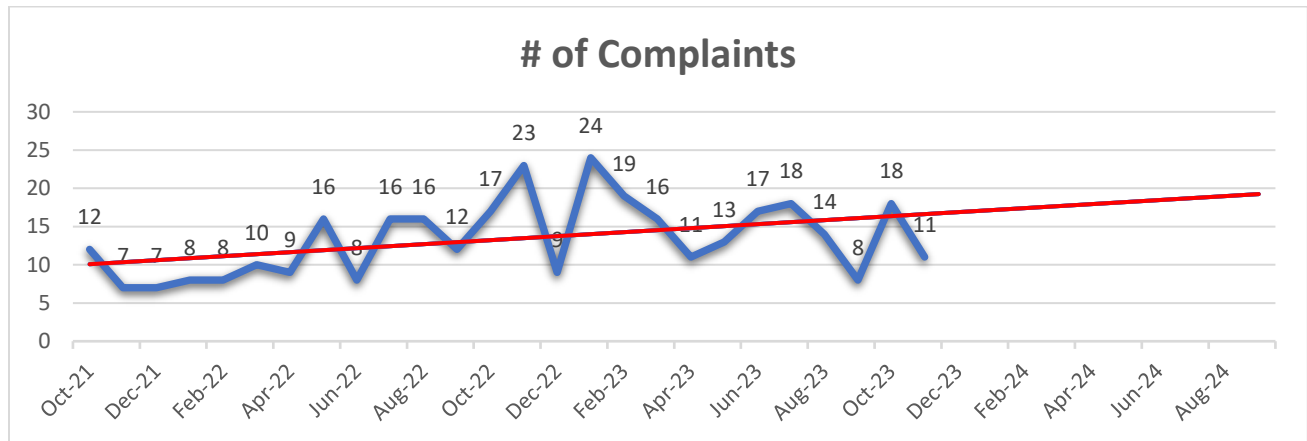
BAY ARENAC BEHAVIORAL HEALTH  
BOARD OF DIRECTORS  
RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE MEETING  
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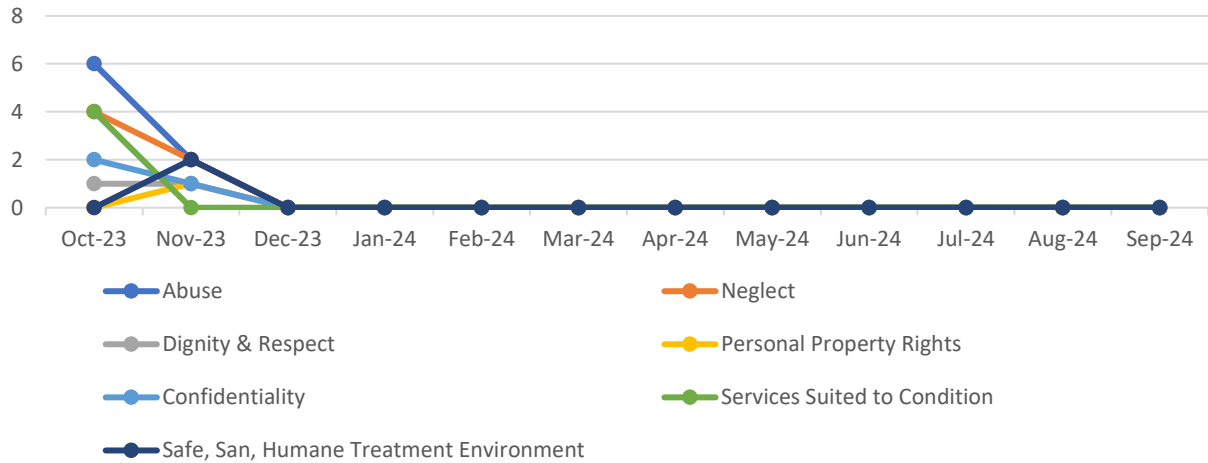
	6.4) BABH 2023 Annual Recipient Rights Report  6.5) Review of 2023-2024 BABH Office of Recipient Rights Budget  6.6) Committee Membership Update		6.4) Consideration of motion to forward the BABH 2023 Annual Recipient Rights Report to the full Board for approval  6.5) No action necessary  6.6) No action necessary
7.	Adjournment	M -	S - pm MA

Recipient Rights Advisory and Appeals Committee  
Executive Summary of Complaints through November 20, 2023

**Overall Summary of the Office of Recipient Rights (ORR) Complaints through November 2023:**



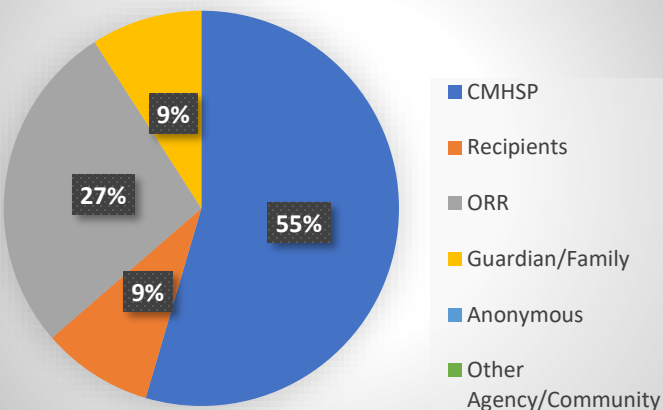
### Trend Report by Allegation - Top 7 FY24



Trend Report by Allegation Top 7	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Abuse	6	2	0	0	0	0	0	0	0	0	0	0
Neglect	4	2	0	0	0	0	0	0	0	0	0	0
Dignity & Respect	1	1	0	0	0	0	0	0	0	0	0	0
Personal Property	0	1	0	0	0	0	0	0	0	0	0	0
Confidentiality	2	1	0	0	0	0	0	0	0	0	0	0
Svcs Suited to Cond	4	0	0	0	0	0	0	0	0	0	0	0
Safe, San, Humane Tx	0	2	0	0	0	0	0	0	0	0	0	0

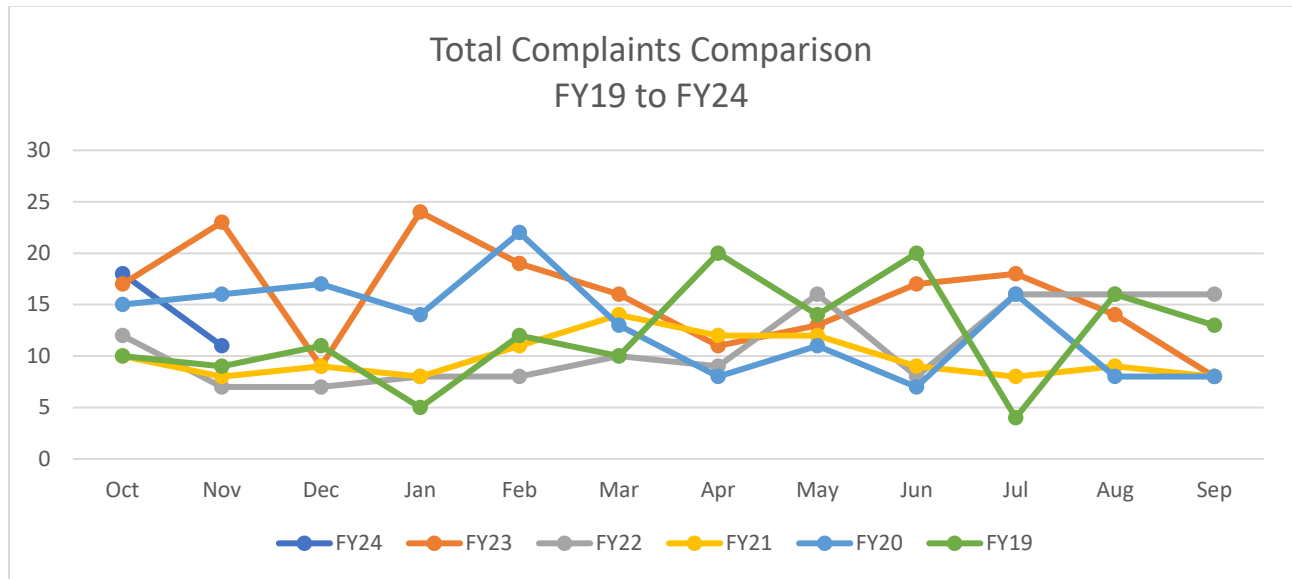
### Source of Complaints:

