NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER FIVE – MEMBER RIGHTS

INDEX

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: ABUSE AND NEGLECT
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: September 1, 2015

PURPOSE

To establish a policy to safeguard recipients of mental health services from abuse, neglect or mistreatment, to promote the safety, security and well-being of recipients and to ensure protection of their person, rights and properties.

APPLICATION

All North Country Community Mental Health service programs and contract providers.

DEFINITIONS

Abuse means nonaccidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient as those terms are defined in Section 520a of the Michigan Penal Code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

1. **Class I Abuse** means a non-accidental act or provocation of another to act by an employee, volunteer, or agent or a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.
2. **Class II Abuse** means any of the following:
    A. A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
    B. The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
    C. Any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
    D. An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
    E. Exploitation of a recipient by an employee, volunteer, or agent of a provider. Exploitation means an action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.
3. **Class III Abuse** means the use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.
    A. "Degrade" means any of the following:
        1) Treat humiliatingly: to cause somebody or something a humiliating loss of status or reputation, or cause somebody a humiliating loss of self-esteem.
        2) Make worthless: to cause people to feel that they or other people are worthless and do not have the respect or good opinion of others.
        3) (syn) degrade, abase, debase, demean, humble, humiliate: These verbs mean to deprive of self–esteem or self-worth; to shame or disgrace.
    B. "Threaten" means any of the following:

1) To utter intentions of injury of punishment against:
2) To express a deliberate intention to deny the well-being, safety or happiness of somebody unless the person does what is being demanded.

C. Sexual Harassment" means sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.
D. Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.
E. Examples of behavior that is degrading, as must be reported as Abuse includes, but is not limited to:
   1) Swearing at recipient
   2) Using foul language at recipients
   3) Using racial or ethnic slurs toward or about recipients
   4) Making emotionally harmful remarks toward recipients
   5) Causing or prompting others to commit the actions listed above.

Neglect means an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under contract with the department, community mental health services program, or licensed hospital; or an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital, that denies a recipient the standard of care or treatment to which he or she is entitled under this act.

1. **Class I Neglect** means either of the following:
   A. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that causes or contributes to the death, serious physical harm, or sexual abuse of a recipient.
   B. The failure to report apparent or suspected abuse Class I or neglect Class I of a recipient.
2. **Class II Neglect** means either of the following:
   A. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to nonserious physical harm or emotional harm to a recipient.
   B. The failure to report apparent or suspected abuse Class II or neglect Class II of a recipient.
3. **Class III Neglect** means either of the following:
   A. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.
   B. The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.

POLICY

It is the policy of the Board that all staff and all contractual agencies and personnel who become aware of apparent or suspected abuse as defined above must immediately make a report to the Office of Recipient Rights and comply with all legally mandated reporting procedures both internal and external.

The Rights Office will initiate an investigation immediately on any complaint of abuse or neglect.

Any substantiated abuse or neglect will result in firm and appropriate disciplinary action up to and including termination of employment. Should CMH staff or provider personnel fail to report suspected violations of rights, appropriate administrative action will be taken.

REFERENCE:

- Michigan Mental Health Code 330.1100 Definitions
- DCH Administrative Rule R330.7001 Definitions

REVISED: 7/1/10; July 13, 2015

APPROVED: August 20, 2015

Director — Date

Edward S Grimp

NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: COMPREHENSIVE ASSESSMENT
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines which ensure that each recipient receives a comprehensive initial assessment that serves as the basis for the development of an Individual Plan of Service.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

POLICY

1. A comprehensive written initial assessment shall be completed for each recipient. The initial assessment shall include a diagnosis of physical and mental conditions and an initial plan of service for initial care, treatment and rehabilitation of the diagnosed conditions. In order to complete the initial assessment and determine a diagnosis, evaluation by a psychiatrist, psychologist, or other professional discipline may be required utilizing assessment protocols established for these professional disciplines.
2. A copy of the initial assessment and Individual Plan of Service, along with reports obtained from other organizations, shall be included in the clinical record.
3. At least annually, there shall be a review and update of the assessment and plan of service.

REFERENCE: Michigan Mental Health Code 330.1752

REVISED: June 1, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — 9/21/07
Director — Date

Laura Stanek — 9/20/07
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: CONFIDENTIALITY USE AND DISCLOSURE
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines for maintaining confidentiality of recipient record and to identify circumstances under which information may be disclosed.