#### Source of Complaints Nov 23

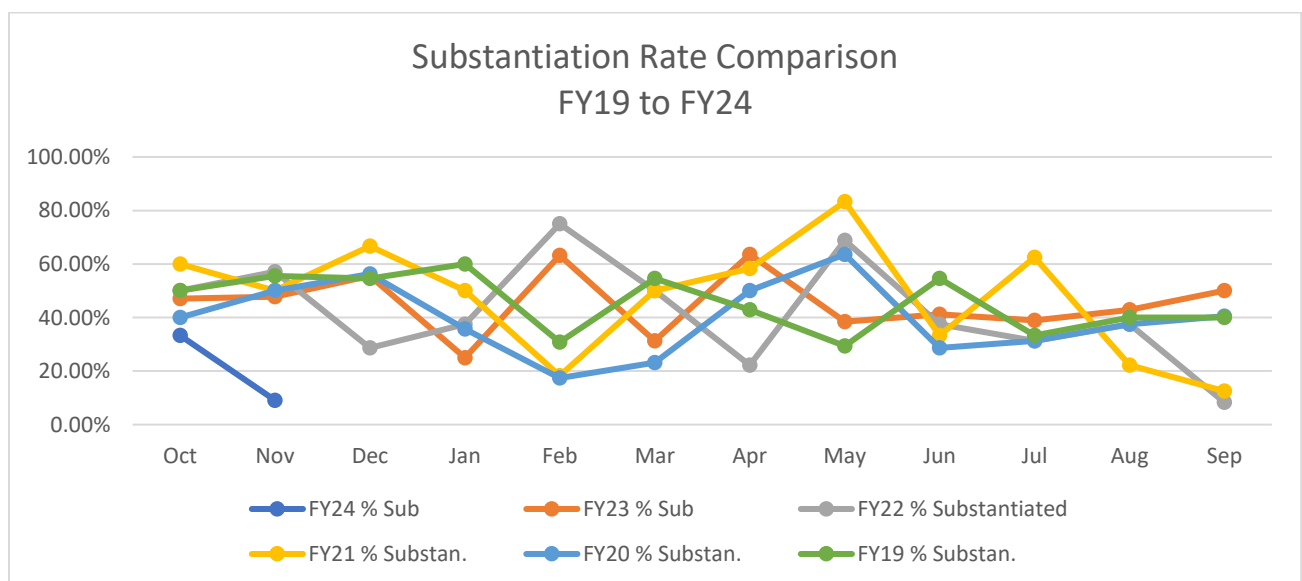


CMSHP Network Staff	6
Recipients	1
ORR	3
Guardian/Family	1
Anonymous	0
Other Agency/Community	0

**Comparison of Complaints for FY98 to FY24 (DRAFT):**



Total Comp	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24	18	11										
FY23	17	23	9	24	19	16	11	13	17	18	14	8
FY22	12	7	7	8	8	10	9	16	8	16	16	16
FY21	10	8	9	8	11	14	12	12	9	8	9	8
FY20	15	16	17	14	22	13	8	11	7	16	8	8
FY19	10	9	11	5	12	10	20	14	20	4	16	13



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 % Sub	33.3%	9.1%										
FY23 % Sub	47.1%	47.8%	55.6%	25.0%	63.2%	31.3%	63.6%	38.5%	41.2%	38.9%	42.9%	50.0%
FY22 % Sub	50.0%	57.10%	28.60%	37.5%	75.0%	50.0%	22.2%	68.8%	37.5%	31.3%	37.5%	8.0%
FY21 % Sub	60.0%	50.0%	66.7%	50.0%	18.2%	50.0%	58.3%	83.3%	33.3%	62.5%	22.2%	13.0%
FY20 % Sub	40.0%	50.0%	56.3%	35.7%	17.4%	23.1%	50.0%	63.6%	28.6%	31.3%	37.5%	40.5%
FY19 % Sub	50.0%	55.6%	54.6%	60.0%	30.8%	54.6%	42.9%	29.4%	54.6%	33.3%	40.0%	40.0%

When comparing FY18 with FY19, FY20, FY21, FY22 and FY23 there were significant differences in the number of complaints received in the following months:

- In April 2018 BABHA's ORR received twenty complaints whereas in April 2019 seven complaints were received.
- In June 2018 BABHA's ORR received twenty complaints whereas in June 2019 eleven complaints were received.
- In July 2018 BABHA's ORR received four complaints whereas in July 2019 fifteen complaints were received.
- FY20's total number of complaints is higher for the first quarter than the first quarter for FY19, and FY18.
- COVID-19 significantly reduced the number of RR complaints reported to BABHA's ORR. (Starting March 2020 through FY22.)
- FY23 complaints are trending above FY22 and FY21:
  - FY21 October 2020 through September 2021 the ORR received 118 complaints.
  - FY22 October 2021 through September 2022 the ORR received 133 complaints.
  - FY23 October 2022 through September 2023 the ORR received 190 complaints.

**Report of Remedial Action for Substantiated Complaints for July 2023:**

ID	Rcv Date	Sum/Int	Allegation Type	Remedial Action 1	Remedial Action 2	Remedial Action 3
1488	7/31/2023	11/1/2023	Neglect, Class III	Employment Termination		
1480	7/18/2023	10/25/2023	Abuse, Class III	Other (include explanation)	Training	
1479	7/18/2023	10/20/2023	Dignity and Respect	Training		
1477	7/17/2023	7/19/2023	Dignity and Respect	Training	Written Reprimand	
1475	7/14/2023	10/12/2023	Neglect, Class II	Policy Revision/ Development	Training	Contract Action
1474	7/13/2023	9/18/2023	Dignity and Respect	Training	Written Counseling	
1470	7/3/2023	10/12/2023	Disclosure of Confidential Information	Training	Suspension	Written Reprimand

The matrix displays the substantiated complaints with the date that each complaint was received, resolved, and the date the Summary Report was issued. It is important to note that all complaints were resolved within the 90-calendar day requirement established by the Michigan Mental Health Code. The Mental Health Code dictates that the Responsible Mental Health Agency (RMHA) takes remedial action to correct and prevent reoccurrence of substantiated Recipient Rights Complaints. In addition, if the violation of Abuse or Neglect is substantiated then the RMHA must take fair disciplinary action as well. The matrix above lists the substantiated complaint allegation type and all of the remedial action utilized by the RMHA. The Office of Recipient Rights can only call for disciplinary action as required in the Mental Health Code. The Office cannot dictate the level of disciplinary action as the RMHA determines this action.

**Additional Activities by the Office of Recipient Rights:**

Training by Recipient Rights Officer for Staff:

Number of Training Sessions	Number of People Attending	Number of Hours
9	36	9.5

Training by Recipient Rights Officer for Consumers:

Number of Training Sessions	Number of People Attending	Number of Hours
0	0	0

Training received by the Recipient Rights Office October:  
None

Site Visits:

11/9/23	Mercy Plus Saginaw
11/17/23	GameChangers Autism SR
11/30/23	Spectrum Autism Center



**Recipient Rights Complaints**  
Reporting Period - Oct 2023 - September 2024

Category	Category Description	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Total Allegations YTD
7084	Dignity and Respect	1	2											3
7081	Mh Services Suite to Condition	4												4
7082	Safe, Sanitary/Humane Treatment/Environment		2											2
7100	Physical and Mental Exams													
7120	Person Centered Process													
7110	Family Dignity & Respect													
7120	Individual Plan of Service	1												1
7130	Choice of Physician or Mental Health Professional													
7150	Services of a Mental Health Professional													
7221	Abuse I													
72221	Abuse II - Non-Accidental Act	1	1											2
72222	Abuse II - Unreasonable Force	2												2
72225	Abuse II - Exploitation	1	1											2
7223	Abuse III	1												1
7224	Abuse I - Sexual Abuse	1												1
72251	Neglect I		1											1
72252	Neglect I - Failure to Report													
72261	Neglect II													
72262	Neglect II - Failure to Report													
72271	Neglect III	4	1											5
7240	Photographs, Fingerprints - Prior Consent													
7249	Video Surveillance													
7262	Communications-Telephone													
7263	Communications-Mail													
7281	Personal Property - Possession		1											1
7286	Personal Property-Limitations													
7300	Safeguarding money													
7360	Labor & compensation													
7400	Restraint													
7420	Seclusion													
7440	Freedom of Movement													
7480	Disclosure of Confidential Information	2	1											3
7550	Rights Protection System													
7555	Retaliation/Harassment													
0001	Outside jurisdiction	2	2											4
0000	No Right involved	1	0											1
	Subtotal	21	12											33
Grand Total - Allegations YTD														33

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY

## POLICIES AND PROCEDURES MANUAL

<b>Chapter: 3</b>	<b>Member Rights and Responsibilities</b>		
<b>Section: 5</b>	<b>Complaint Investigation and Resolution</b>		
<b>Topic: 1</b>	<b>Investigation/Resolution</b>		
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### Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that:

- A. A mechanism shall be provided for prompt reporting, review, investigation, and resolution of apparent or suspected rights violations, which includes an appeal process. Further, it is the policy of BABHA that an acknowledgement of the receipt of any submitted complaint be issued to the complainant within five (5) business days; and if the investigation is not completed and a report issued within thirty (30) calendar days of receipt of the complaint, a status report is issued to the complainant reporting on:
  - Statement of allegation
  - Statement of issues
  - Citations of relevant portions of the Michigan Mental Health Code (MMHC), rules, policies, and guidelines
  - Investigative process to date
  - Expected completion date
- B. An Investigative Report is to be completed by the Recipient Rights Officer within 90 calendar days of the initial complaint receipt following by a Summary Report completed by the Chief Executive Officer (CEO) within 10 business days of the Investigation Report.
- C. The complainants, staff or the Office of Recipient Rights, and any staff acting on behalf of a recipient shall be protected from harassment or retaliation resulting from recipient rights activities.
- D. Appropriate disciplinary action shall be taken in accordance with agency policy and procedure if there is evidence of harassment or retaliation.

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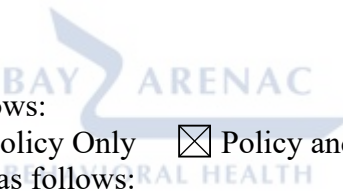
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### Purpose

This policy and procedure is established to ensure that there is a mechanism in place for the prompt reporting, review, investigation and resolution of apparent or suspected rights violations which includes an appeals process.

### Education Applies to:

- 
- ☒ All BABHA Staff  
☐ Selected BABHA Staff, as follows:  
☒ All Contracted Providers: ☐ Policy Only ☒ Policy and Procedure  
☐ Selected Contracted Providers, as follows:  
     ☐ Policy Only ☐ Policy and Procedure  
☐ BABHA's (Affiliates): ☐ Policy Only ☐ Policy and Procedure  
☐ Other:

### Definitions

**Appellant:** The recipient, complainant, parent of a minor or guardian who appeals a recipient rights finding or a respondent's action to an Appeals Committee.

**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.

**Investigation:** A detailed inquiry into, and systematic examination of, an allegation raised in a rights complaint. The Recipient Rights Office shall determine whether a right was violated by using the preponderance of evidence standard as its standard of proof.

**Preponderance of Evidence:** A standard of proof which is met when, based upon all available evidence; it is more likely that something is true than untrue; greater weight of evidence, not to

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quantity (number of witnesses), but as to quality (believability and greater weight of important facts); more than 50 percent.

**Reasonable Cause:** A suspicion founded upon circumstances sufficiently strong to warrant a reasonable person to believe that the suspicion is true.

**Respondent:** The service provider that had responsibility at the time of an alleged rights violation for the services with respect to which a rights complaint has been filed.

**Rights Complaint:** A written or oral statement filed by a recipient, or another individual on behalf of a recipient, with the Office of Recipient Rights, alleging a violation of the MMHC or Administrative Rules, and which contains the following information:

- A. A statement of the allegations that give rise to the dispute;
- B. A statement of the right or rights that may have been violated;
- C. The outcome that the complainant is seeking as a resolution to the complaint.

**Harassment:** Words, gestures, or actions which threaten an individual, unreasonably interfere with an individual's work performance, or create an intimidating, hostile or offensive work environment.

**Retaliation:** Unjustified negative actions taken against an individual. Examples include but are not limited to: discharge, deterioration in performance evaluations, changes in job classification, job responsibilities, compensation, benefits, location, and number of hours assigned, or specific shift assigned.

### **Procedure**

#### **I. Standards**

- A. BABHA and respondents shall ensure that:
  - Appropriate administrative action is taken for failure to report suspected rights violations;
  - Action is taken to protect the recipient during the investigation;
  - The Office of Recipient Rights has unimpeded access to all of the following:

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All programs and services  
 All employees, volunteers, trainees, and recipients;  
 All evidence that the Recipient Rights Office determines is necessary to conduct a thorough investigation or to fulfill its monitoring of remedial action.

Employees, volunteers, or agents of a provider who may have knowledge pertinent to the investigation, cooperate fully with the Office of Recipient Rights and other authorized investigative bodies, respond to questions put forth, verbally or in writing, provide written statements when requested, and provide accurate and honest information. Disciplinary action shall be taken for any failure to cooperate.

All employees, volunteers, agents of a provider, recipients, and others who file a complaint or cooperate in an investigation are protected from discrimination, harassment, or retaliation in accordance with applicable laws and BABHA policies/procedures, and appropriate disciplinary action is taken if this does occur.

The recipient's record and other documentary or physical evidence is immediately secured as necessary and protected from tampering, erasures, deletions, or any other type of falsification.

Copies of documentation requested by the Office of Recipient Rights are provided in a timely manner.

B. The Office of Recipient Rights shall assure that recipients, parents, guardians, and others have ready access to complaint forms.

C. Rights complaints filed by recipient or anyone on their behalf are sent or given to the designated rights officer/advisor in a timely manner.

## II. Procedure

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### A. Reporting of Rights Violations

1. All employees, volunteers, and trainees who witness, discover, or have reasonable cause to suspect recipient rights violations shall report, verbally or in writing, to a designated supervisor AND the Office of Recipient Rights within 24 hours.

### B. Filing Rights Complaints

1. The Office of Recipient Rights shall:
  - a. Date, number, and record each rights complaint when it is received and send an acknowledgment, along with a copy of the complaint, to the complainant within five (5) business days. If the Recipient Rights Office determines that no investigation of the rights complaint is warranted, it shall notify the complainant within five (5) business days;
  - b. Assist the recipient or other individual with the complaint process;
  - c. Advise the recipient or other individual that there are advocacy organizations such as Disability Rights Michigan available to assist in preparation of a written rights complaint and offer to refer the recipient or other individual to those organizations. In the absence of assistance from an advocacy organization, the Office of Recipient Rights shall assist in preparing a written rights complaint;
  - d. Accept complaints that are filed anonymously and protect any information that may lead to identification of the anonymous complainant.
  - e. Route complaints involving alleged abuse, neglect, serious injury, or death to the CEO.
2. When the Recipient Rights Office determines that no investigation of the rights complaint is warranted, the office may complete an intervention within 30 days which shall include:
  - a. Recommendations for remedial action for obvious rights violations;
3. An employee, who is aware that a recipient or other individual wants to file a rights complaint, shall either assist that person or refer him/her to the Recipient Rights Office.

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### C. Investigation

1. All employees, volunteers, and trainees shall cooperate fully with investigators from the Office of Recipient Rights and other authorized investigative bodies, respond to questions put forth, verbally or in writing, and provide accurate and honest information.
  
2. The Office of Recipient Rights shall:
  - a. Investigate activities for each rights complaint of apparent or suspected rights violations in a timely and efficient manner. Investigation shall be initiated immediately in cases involving alleged abuse, neglect, serious injury, or the death of a recipient that involves an apparent or suspected rights violation.
  - b. Maintain accurate records of all complaints and corresponding documentation.
  - c. Conduct investigations in a manner that does not violate employee rights.
  - d. Complete the investigation no later than 90 days after receiving the rights complaint subject to delays involving pending action by external agencies including law enforcement, protective services, or licensing entities. Include the following when pertinent to the investigation:
    - i. An interview with the complainant when circumstances allow, preferably face-to-face;
    - ii. An interview with the recipient if other than complainant when circumstances allow, preferably face-to-face;
    - iii. Interviews with all witnesses and others who may provide relevant information, preferably face-to-face;
    - iv. Interviews with employees, volunteers, and trainees who are alleged to have violated a right, preferably face-to-face;
    - v. Written statements from employees, volunteers, trainees, recipients, and relevant others when such a statement is necessary to support oral interviews, to obtain additional information, or to provide findings relevant to the investigation;



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- vi. Review of recipient records and appropriate other documentation;
  - vii. Review of investigations into the same allegation conducted by law enforcement licensing entities, or others when available;
  - viii. Visit to the site of the alleged violation;
  - ix. Review of pertinent laws, rules, policies and procedures.
  - e. Maintain accurate records of investigative activities and findings.
  - f. Store all investigative documents and evidence in a secure manner in a locked cabinet in the Office of Recipient Rights, separate from clinical or personnel records and within the constraints of confidentiality and privileged communications in Sections 748 and 750 of the MMHC.
  - g. Determine whether a right was violated by using a preponderance of evidence as the standard of proof.
  - h. Monitor progress toward remediation of all substantiated violations of rights.
3. The Office of Recipient Rights may:
- a. File additional rights complaints when it becomes apparent that other rights may have been violated;
  - b. Consult with the respondent to determine appropriate remedial action.
4. If a rights complaint has been filed regarding the conduct of the CEO, the rights investigation shall be conducted by the office of another Community Mental Health Services Program (CMHSP) or by the State Office of Recipient Rights, as decided by BABHA.