APPLICATION:

All North Country Community Mental Health direct service programs and contracted direct service providers.

DEFINITIONS

Confidential Information: all information in the clinical record of a consumer and any information acquired in the course of providing mental health services to the consumer.

Privileged communication: communication made to a psychiatrist or psychologist in connection with the examination, diagnosis, or treatment of a patient, or to another person while the other person is participating in the examination, diagnosis, or treatment or a communication made privileged under other applicable state or federal law.

POLICY

A. Information in the record of a recipient, and other information obtained while providing services to a recipient, shall be kept confidential, including the fact that a person is or is not receiving services. Confidential information may be disclosed outside North Country CMH and its contractual agencies only in the circumstances allowed by law and referenced in this policy.
B. North Country CMH has the responsibility for maintaining and safeguarding each recipient's primary record. North Country CMH is the holder of the record for all recipients receiving services directly from the agency or from contracted direct service providers. The responsibility of maintaining portions of the record may be delegated to contracted direct service providers.

REFERENCE: Michigan Mental Health Code 330.1700, 330.1748, 330.1752
DCH Administrative Rule R330.7051

REVISED: May 31, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — *9/21/07*
Director — Date

Laura Stanek — *9/20/07*
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER:	Five – Member Rights
POLICY NAME:	DIGNITY AND RESPECT
SUPERCEDES:	Recipient Rights Policy
EFFECTIVE DATE:	September 1, 2015

PURPOSE

To set policy and standards to ensure that all recipients and their family members are treated with dignity and respect.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

DEFINITIONS

Dignity: to be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.

Respect: to show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect the individual's privacy, to be sensitive to cultural differences; to allow an individual to make choices.

POLICY

1. All recipients of mental health services and their family members shall be treated with dignity and respect. Treatment with dignity and respect shall be further clarified by the recipient or family member, and considered in light of the specific incident, treatment goals, safety concern, laws and standards, and what a reasonable person would expect under similar circumstances.

2. Examples of treating a person with dignity and respect include but are not limited to calling a person by his or her preferred name, knocking on a closed door before entering, using positive language, encouraging the person to make choices instead of making assumptions about what he or she wants, taking the person's opinion seriously, including the person in conversations, and allowing the person to do things independently or to try new things.

3. All employees, volunteers and contractual service providers shall be sensitive to conduct that is or may be deemed offensive to another person. Staff shall refrain from coarse or vulgar language.

4. In addition to the above, showing respect for family members shall include:
    A. Giving family members an opportunity to provide information to the treating professionals.
    B. Providing family members an opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance and coping strategies.

REFERENCE: Michigan Mental Health Code 330.1704, 330.1708, 330.1711

REVISED: 5/31/07; July 13, 2015

APPROVED: August 20, 2015

Director — Date

NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Services
POLICY NAME: FAMILY PLANNING
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines whereby staff may provide notice and information to recipients, guardians, or parents of minor recipients, regarding sterilization, abortion, and contraception.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct services providers.

POLICY

It is the policy of the Board that staff shall provide notice of the availability of information regarding sterilization, abortion, or contraception to recipients at the time of their initial assessment for services and annually thereafter. Notice to the recipient, guardian, or parent of a minor recipient will also include a statement that mental health services are not contingent upon receiving family planning services.

It is the policy of the board that staff may provide, upon request of the recipient, guardian or parent of a minor recipient, information regarding sterilization, abortion, or contraception; including information given in an objective manner with regard to where these services may be obtained.

It is the policy of the Board that these services are not provided by the Board, nor any of its employees.

REFERENCE: DCH Administrative Rule 330.7029

REVISED: May 31, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — *9/21/07*
Director — Date

Laura Stanek — *9/20/07*
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: FINGERPRINTING, PHOTOGRAPHY, AUDIO/VIDEO TAPING, USE OF ONE-WAY GLASS
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines for the fingerprinting, photographing, taping, and observing of recipients for clinical purposes.

APPLICATION

The North Country Community Mental Health Services Board, its committees, and all employees, either direct or contractual.

POLICY

It is the policy of the Board that written informed consent be obtained from a recipient, parent of a minor, or empowered guardian prior to any photographing or recording of recipient for education or training purposes. Prior to photographing or recording recipients, they will be informed of the purpose, duration of use, agency methods of safekeeping including confidentiality considerations. When these materials are no longer needed, they will either be returned to the individual or destroyed.