### D. Status Report

- 1. The Office of Recipient Rights shall:
  - a. Issue a written Status Report every 30 calendar days during the course of the investigation. The report shall be submitted to the complainant, the respondent, and the responsible mental health agency (RMHA).
  - b. Include all the following in the Status Report:
    - i. Statement of the allegations;
    - ii. Statement of the issues involved;



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- iii. Citations to relevant provisions of the MMHC, Administrative Rules, guidelines, and BABHA policies and procedures;
- iv. Investigative progress to date;
- v. Expected date for completion of the investigation.

### E. Investigative Report

1. The Office of Recipient Rights shall:
  - a. Submit a written Investigative Report to the respondent and Agency Director upon completion of the investigation. Issuance of the written Investigative Report may be delayed pending completion of investigations that involve external agencies including law enforcement, protective services, or licensing entities;
  - b. Include all of following in the Investigative Report:
    - i. Statement of the allegations;
    - ii. Statement of the issues involved;
    - iii. Citations to relevant provisions of the MMHC, Administrative Rules, guidelines, and BABHA policies and procedures;
    - iv. Investigative findings;
    - v. Conclusions;
    - vi. Recommendations, if any
2. The Office of Recipient Rights may reopen or reinvestigate a complaint if there is new evidence that was not presented at the time of the original investigation.

### F. Remedial Action

1. If it has been determined through investigation that a right has been violated, the respondent shall:
  - a. Take appropriate remedial action that meets all of the following requirements:
    - i. Corrects or provides a remedy for the rights violation;
    - ii. Is implemented in a timely manner;
    - iii. Attempts to prevent a recurrence of the rights violation;
  - b. Provide the Office of Recipient Rights with written documentation of the remedial action for its record.

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2. BABHA and each provider under contract with BABHA shall:
  - a. Ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect;
  - b. Apply remedial action for a specific complaint to all recipients in similar situations, when applicable.
3. BABHA shall:
  - a. Ensure that remedial action taken on substantiated violations is documented and maintained by the Rights Office.

### G. Summary Report

The CEO shall:

- a. Submit a written Summary Report to the complainant and recipient, if different from the complainant, guardian or parent of a minor recipient, and the Office of Recipient Rights within 10 business days after receiving a copy of the Office of Recipient Rights investigative report.
- b. Include all of the following in the Summary Report:
  - i. Statement of the allegations;
  - ii. Statement of the issues involved;
  - iii. Citations to relevant provisions of the MMHC, Administrative Rules, guidelines, and BABHA policies and procedures;
  - iv. Summary of investigative findings;
  - v. Conclusions;
  - vi. Recommendations made by the office;
  - vii. Action taken, or plan of action proposed, by the respondent;
  - viii. Statement describing the complainant's, guardian or parent of a minor recipient's right to appeal and the grounds for an appeal.

Provide information in the Summary Report within the constraints of confidentiality and privileged communications in Sections 748 and 750 of the MMHC.

- c. Provide information in the Summary Report in a manner that does not violate the rights of any employee. (ex. Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978, MCL 423.501 est.seq)

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### H. Board Appeals Committee

1. The Recipient Rights Advisory Committee is designated as the Appeals Committee.
2. The Appeals Committee shall:
  - a. Appoint one member to serve as chair;
  - b. Receive training about recipient rights;
  - c. Ensure that a member who has a personal or professional relationship with an individual involved in an appeal abstains from participating in that appeal as a member of the committee;
  - d. Conducts appeals proceedings within the constraints of confidentiality and privileged communications in Sections 748 and 750 of the MMHC. Such meetings are not subject to the Open Meetings Act.
  - e. Write reports within the constraints of confidentiality and privileged communications in Section 748 and 750 of the MMHC and in a manner that does not violate the rights of any employee.
3. The Appeals Committee may:
  - a. Schedule to meet within 30 days to review the appeal in a non-public session and review the facts as stated in all complaint investigation documents and;
  - b. Request consultation and technical assistance from the Michigan Department of Health and Human Services (MDHHS).

### I. Appeal of a Summary Report

1. Not later than 45 days after receipt of the Summary Report, the complainant may file a written appeal with the Appeals Committee.
2. An appeal shall be based on one of the following grounds:
  - The decision of the Office of Recipient Rights is not consistent with the facts or with law, rules, policies, or guidelines;
  - The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
  - An investigation was not initiated or completed on a timely basis.
3. The Office of Recipient Rights shall:

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- a. Inform the appellant of their right to appeal the decision made by the Rights Office;
- b. Advise the appellant that there are advocacy organizations such as Michigan Protection and Advocacy Services available to assist in preparing the written appeal and offer to refer the appellant to those organizations;
- c. In the absence of assistance from an advocacy organization, assist the appellant in meeting the procedural requirements of a written appeal;
4. The Appeals Committee shall:
  - a. Review the appeal within five (5) business days after receipt of the written appeal to determine whether it met criteria (above);
  - b. Notify the appellant, in writing, if the appeal was accepted or denied, within the five (5) business day period;
  - c. Provide written notice to the complainant and provide a copy of the appeal to the respondent and the Agency if the appeal is accepted within the five (5) business day period;
  - d. Provide a copy of the appeal, if it was accepted, to the respondent and the CMHSP within the five (5) business day period;
  - e. Meet to review the facts as stated in all complaint investigation documents within 30 days after receipt of a written appeal was received, and do one of the following:
    - i. Uphold the investigative findings of the Office of Recipient Rights and the action taken or plan of action posed by the respondent. If an investigation is returned to the CMH by an appeals committee for reinvestigation, upon receipt of the RIF, the director will take appropriate remedial action and will submit a written summary report to the complainant, recipient, if different than the complainant, parent or guardian, and the appeals committee within 10 business days.
    - ii. Return the investigation to the Office of Recipient Rights and request that it be reinvestigated and completed within 45 days;
    - iii. Uphold the investigative findings of the Office of Recipient Rights but recommend that the respondent take additional or different action to remedy the violation. If a request for additional or

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different action is sent to the Director, a response will be sent within 30 days as to the action taken or justification as to why it was not taken. The response will be sent to the complainant, recipient, if different than the complainant, parent or guardian, and the appeals committee.

- iv. Recommend that the Agency Board request an external investigation by the MDHHS Office of Recipient Rights. If the committee notifies the CMH Board chair of a recommendation to seek an external investigation from MDHHS-ORR, the board will send a letter of request to the director of MDHHS-ORR within 5-business days of receipt of the request from the appeals committee. The director of the CMH making the request will be responsible for the issuance of the summary report, which will identify the grounds and advocacy information as in A32-A34 of this document and MDHHS-ORR Appeal Committee as the committee for any Appeal.

- f. Document its decision in writing, and
  - Within 10 days after reaching its decision, the Appeals Committee provide copies of the decision, to the respondent, appellant, recipient if different than the appellant, the recipient's guardian if a guardian has been appointed, the Agency, and the Office of Recipient Rights. Copies shall include a statement of the appellant's right to appeal to MDHHS Appeals Committee (Level 2 appeal), the time frame for appeal (45 days from receipt of decision) and grounds for appeal (investigative findings or the rights office are inconsistent with facts, rules, policies or guidelines). (MMHC 786)

### J. Appeal of an Agency Appeals Committee Decision

1. Within 45 days after receiving written notice of the decision of the Agency Appeals Committee, the appellant may file a written appeal with the MDHHS. The appeal shall be based on the record established in the previous appeal, and on the allegation that the investigative findings of the Office of Recipient

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Rights are not consistent with the facts or with law, rules, policies, or guidelines.

2. MDHHS shall give written notice of receipt of the appeal to the appellant, respondent, local Office of Recipient Rights, and the Agency. The respondent, local Office of Recipient Rights and the Agency shall ensure that the MDHHS has access to all necessary documentation and other evidence cited in the complaint.
3. MDHHS shall review the record based on the evidence or information that was not available during the local appeal process, although the MDHHS may return the matter to the Agency requesting an additional investigation.
4. Within 30 days after receiving the appeal, the MDHHS shall review the appeal and do one of the following:
  - a. Affirm the decision of the local appeals committee;
  - b. Return the matter to the Agency with instructions for additional investigation and consideration.
5. The MDHHS shall provide copies of its action to the respondent, appellant, recipient if different than the appellant, the recipient's guardian, the Agency and the local Office of Recipient Rights.

### K. Appeal to Circuit Court

A person aggrieved by a decision of the Director of the MDHHS may appeal to the Circuit Court, requesting an order reversing the decision. The appeal shall be based upon the whole record, and the Circuit Court considers whether the decision is authorized by law and supported by competent evidence.

### L. Harassment/Retaliation

An individual who believes he or she is the subject of retaliation resulting from recipient rights activities should use the Agency's grievance procedure as a means for resolving the matter.

In any instance where the immediate supervisor is involved, the employee should process his or her complaint with the CEO.

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### Attachments

N/A

### Related Forms

DCH 0030 Complaint Form (Intranet-Forms for Employees)

### Related Materials - Exhibits:

N/A



### References/Legal Authority

- A. Act 258 of the Public Acts of 1974, as amended (Mental Health Code), Sections 330.1722, 752, 755, 776-782, 788.
- B. Act 469 of the Public Arts of 1980 (Whistleblowers Protection Act)
- C. Department of Health and Human Services Administrative Rule 7035.
- D. The Agency Board minutes, June 1996.

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Sara Heydens	Linda Maze	6/15/09	Revision	Grammatical/Combined Policy
Sara Heydens	Linda Maze	3/30/11	Revision	Language added to update to current practices
		12/31/12	Revision	Triennial Review-Minor grammatical



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				changes
Melissa Prusi	Christopher	6/27/16	Revisions	Triennial Review-Minor changes to reflect current state agency names
Melissa Prusi	Christopher Pinter	06/22/2019	Review	Triennial and annual review. No changes.
Melissa Prusi	Christopher Pinter	09/10/2020	Revision	Annual review and removal of mediation option from policy.
Melissa Prusi	Christopher Pinter	07/29/2021	Revision	Changed Michigan Protection and Advocacy Services to Disability Rights Michigan.
Melissa Prusi	Christopher Pinter	03/14/2023	Revised	To reflect 2023 MDHHS ORR standards





Site Reviews:

- No specialized residential site reviews for November 2023.
- 12/07/2023 – Centria ABA Clinic – Bay City, MI
- 12/08/2023 – Paramount ABA Clinic – Bay City, MI
- 12/08/2023 – Encompass Therapy Center ABA Clinic – Bay City, MI

EMERGENCY SAFETY INTERVENTION IN THE FORM OF PHYSICAL MANAGEMENT  
(Proposed Senate Bill 227 passed by both houses and referred to the Governor for signature)

- This impacts Children's Therapeutic Group Homes (CTGH) and Psychiatric Residential Treatment Facilities (PRTF) – BABHA is not a child placement agency and therefore the ORR does not have jurisdiction of these facilities. However, any BABHA clinician going into these homes for monitoring should be aware that this law impacts what is permissible in a CTGH and PRTF.
- Previously, it was considered abuse if a staff within one of these facilities used any emergency physical intervention to prevent such things as physically attacking a peer or running out into a street/road. SB 227 would permit direct care staff to engage in such interventions in these types of emergency situations.
- Direct care staff will also have to follow the requirements under the Michigan Mental Health Code that all Community Living Supports, Applied Behavioral Analysis, and Specialized Residential Staff must follow.
- SB 227 has the potential to improve the services/supports available for children that previously were not available and could help their families once children are stabilized and can return to their family home where CMHSP supports can meet their needs.
- It may also help decrease the time children spend in emergency departments waiting for services/supports that meet their urgent/emergent needs. Which will help reduce ER burden and may improve relationships between ERs and CMHSPs.
- In the event that BABHA becomes a child placing agency and/or contracts with a CTGH or PRTF, then the following considerations would be necessary:
  - Direct care staff would be required to receive BABHA Recipient Rights training and BABHA ORR would have jurisdiction to investigate complaints, be available for consultation, and be required to receive all Incident Reports in these facilities.
  - This will potentially require additional capacity at the staff development center and/or ORR to ensure all training requirements are met and investigations efficiently completed, depending upon the number of persons served in these settings.
  - This will potentially require additional coordination between these facilities and case managers/supervisors to ensure children receive appropriate monitoring and planning for discharge/transition back to their family homes.
  - This will potentially require additional coordination between BABHA Psychologists and the BTPRC for development or oversight of Behavior Treatment Plans, Positive Support Plans, or restrictions/limitations in treatment plans within these facilities. Including medications for behavior control.
  - This may require additional coordination between BABHA prescribers/clinic staff and these facilities to ensure smooth transition during admission/transition back to family home.

## EMERGENCY SAFETY INTERVENTION IN THE FORM OF PHYSICAL MANAGEMENT

Phone: (517) 373-8080  
<http://www.house.mi.gov/hfa>

**Senate Bill 227 (S-1) as reported from House committee**

Analysis available at  
<http://www.legislature.mi.gov>

**Sponsor: Sen. Dan Lauwers**

**House Committee: Health Policy**

**Senate Committee: Health Policy**

**Complete to 11-8-23**

### SUMMARY:

Senate Bill 227 would amend the child care licensing act, 1973 PA 116, to allow emergency safety intervention in the form of physical management in certain child care organizations and to require that such interventions comply with the Mental Health Code and associated administrative rules.

#### **Children's therapeutic group homes**

The bill would amend the definition of the term *children's therapeutic group home* for purposes of the act. Currently, a children's therapeutic group home is defined as a child caring institution that receives up to 6 children<sup>1</sup> diagnosed with a developmental disability or severe emotional disturbance and meets the following requirements:

- Provides care, maintenance, and supervision, usually on a 24-hour basis.
- Is not a private home.
- Is not located on a campus with other licensed facilities.
- Complies with the rules for child caring institutions, except that behavior management rooms, personal restraint, mechanical restraint, or seclusion, allowed under those rules in certain circumstances, are prohibited in a children's therapeutic group home.

The bill would revise the last bulleted item to remove the general prohibition against behavior management rooms, personal restraint, mechanical restraint, or seclusion. The group home would still have to comply with the rules for child caring institutions. The bill would add that emergency safety intervention in the form of physical management is allowed but must comply with the Mental Health Code and associated administrative rules.

#### **Psychiatric residential treatment facilities**

The bill would add a definition for the term *psychiatric residential treatment facility* that provides the following:

***Psychiatric residential treatment facility*** means a facility other than a hospital that provides psychiatric services, as described in 42 CFR 441.150 to 441.184, in an inpatient setting to individuals under the age of 21. Emergency safety intervention in the form of physical management is allowed but must comply with the Mental Health Code and associated administrative rules.

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<sup>1</sup> The bill would use the term "children" here, instead of the defined term *minor children*, which would exclude individuals over the age of 18 who are defined as *minor children* for certain facilities under the act.

### **Scope of sections 2b to 2e**

Sections 2b to 2e of the act provide guidelines, limitations, and requirements regarding the use of personal restraint or seclusion. The act currently provides that those sections apply only to a child caring institution that contracts with or receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in that child caring institution. The bill would remove this limitation.

### **Emergency safety intervention**

For purposes of sections 2b to 2e only, the term *emergency safety intervention* is defined to mean use of personal restraint or seclusion (both also defined in the act) as an immediate response to an emergency safety situation. The bill would add that use of personal restraint as an emergency safety intervention is not child abuse or child neglect unless it meets the definition of either of those terms in the Child Protection Law.

### **Seclusion**

For purposes of sections 2b to 2e only, the term *seclusion* is defined to mean, with some exclusions, the involuntary placement of a minor child in a room alone, where the minor child is prevented from exiting by any means, including the physical presence of a staff person who is there for the sole purpose of preventing the minor child from exiting the room. The bill would add that techniques for therapeutic de-escalation are not considered *seclusion* under the act.