REFERENCE:

- Mental Health Code 330.724
- DCH Administrative Rule R330.7003

REVISED: May 31, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — *9/21/07*
Director — Date

Laura Stanek — *9/20/07*
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
PROCEDURE NAME: INFORMED CONSENT
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2010

PURPOSE

To establish guidelines for determining whether a recipient of, or applicant for, mental health services is capable of giving or refusing to give informed consent.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

DEFINITION

Applicant: a person who has applied for, but is not yet accepted for, services from the agency.

Legal Competency: an individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian, or exercise by a court of guardianship powers, and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.

Knowledge: to consent, a recipient or legal representative must have basic information about the procedure, its risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable recipient needs to know in order to make an informed decision. Other relevant information includes all of the following:

1. the purpose of the procedures
2. a description of the attendant discomforts, risks, and benefits that can reasonably be expected
3. a disclosure of appropriate alternatives advantageous to the recipient
4. an offer to answer further inquiries

Comprehension: an individual must be able to understand what the personal implications of providing consent will be based upon the information provided under Knowledge.

Voluntariness: an individual must have free choice without the intervention of any element of force, fraud, deceit, or other ulterior forms of constraint or coercion including promises or assurances of privileges or freedom. The recipient or recipient's guardian will be told that consent may be withdrawn and participation or activity may be discontinued at any time without prejudice to the recipient.

Empowered Guardian: a person designated by the county probate court as a guardian with the specific authority to give consent.

Recipient: a person the agency has accepted for service.

PROCEDURE

1. EVALUATION
   At intake and/or subsequent to the review of past mental health records, the clinician, or treatment team shall make a determination of the capacity and competency of the individual receiving services. This evaluation shall be consistent with current medical and/or clinical standards. Any evaluation suggesting that the individual receiving services lacks competency shall cause the clinician and/or treatment team to request a full psychological exam which may lead to a petition of guardianship, or exploration of other methods of securing informed consent.

2. SERVICES TO MINORS
   A. A minor, 14 years of age or older, may request and receive mental health services and a mental health professional may provide such services on an out-patient basis without the consent or knowledge of the minor's parents, guardian, or other person in loco parentis.
   B. The services provided to such a minor shall not include pregnancy termination referral nor the prescription, or administration, of psychotropic drugs.
   C. The minor's parents, guardian, or other person in loco parentis shall not be informed of such services without the consent of the minor unless the treating professional determines (including documentation with justification) a compelling need for disclosure based upon the substantiated probability of harm to the minor recipient or another.
   D. Should such a disclosure as noted above be determined to be appropriate, the minor will be notified by the treating professional prior to disclosure.
   E. The services to a minor, 14 years of age or older, without the consent of parent, guardian, or other person in loco parentis, shall be limited to not more than 12 sessions or 4 months per request. After this period of time, the treating professional shall terminate services or, with the consent of the minor, notify the parent, guardian, or person in loco parentis of the minor's desire to continue treatment and secure proper consent from that adult to provide further out-patient services.

REFERENCE:

- Michigan Mental Health Code 330.1707 Rights of Minor
- DCH Administrate Rule R330.7003 Informed Consent

REVISED: 5/31/07; September 20, 2010

APPROVED BY SIGNATURE:

Alexis Kaczynski — Director
9/24/2010 — Date

Mary Hall — Recipient Rights
9/27/2010 — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: PSYCHOTROPIC AND OTHER MEDICATIONS
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines regarding the administration of psychotropic and other medications.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

DEFINITION

Psychotropic Medication: any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.

POLICY

Use of Psychotropic Medications

1. Medication shall not be used as a punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
2. Medication shall only be administered per physician's orders.
3. Before initiation of a course of psychotropic drug treatment for a recipient, the prescriber, or a licensed health professional acting under the delegated authority of the prescriber, shall do both of the following
   A. Explain the specific risks and the most common adverse effects that have been associated with the drug(s).
   B. Provide the individual with a written summary of the most common adverse effects associated with the drug(s).
4. The administration of a psychotropic medication shall be reviewed and evaluated on a regular basis by the physician as indicated in the recipient's Individual Plan of Service and based upon the recipient's clinical status.
5. Psychotropic medications shall not be administered unless the individual consents administration is necessary to prevent physical injury to the individual or to others or there is a court order.
6. Initial administration of psychotropic chemotherapy may not be extended beyond 48 hours unless there is consent. A provider may administer chemotherapy to prevent physical harm or injury after signed documentation of the physician is placed in the resident's clinical record, and when the actions of a recipient or other objective criteria clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself or others.
7. Administration and the safe termination of psychotropic medications will comply with established federal standards and the standards of the medical community and shall be as short as possible and at the lowest dosage possible that is therapeutically effective.
8. Documentation of medication administration will be developed by the provider and placed in the recipient's clinical record. Medication errors and adverse reactions to medications shall be reported immediately to the appropriate health care professional and documented in an Incident Report and in the recipient's clinical record.
9. If a recipient is unable to administer his or her medication the provider will ensure that medication is administered by, or under the supervision of, personnel who are qualified and trained in medication administration.