### **Child caring institutions**

Section 2c of the act now provides that a child caring institution that contracts with and receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in that child caring institution may place a minor child in personal restraint or seclusion only as provided in sections 2c, 2d, and 2e, but cannot use mechanical restraint or chemical restraint (defined in the act).

The bill would instead provide that child caring institution described above must comply with the rules for child caring institutions, and that emergency safety intervention in the form of physical management is allowed but must comply with the Mental Health Code and associated administrative rules.

### **Training**

The bill would remove provisions from section 2c that now require a child caring institution that contracts with and receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in that child caring institution to provide its staff with ongoing education and training in the use of personal restraint and seclusion and related topics.

MCL 722.111, 722.112b, and 722.112c

## **BRIEF DISCUSSION:**

According to committee testimony, some have identified children's therapeutic group homes as avenue for addressing a current lack of children's psychiatric inpatient beds and allowing children who need that level of care to receive it in their own communities. However, because

these homes are prohibited from using personal (physical) restraint, they are challenging and even dangerous to operate. (Reportedly, physically preventing a child from running into a road or from attacking other children is a license violation.) The bill would allow these facilities to use personal restraint in emergency situations as long as they comply with the Mental Health Code and associated rules. In addition, the bill would specify that therapeutic de-escalation (when there is a fight or a child is acting out and an adult or clinician is with the child working through that process, even though the child may not be allowed to leave) is not a form of seclusion (when a child is put into a room or other place and not allowed to leave). By removing language that now limits the application of sections 2b to 2e to facilities receiving funding from community mental health services programs or prepaid inpatient health plans, the bill would ensure that juvenile detention centers are also subject to those provisions. Finally, the bill would add a definition of the term *psychiatric residential treatment facility (PRTF)*, and allow emergency safety interventions in these facilities, which would be licensed child caring institutions certified as PRTFs by the Centers for Medicare and Medicaid Services (CMS).<sup>2</sup> According to committee testimony, these facilities are for adolescents under 18 who require care in a residential facility up to and including an inpatient level of care.

Supporters argue that, by allowing the establishment of much-needed therapeutic group homes that now face prohibitive restrictions, the bill will expand the options available for children in need of therapeutic residential placements, thus allowing vulnerable children to receive essential therapy and support, ensuring that children in crisis receive the specialized care they need, and reducing the strain on families and preventing further escalation of mental health issues.

#### **FISCAL IMPACT:**

Senate Bill 227 would have no direct fiscal impact on the state or local units of government.

#### **POSITIONS:**

Representatives of the following entities testified in support of the bill (11-8-23):

- Department of Health and Human Services
- St. Clair County Community Mental Health

The following entities indicated support for the bill (11-8-23):

- Association of Accredited Child and Family Agencies
- Michigan Health and Hospital Association
- CMH Association of Michigan
- D.A. Blodgett – St. John’s Home

Legislative Analyst: Rick Yuille  
Fiscal Analysts: Kevin Koorstra  
Sydney Brown

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.

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<sup>2</sup> <https://www.cms.gov/medicare/health-safety-standards/certification-compliance/psychiatric-residential-treatment-facility-providers>

## SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR and Advisory Committee recommends the following:

### Recommendations

1	Continue training on Recipient Rights policies and topics and additional training modules from Relias as approved by the Committee.
2	Continue to encourage all members and at a minimum have the Chair and Vice-chair of the Advisory Committee attend the Recipient Rights Conference.
3	Continue the Recipient Rights Online Training Fair for all provider staff and board members.
4	Continue to have the Advisory Committee members attend site visits with the Recipient Rights staff.
5	Continue to receive training and conduct at least one mock appeal annually in the absence of actual appeals. Review the Appeal guideline at least annually with committee.

COMPLAINT DATA FOR:	Bay-Arenac	← CLICK ON CELL G AND CHOOSE FROM DROP-DOWN MENU
RIGHTS OFFICE DIRECTOR:	Melissa Prusi	← ENTER THE NAME OF THE LEAD RIGHTS ADVISOR (RIGHTS DIRECTOR)

Reporting Period: **FY23** **October 1, 2022 - September 30, 2023**

**CMH** # of Consumers Served (unduplicated count) **5001** Rights Office FTEs **2.25**

**LPH** Hours/40 Spent on Rights

#### ALLEGATION TOTALS

Total Allegations Received	228	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Allegations	198	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations	178	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations Substantiated	82	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions	20	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions Substantiated	14	← DO NOT TYPE HERE - CELL WILL AUTO FILL

#### ALLEGATIONS BY CATEGORY

Code	Category	Received
0000	No Right Involved	19

Code	Category	Received
0001	Outside Provider Jurisdiction	11

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	1	1	0
72221	Abuse class II - Nonaccidental act	11	11	4
72222	Abuse class II - unreasonable force	12	12	9
72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	7	7	5
7223	Abuse - class III	10	10	6
7224	Abuse class I - sexual abuse	1	1	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	3	3	0
72252	Neglect class I - failure to report	1	1	1
72261	Neglect class II	10	10	5
72262	Neglect class II - failure to report	1	1	1
72271	Neglect class III	24	24	15
72272	Neglect class III - failure to report	3	3	2

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7550	Right Protection System	0	0	0	0	0
7555	Retaliation/harassment toward recipients	1	1	0		

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7040	Civil rights: Discrimination, Accessibility, Accommodation, etc.	0	0	0	0	0
7044	Religious practice	0	0	0	0	0
7045	Voting	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	40	36	12	4	3
7082	Safe, Sanitary Humane Treatment Environment	7	5	1	2	1
7083	Least restrictive setting	0	0	0	0	0
7084	Dignity and Respect	36	31	15	5	4

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	0	0	0	0	0
7120	Individual Written Plan of Service (Person-Centered Process)	1	1	0	0	0
7130	Choice of Physician/Mental Health Professional	0	0	0	0	0
7140	Notice of Clinical Status/Progress	0	0	0	0	0
7150	Services of a Mental Health Professional (External to the Agency/Hospital)	0	0	0	0	0
7160	Surgery	0	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0	0
7180	Psychotropic drugs (AR 7158)	0	0	0	0	0
7190	Medication Side Effects	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7240	Fingerprints, Photographs, Audio recordings, Use of One-Way Glass	1	1	0	0	0
7249	Video Surveillance	1	1	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7261	Communications-Visits	0	0	0	0	0
7262	Communications-Telephone	0	0	0	0	0
7263	Communications-Mail	1	0	0	1	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7281	Property-Possession and use	6	4	1	2	2
7286	Personal Property - Limitations	1	0	0	1	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7360	Labor and Compensation	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7440	Freedom of Movement	1	1	0	0	0
7420	Restraint	0	0	0	0	0
7420	Seclusion	2	2	1	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7460	Complete Record	0	0	0	0	0
7480	Disclosure of Confidential Information	16	11	4	5	4
7481	Withhold of Confidential Information (includes Denying Recipient Access to Records)	0	0	0	0	0
7490	Correction of Record	0	0	0	0	0
7500	Privileged communication	0	0	0	0	0