10. At time of discharge or leave only medications authorized by a physician in writing are to be given and in an adequate supply until the recipient can become established with another provider.

REFERENCE:

- Michigan Mental Health Code 330.1718, 330.1719
- DCH Administrative Rule R330.7158

REVISED: June 5, 2007

APPROVED: September 20, 2007

Alexis Kaczynski	*9/21/07*
Director	Date
Laura Stanek	*9/20/07*
NCCMH Board Chair	Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Recipient Rights
POLICY NAME: RECIPIENT RIGHTS SYSTEM
EFFECTIVE DATE: January 1, 2011

PURPOSE

To establish a Community Mental Health Recipient Rights System with policies and procedures for reporting, investigating, and documenting apparent violations of recipient rights, and complaints as required by the Michigan Mental Health Code, and to ensure that remedial action is taken when those apparent violations have been substantiated.

APPLICATION

This policy shall apply to North Country Community Mental Health and any individual, entity, or contractor providing services to North Country Community Mental Health consumers.

POLICY

North Country shall institute and provide an Office of Recipient Rights for community mental health programs subordinate only to the director of North Country Community Mental Health. This office will endeavor:

A. To provide a simple mechanism for recipients and others to report any alleged violations of consumer rights, and to ensure the prompt reporting, investigation and resolution of such alleged violations.

B To provide a system for determining whether, in fact, violations occurred.

C. To ensure that firm, fair, and appropriate action is taken in the event of a substantiated violation of recipient rights.

D. To ensure that individuals filing complaints of alleged violations are informed of:
   1. The process and results of the investigation
   2. Any remedial action taken as a result of the complaint
   3. Their opportunity to appeal if dissatisfied with either the complaint determination or remedial action

E. To safeguard the rights of consumers in a manner, which does not violate employee rights.

F. To ensure that any complaint, which is out of the jurisdiction of the CMH agency, or contractual provider of services, is referred to an appropriate agency or individual.

G. To assist consumers of the agency in exercising their recipient rights and civil rights as consumers and citizens.

STANDARDS

A. The CMH Board and Executive Director shall:
   1. Appoint a Recipient Rights Advisory Committee consisting of at least six members. The membership of the committee shall be broadly based so as to represent the varied perspectives of the six-county service area. At least 1/3 of the membership shall be primary consumers or family members, and of that at least one half shall be primary consumers. This RRAC shall also serve as the

CMH's appeals committee with respect to recipient rights complaint report appeals.

The Recipient Rights Advisory Committee shall do all of the following:

a. Meet at least semiannually, or as necessary to carry out its responsibilities both to the CMH Office of Recipient Rights and its function as the appeals committee.
b. Maintain a list of current members, which shall be available upon request.
c. Maintain a list of membership categories (without names), which shall be available upon request.
d. Protect the Office of Recipient Rights from pressures that could interfere with the impartial, evenhanded, and thorough performance of its functions.
e. Recommend candidates for the position of Rights Officer, and consult with the executive director of the CMH regarding any proposed dismissal of the Rights Officer.
f. Serve in an advisory capacity to the executive director and the Rights Officer.
g. Review and provide comments on the annual report submitted by the CMH executive director to the CMH Board, as required by PA 290, Sec. 755 (6).
h. Conduct its meetings in accordance with the Open Meetings Act, keeping and maintaining minutes of those meetings, which shall be available upon request.
i. Provide recipient rights advisory or complaint appeal functions for local licensed private hospitals should there be a signed agreement to provide such services.

2. Prepare a job description for the CMH Officer of Recipient Rights.
3. Determine whether the office can be adequately staffed for a single CMH agency, or if the establishment of a cooperative agreement with one or more CMH programs provides a more cost effective alternative.

B. The CMH Recipient Rights Officer shall:

1. Assume direct responsibilities for rights protection duties, including items listed in section (D) below.
2. Ensure that all contracted service providers receive and maintain appropriate resource materials, including a copy of the Mental Health Code, DCH Administrative Rules, rights information pamphlets, and copies of the North Country CMH policies on recipient rights.
3. Possess the following qualifications:
   a. A degree or equivalent in the social sciences or related field that will equip him/her for this role.
   b. Experience related to community organization, social work, counseling, education or other work dealing with human relations.
   c. Personal qualities suited to this role and a commitment to the fundamental objective of safeguarding the rights of recipients.

C. The Rights Officer shall report to the CMH Executive Director concerning substantiated violations of recipient rights. The responsibility for implementation of corrective action shall be delegated by the Executive Director.

D. Each contracted service provider shall ensure that all consumers, upon acceptance for service, and all potential consumers, parents, and guardians, receive a written summary of rights. This shall be documented in the case record. Additionally, the rights system

shall be verbally explained to the consumer. Special explanations of rights shall be given and documented if the consumer is:

- Illiterate
- Developmentally Disabled
- Non-English speaking (in which case the explanation shall be in a language the consumer understands; and may be delayed until a translator is available)
- Temporarily unable to comprehend (in which case the rights explanation may be delayed until a more clinically suitable time)
- Deaf (explanation shall be communicated by a means that is understandable to the consumer and may be delayed until a translator is available)
- Blind
- A minor (a simplified explanation in accord with ability to comprehend should be given, documentation of delivery to parent and/or guardian should also be made)

Each contracted service provider shall ensure that copies of the rights summary are posted in appropriate places on the premises. Each provider shall ensure that all consumers, parents, guardians, and others have ready access to rights complaints forms, access to the CMH Rights Officer, a written summary of rights; including the name, address, and phone number of the CMH Rights Officer. This summary shall inform the consumer that information, consultation, and appeal processes are available from DCH.

E. The CMH Officer of Recipient Rights shall:

1. Visit each unit of service regularly, at least annually.
2. Be available to consumers and staff to address rights issues.
3. Investigate all code-protected allegations of violations of rights, with assistance from other staff when deemed necessary
4. Ensure the review of incident reports to determine if they involve possible violations of consumer rights.
5. Make an independent determination of whether an allegation is substantiated, refuted, or unable to be determined, using the preponderance of evidence as criteria.
6. Recommend remedial action to the CMH Executive Director or the appropriate agency director when an allegation is substantiated.
7. Ensure that the recommended remedy to a specific complaint includes action applicable to all consumers in a similar situation.
8. File a Rights Complaint Report on each opened formal complaint with copies sent to the CMH Executive Director and placed in Rights Office files. A summary report will be sent to the complainant and recipient, if different than the complainant, and guardian or parent of a minor recipient.
9. Inform the complainant when an allegation refers to a right for which remedial action is outside the jurisdiction of the agency.
10. Attend any agency meetings where clarification of rights related issues may prevent a violation of consumer rights.
11. Review the audit reports, licensing reports, or other accreditation reviews of all service locations, and all pertinent consumer incident reports, to determine compliance with CMH rights protection standards.

F. The CMH Rights Officer and Recipient Rights Advisory Committee shall:

1. In consultation, develop and recommend official rights policies to the CMH Board.
2. Establish and define the CMH Rights Protection System.
3. Maintain policies and procedures which are required by the code.
4. Take actions as necessary to protect and safeguard the code protected rights of CMH consumers.

5. At any time after the completion of an investigative report, the parties may agree to mediate a dispute, if one arises over findings in the report. A mediator shall be jointly selected to facilitate a mutually acceptable settlement. The mediator shall be an individual who has received training in mediation and who is not involved, in any manner, with the dispute or with the provision of services to the consumer.

G. The Recipient Rights Office shall:

TRAINING

1. Ensure staff of the Office of Recipient Rights completes a minimum of 20 hours training/education yearly. in recipient rights protection.
2. Ensure the Rights Officer, Rights Specialist and Alternate attend and successfully complete the DCH/ORR Basic Skills Training Programs within three months of hire. In addition every three (3) years during their employment, the Rights Officer/Advisor and any alternate(s) must complete a Recipient Rights Update training as specified by the Department.
3. Ensure training for the Recipient Rights Advisory/Appeals Committee, and other staff, occurs at least annually or as necessary, to implement policies and procedures for the protection of consumer rights.