<b>TOTALS</b>		<b>198</b>	<b>178</b>	<b>82</b>	<b>20</b>	<b>14</b>
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Section II: Intervention and Investigation remediation data for:			Bay-Arenac				
Category (from Complaint Data)	Provider Type	Specific Remedial Action	Specific Remedial Action	SED	SED-W	DD-CWP	HSW
Mental Health Services Suietd to Condition (incl.)	Other	Other					
Mental Health Services Suietd to Condition (incl.)	Other	Employment Termination					1
Mental Health Services Suietd to Condition (incl.)	Residential MI & DD	Verbal Counseling					3
Mental Health Services Suietd to Condition (incl.)	SIP	Staff Transfer	Training				1
Mental Health Services Suietd to Condition (incl.)	SIP	Written Reprimand	Training				1
Dignity and Respect	SIP	Training					1
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Dignity and Respect	Residential MI & DD	Employment Termination					2
Neglect class III	Residential MI & DD	Written Reprimand	Staff Transfer				5
Property-Possession and use	Other	Other	Policy Revision/Development				1
Neglect class III - failure to report	Residential MI & DD	Training	Training				5
Mental Health Services Suietd to Condition (incl.)	Out Patient	Policy Revision/Development		1			
Neglect class III - failure to report	Residential MI & DD	Employment Termination					2
Mental Health Services Suietd to Condition (incl.)	Other	Verbal Counseling					
Neglect class III	Residential MI & DD	Demotion					1
Neglect class II	Residential MI & DD	Training	Written Reprimand				1
Abuse class II - unreasonable force	Other	Employment Termination					
Dignity and Respect	Residential MI	Written Counseling					
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training					3
Abuse class II - exploitation	SIP	Employee left the agency, but substantiated					
Disclosure of Confidential Information	Other	Written Reprimand	Training				
Disclosure of Confidential Information	Other	Verbal Counseling	Training				
Dignity and Respect	Residential MI & DD	Other	Written Reprimand				
Dignity and Respect	Residential MI & DD	Other	Written Reprimand				
Neglect class III	Residential MI & DD	Employment Termination					1
Neglect class III	Residential MI & DD	Written Reprimand	Training				1
Neglect class III	Residential MI & DD	Suspension	Training				5
Abuse class II - unreasonable force	Other	Employment Termination					1
Abuse - class III	Residential MI & DD	Employment Termination	Training				
Dignity and Respect	Residential MI & DD	Employment Termination	Training				
Abuse class II - nonaccidental act	Residential MI & DD	Suspension	Training				
Neglect class III	Other	Verbal Counseling					1
Disclosure of Confidential Information	Other	Training	Other				
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Written Reprimand	Employee left the agency, but substantiated				1
Dignity and Respect	Residential MI & DD	Written Reprimand	Employee left the agency, but substantiated				1
Mental Health Services Suietd to Condition (incl.)	Case Management	Employee left the agency, but substantiated					
Neglect class III	Residential MI & DD	Written Reprimand					
Neglect class III	Supported Employment	Written Reprimand	Training				1
Neglect class III	Residential MI & DD	Employment Termination					
Property-Possession and use	SIP	Other	Verbal Counseling				1
Mental Health Services Suietd to Condition (incl.)	Case Management	Verbal Counseling	Other	1			
Mental Health Services Suietd to Condition (incl.)	Case Management	Verbal Counseling	Other	1	1		
Mental Health Services Suietd to Condition (incl.)	Case Management	Verbal Counseling	Other	1			
Mental Health Services Suietd to Condition (incl.)	Other	Recipient Transfer to Another Provider/Site					
Disclosure of Confidential Information	Other	Training					
Neglect class I - failure to report	Other	Policy Revision/Development	Verbal Counseling				
Abuse class II - nonaccidental act	Residential MI & DD	Verbal Reprimand	Suspension				
Neglect class III	Residential MI & DD	Employee left the agency, but substantiated					
Disclosure of Confidential Information	Other	Written Reprimand					
Dignity and Respect	Residential MI & DD	Employment Termination	Written Reprimand				
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated					1
Dignity and Respect	Residential MI & DD	Employee left the agency, but substantiated					
Abuse class II - exploitation	SIP	Employee left the agency, but substantiated	Training				
Disclosure of Confidential Information	Residential MI & DD	Written Reprimand					5
Abuse class II - unreasonable force	Residential MI & DD	Employment Termination	Training				1
Seclusion	Residential MI & DD	Employment Termination	Training				1
Neglect class III	Respite Homes	Employment Termination					1
Neglect class II	Residential MI & DD	Employee left the agency, but substantiated					1
Mental Health Services Suietd to Condition (incl.)	SIP	Employment Termination					
Dignity and Respect	Residential MI & DD	Employment Termination					5
Neglect class II	Residential MI & DD	Employee left the agency, but substantiated	Training				
Neglect class II	Residential MI & DD	Suspension	Employment Termination				1
Dignity and Respect	Residential MI & DD	Employment Termination					4
Abuse class II - exploitation	SIP	Employee left the agency, but substantiated					
Dignity and Respect	SIP	Written Reprimand	Staff Transfer				
Dignity and Respect	Out Patient	Other	Training				
Disclosure of Confidential Information	Out Patient	Training					
Abuse class II - exploitation	Residential MI & DD	Employment Termination					5
Abuse - class III	Residential MI & DD	Employment Termination					5
Abuse class II - unreasonable force	Residential MI & DD	Employment Termination	Training				
Abuse class II - unreasonable force	Other	Employment Termination	Training				
Property-Possession and use	Residential MI & DD	Policy Revision/Development	Training				1
Abuse class II - nonaccidental act	Residential MI & DD	Employment Termination					
Abuse class II - unreasonable force	Residential MI & DD	Employment Termination					
Abuse class II - exploitation	Residential MI & DD	Employment Termination					
Mental Health Services Suietd to Condition (incl.)	Residential MI & DD	Employment Termination					5
Disclosure of Confidential Information	Residential MI & DD	Training	Suspension				
Dignity and Respect	Residential MI	Training	Written Counseling				2
Neglect class II	Day Program DD	Policy Revision/Development	Training				
Dignity and Respect	Residential MI & DD	Training	Written Reprimand				5
Dignity and Respect	Out Patient	Training					
Abuse - class III	Residential MI & DD	Other	Training				
Neglect class III	Other	Employment Termination					1
Abuse class II - nonaccidental act	Out Patient	Employment Termination					
Mental Health Services Suietd to Condition (incl.)	Out Patient	Other					
Abuse class II - unreasonable force	Residential MI & DD	Staff Transfer	Employment Termination				1
Abuse class II - unreasonable force	Residential MI & DD	Staff Transfer	Employment Termination				1
Abuse class II - unreasonable force	Other	Employment Termination					1
Abuse - class III	Other	Employment Termination					1
Neglect class III	Residential MI & DD	Employment Termination	Written Reprimand				4
Neglect class II - failure to report	Residential MI & DD	Employee left the agency, but substantiated	Written Reprimand				
Dignity and Respect	Out Patient	Employment Termination					
Abuse - class III	Residential MI & DD	Employment Termination					2
Dignity and Respect	Residential MI & DD	Employment Termination					
Abuse - class III	Residential MI & DD	Suspension	Training				2

DO NOT ENTER DATA HERE. THESE COLUMNS WILL AUTO FILL			
REMEDATION TOTALS		POPULATION TOTALS	
Verbal Counseling	9	SED	4
Written Counseling	2	SED-W	1
Verbal Reprimand	1	DD-CWP	0
Written Reprimand	20	HSW	96
Suspension	6		
Demotion	1		
Staff Transfer	5		
Training	35		
Employment Termination	35		
Employee left the agency, but substantiated	12		
Contract Action	0		
Policy Revision/Development	5		
Environmental Repair/Enhancement	0		
Plan of Service Revision	0		
Recipient Transfer to Another Provider/Site	1		
Other	12		
Pending	0		
None	0		

PROVIDER TOTALS	
ACT	7
Case Management	2
Children's Foster Care	0
Clubhouse/Drop-in Center	53
Crisis Center	0
Day Program DD	0
Day Program MI	1
Inpatient	0
Other	1
Out Patient	0
Psychosocial Rehabilitation	4
Residential DD	0
Residential MI	0
Residential MI & DD	9
Respite Homes	0
SIP	0
Supported Employment	0
Workshop (prevocational)	1



**Annual Appeals Data for:****Bay-Arenac****APPEALS INFORMATION**

<b>Appeals Type</b>	<b>Number</b>
Appeal Requests Regarding the Rights Office Investigation Received	1
Appeal Requests Regarding the Rights Office Investigation Accepted	0
Number Upheld	0
Number Sent Back for Reinvestigation	0
Number Where External Investigation by MDHHS-ORR Was Requested	0
Appeal Requests Regarding the Action Taken Received	0
Appeal Requests Received Regarding the Action Taken Accepted	0
Number Upheld	0
Number Sent Back for Further Action	0