ADVISORY COMMITTEE

1. Attend quarterly meetings of the CMH Rights Advisory Committee as necessary to report on and assist in:
   - the review of the rights protection system;
   - the review of persistent and/or unresolved rights issues;
   - evaluation of the implementation of Board approved rights policies; including staffing, resources, and funding; and
   - recommendations concerning the protection of consumer rights, including status and results of current and/or planned activities of the Office of Recipient Rights.
2. Submit monthly reports to the CMH Executive Director and regular reports to the Recipient Rights Advisory/Appeals Committee.

H. Records compiled in the course of investigating an alleged rights violation shall be retained by rights staff, maintained independent of consumer case records, and shall be subject to confidentiality safeguards as noted in Public Act 258, Section 748.

I. The CMH Board and CMH Executive Director shall adopt and implement all applicable DCH Rights Policies and Procedures.

J. The CMH Executive Director shall:

1. Meet regularly with the Rights Officer to discuss any substantiated violations, implementation of remedial action, and prevention activities.
2. Take firm and fair disciplinary action, and appropriate remedial action, when a right has been violated and will ensure that any contracted agency has initiated and followed through with disciplinary action.
3. Accept the preponderance of evidence standard as the standard of proof in deciding employee disciplinary action when a right has been violated.
4. Ensure non-retaliation and protection from harassment to all Rights Staff and any individual involved in the filing of a rights complaint, and ensure that appropriate disciplinary action is taken if there is evidence of such harassment or retaliation.
5. Ensure that in the absence of the Recipient Rights Officer, an alternate is available.
6. Ensure that the Rights office has unimpeded access to all directly operated or contractual programs and services; to all staff employed by such entities; and to

all resources and evidence necessary to conduct a thorough investigation, or fulfill a rights monitoring function.

7. Ensure that all contracts between the agency and other providers of service specify the following:
   a. that the contractual provider and staff receive recipient rights training,
   b. that the contractor agrees to follow all North Country rights policies, standards, and procedures,
   c. that the North Country Rights Office shall have unimpeded access to the contractor's site and staff for the purposes of investigation or monitoring
   d. that the rights office, advisor and alternate of those service providers allowed/required by contract to establish their own rights system have no direct service responsibilities, is regularly accessible to consumers of that unit of service, and has no other duties in conflict with rights protection activities.
   e. and shall attend DCH/ORR Basic Skills Training Programs within 3 months of hire. In addition every three (3) years during their employment, the Rights Officer/Advisor and any alternate(s) must complete a Recipient Rights Update training as specified by DCH-ORR
8. Ensure that all employees cooperate in recipient rights investigations.

COMPLAINT PROCESS

K. Whenever a violation of consumer rights is alleged or suspected, the Rights Office shall be notified and a report shall be filed on either a Rights Complaint Form containing a statement of the allegation, the right allegedly violated, and the outcome desired by the complainant or an Incident Report Form, in accordance with the following procedure.

1. When a recipient rights complaint is received, or when a consumer informs any agency staff person of their desire to file a complaint, the staff person will:

   a. Assist the individual in the preparing and filing of a written complaint, if necessary.
   b. Advise the individual of the agency rights complaint process.
   c. Advise the individual of other advocacy services.
   d. Inform the individual of the availability of local mediation options. (Consistent with MHC Section 788)

   The receiving staff person shall forward that written complaint to the Rights Office no later than the end of the work day

2. Upon receipt of a complaint, the Rights Office shall:
   a. Acknowledge receipt of the complaint by mailing a notice within five (5) business days to the complainant with a copy of the complaint.
   b. Record receipt of the complaint.
   c. Notify the complainant, within 5 days, if no investigation is warranted.
   d. Inform the complainant of alternative means of problem resolution, including:
      i. Meetings with agency staff.
      ii. Other advocacy alternatives.
   e. Indicate on the complaint any referral of the complaint to other sources; and note if the matter was resolved to the satisfaction of the complainant.
   f. Refer any complaint regarding the conduct of the executive director to the state office of recipient rights, or another CMHSP, for investigation as determined by the Chairperson of the Board.
3. The Rights Office shall initiate investigation of apparent or suspected rights violations in a timely manner. Subject to delays involving pending action by external agencies (DHS, law enforcement), the office shall complete the investigation not later than 90 days after it receives the rights complaint. A notice

of complaint status will be sent every 30 days to the complainant, respondent, and responsible agency. All complaints alleging abuse, neglect, serious injury, or death shall receive immediate attention.

a. The thirty (30) day status reports shall contain the allegations, issues, a full definition of the code citations, progress of the investigation, and anticipated completion date.

b. Any amendments to the complaint, or withdrawals of the complaint shall be noted.