Choose from drop down menu					
ANNUAL TRAINING ACTIVITY					
Training Received by Office Staff (Please only list trainings related to rights protection)					
LIST THE NAMES OF ALL RIGHTS STAFF HERE	Staff Name (drop down: you have to scroll up to see the names)	MDHHS Course Number	Topic of Training Received	Category (drop down)	# Hours
Melissa Prusi	Melissa Prusi		Geriatrics Grand Round-Ethical Considerations Managing Pain in Older	IV - Augmented Training	1.00
	Melissa Prusi	ORR23CMHQM	CMH Directors Quarterly Meeting	I - Operations	1.25
	Melissa Prusi		Opioid Advisory Commission: Collaborating Across Entities to Ensure Improved Access	IV - Augmented Training	1.00
	Melissa Prusi		A Trauma Informed Approach to Staff Supervision and R	III - Leadership	1.50
	Melissa Prusi		A National Trends Perspective	IV - Augmented Training	1.00
	Melissa Prusi	RCA23-18	Behavioral Health Mediation Services	IV - Augmented Training	1.50
	Melissa Prusi	RCA23-19	Best Practices to Demonstrate HCBS	IV - Augmented Training	1.50
	Melissa Prusi		Co-Creating MI's Behavioral Health Crisis Services System & Role of 988	I - Operations	1.00
	Melissa Prusi		m Wellness & High Quality Clinical Care: Pratical Strategies to R	IV - Augmented Training	1.50
	Melissa Prusi	RCA23-GSI	The Power of Advocacy	IV - Augmented Training	1.50
	Melissa Prusi	RC23-03	Forensic Interviewing	I - Operations	1.50
	Melissa Prusi	RCA23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	1.00
	Melissa Prusi	RC23-04	CMH Roundtable	I - Operations	0.75
	Melissa Prusi	RCA23-07	Comparing ORR & CMS Complaint System	II - Legal Foundations	1.50
	Melissa Prusi	RCA23-12	Keeping yourself safe while practicing Evidence based techniques	IV - Augmented Training	1.50
	Melissa Prusi	RCA23-15	Implicit Bias and Measuring Ourts	IV - Augmented Training	1.50
	Melissa Prusi	RCA23-18	Nurturing boundaries ensuring ethical engagement between RR Professionals and	I - Operations	1.50
	Melissa Prusi	RC23-GSIII	The Final Frontier: What we have learned and where do we go from here	IV - Augmented Training	1.50
Jeff Wells	Jeff Wells	ORR23-81	Basic Skills Training Part II	I - Operations	6.00
Bridget Hayes	Bridget Hayes		Basic Skills Training Part I	I - Operations	0.00
	Bridget Hayes		Basic Skills Training Part II	I - Operations	0.00
	Bridget Hayes	24-70	Building Blocks of Report Writing	I - Operations	5.50
Kevin Motyka	Kevin Motyka				
Tamera Matuszewski	Tamera Matuszewski				

## Link to MDHHS-ORR Course Numbers

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/recipientrights/staff/education-reg>

CATEGORY TOTALS	
I - Operations	18.50
II - Legal Foundations	1.50
III - Leadership	1.50
IV - Augmented Training	13.50
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL

**Ascension Providence Hospital**  
**SECTION II: ANNUAL TRAINING ACTIVITY**  
**Part B: Training Provided by Rights Office**

Topic of Training Provided	How long was the training? (# Hours)	NUMBER OF ATTENDEES BY TYPE				Method of Training Used
		Agency Staff	Contractual Staff	Consumers	Other Staff	
GHC Training via Zoom	6.00		31			Teams/Zoom, etc
Provider test	1.50		3			Paper
New Employee training	1.00	3				Teams/Zoom, etc
Face to Face Training by Melissa	1.00		42			Face-to-Face
GHC Training via Zoom	6.00		28			Teams/Zoom, etc
New Employee training	1.00	4				Teams/Zoom, etc
Provider test	2.50		5			Paper
Provider test	1.00		2			Paper
GHC Training via Zoom	3.00		10			Teams/Zoom, etc
New Employee training	1.00	2				Teams/Zoom, etc
Provider test	0.50		1			Paper
GHC Training via Zoom	6.00		31			Teams/Zoom, etc
New Employee training	1.00	5				Teams/Zoom, etc
Provider test	1.00		2			Paper
Face to Face Training by Melissa	1.50		8			Face-to-Face
Face to Face Training by Melissa	1.00			5		Face-to-Face
GHC Training via Zoom	6.00		23			Teams/Zoom, etc
New Employee training	1.00	1				Teams/Zoom, etc
Provider test	0.50		1			Paper
Face to Face Training by Melissa	1.00			4		Face-to-Face
New Employee training	1.00	3				Teams/Zoom, etc
GHC Training via Zoom	6.00		26			Teams/Zoom, etc
Provider test	1.00		2			Paper
GHC Training via Zoom	6.00		20			Teams/Zoom, etc
New Employee training	1.00	4				Teams/Zoom, etc
Provider test	2.00		4			Paper
New Employee training	1.00	3				Teams/Zoom, etc
GHC Training via Zoom	6.00		35			Teams/Zoom, etc
Provider test	3.00		6			Paper
GHC Training via Zoom	6.00		20			Teams/Zoom, etc
Provider test	1.00		2			Paper
Face to Face Training by Melissa	2.00			9		Teams/Zoom, etc
GHC Training via Zoom	6.00	25				Teams/Zoom, etc
New Employee training	1.00	8				Teams/Zoom, etc
Provider test	0.50		1			Paper
GHC Training via Zoom	6.00		31			Teams/Zoom, etc
New Employee training	1.00	5				Teams/Zoom, etc
Provider test	2.00		4			Paper

Type of Training Totals		Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	4	0	50	9	0
Video	0	0	0	0	0
Computer	0	0	0	0	0
Paper	7	0	16	0	0
Video & Face-to-Face	0	0	0	0	0
Computer & Face-to-Face	0	0	0	0	0
Paper & Face-to-Face	0	0	0	0	0
Teams/Zoom, etc	12	18	149	0	0
Other (please describe)	0	0	0	0	0
These Numbers will self-fill					



Choose from drop down menu

### SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 23. Pick from the drop-down in the STATUS column and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY 24 goal section below.

Outcomes	Status
1 Maintain full compliance with MDHHS ORR standards.	Ongoing
2 Promote visibility of the Recipient Rights/Customer Services Staff	Ongoing
3 Complete investigation within 30 calendar days unless awaiting outside informaiton for completion.	Ongoing
4 Continue to provide effective Recipient Rights training to those we serve as needed and provide Recipient Rights/Customer Service training within the primary provider, ABA, and	Ongoing
5	

Outcomes established by the office for FY24	
1 Maintain full compliance with MDHHS ORR standards.	
2 Promote visibility of the Recipient Rights/Customer Services Staff	
3 Complete investigation within 30 calendar days unless awaiting outside informaiton for completion.	
4 Continue to provide effective Recipient Rights training to those we serve as needed and provide Recipient Rights/Customer Service training within the primary provider, ABA, and	
5 Provide initial Recipient Rights site review within four months of fully executed contract with new providers.	

## SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR and Advisory Committee recommends the following:

### Recommendations

1	Continue training on Recipient Rights policies and topics and additional training modules from Relias as approved by the Committee.
2	Continue to encourage all members and at a minimum have the Chair and Vice-chair of the Advisory Committee attend the Recipient Rights Conference.
3	Continue the Recipient Rights Online Training Fair for all provider staff and board members.
4	Continue to have the Advisory Committee members attend site visits with the Recipient Rights staff.
5	Continue to receive training and conduct at least one mock appeal annually in the absence of actual appeals. Review the Appeal guideline at least annually with committee.

I attest that I have reviewed this annual report and I am submitting it as required by law.

NAME

DATE

**Bay-Arenac Behavioral Health  
Recipient Rights  
FY 2024 Budget**

**REVENUE**

Huron and Tuscola Customer Services	60,000
<b>TOTAL REVENUE</b>	<b><u>60,000</u></b>

**EXPENSE**

Salaries and Wages	379,924
Employer FICA	26,897
Health insurance	83,381
Dental insurance	3,482
Vision insurance	658
Life insurance	361
Disability insurance, short	2,617
Disability insurance, long	1,158
Retirement	16,264
Employee Health Services	174
Benefit Administration Fees	449
Workers compensation	584
Facility cost allocation	8,140
Staff conference and travel	4,924
Telephone and communications	1,418
Contractual program cost	1,733
Consumer compensation	3,180
Consumer conference and travel	304
Consumer activities	318
Mobile communications	3,253
Office supplies and expenses	5,690
Postage and freight	589
Consumer info and printing	3,480
Purchased services, other	1,340
Software license maintenance	253
Professional liab insurance	1,024
General insurance and bonds	189
PCE allocation	5,415
IS Dept. Allocation	34,772
Depr exp allocation	5,783
General & Board Admin Allocation	27,617
<b>TOTAL EXPENSE</b>	<b><u>625,370</u></b>
<b>TOTAL BUDGET</b>	<b>565,370</b>