4. Upon completion of the investigation, the Rights Office shall issue a written investigative report containing allegations, issues, a full definition of the code citations, findings, conclusions, and recommendations/remedial action based on preponderance of evidence to the Executive Director and respondent.

5. The investigative report shall contain notification that referral to local, outside mediation is available upon request. (Consistent with MHC Sec. 788)

6. Upon receipt of the investigative report, and if remedial action or disciplinary action is recommended, the responsible mental health agency and/or contract provider of services shall:

a. Correct and/or remedy the violation

b. Implement corrective action in a timely manner

c State their attempts to prevent reoccurrence

d. Provide written documentation of their actions, with such documentation becoming part of the rights office investigative record.

e. The Rights Office shall ensure that the responsible agency and/or provider has followed through with the action and provided written verification of the action taken.

7. Upon receipt of the investigative report, the CMH Executive Director shall respond to the complainant, and the consumer if different than the complainant, guardian or parent in the case of a minor, within ten (10) days, providing them with a summary report containing:

a. The allegations, issues, citations, a summary of the findings, conclusions, recommendations, and any action (or plan of action) taken to correct substantiated problems.

b. A statement of the individual's appeal rights and grounds for appeal.

c. Information contained in the summary report shall be within the constraints of MHC 748 and 750, and protect the rights of agency, and contractual, staff pursuant to PA 397 of 1978, the Bullard Plawecki Employee Right to Know Act.

L. Whenever an employee is specifically named as a participant in an alleged violation of consumer rights, the employee shall be advised that the complaint has been filed, is under investigation, the nature of the allegation, and afforded the opportunity to provide information concerning the alleged rights violation.

APPEAL PROCESS

M. A complainant, consumer, guardian or parent, in the case of a minor, may file an appeal regarding a recipient rights complaint report within 45 days of the receipt of the summary report.

1. When such an appeal is received, the CMH Office of Recipient Rights shall:

a. Advise the individual of other advocacy agencies who may be able to assist in the filing of an appeal.

b. Assist the individual in preparing for the appeal.

c. Inform the individual of local mediation options regarding the appeal.

2. An appeal shall be based on one of the following grounds:

a. That the investigative findings are not consistent with the facts or with law, rules, policies, or guidelines.
b. That the action taken, or proposed, by the responsible agency does not provide an adequate remedy.
c. That the investigation was not initiated or completed in a timely manner.

3. Upon receipt of the written appeal, the CMH Office of Recipient Rights shall:
   a. Schedule a review of the appeal by the CMH Rights Complaint Appeals Committee within 5 business days. Minutes will be separate from the RRAC minutes and will comply with statutory role and functions.
   b. Ensure that the appeals committee makes a determination that the appeal meets the criteria listed above.
   c. Inform the individual, in writing and within 5 business days, whether the appeal has been accepted or denied, and the grounds for any denial.
   d. Schedule an appeal hearing for any accepted appeal within 30 days; providing, within 5 business days, a copy of the appeal to both the respondent and the responsible agency.
   e. Ensure that any member of the committee who has a personal or professional relationship with an individual involved in the appeal abstains from participation in the hearing process.

4. The appeals committee, upon meeting to hear the matter, shall do one of the following:
   a. Uphold the findings of the CMH-Office of Recipient Rights including the plan for actual or proposed remedial action.
   b. Request that the CMH-Office of Recipient Rights reopen and reinvestigate the matter adhering to all required investigative reporting requirements.
   c. Uphold the investigative findings of the CMH-Office of Recipient Rights but make recommendations regarding additional, or different, remedial action to correct the violation.
   d. If the responsible mental health agency is a CMH services program, or a licensed hospital, recommend that the Board of the CMH request an external investigation by the State Office of Recipient Rights.

5. The appeals committee shall document its decision in writing and shall provide copies of that decision to the appropriate individual and agency within 10 working days after reaching its decision. This response shall contain language that informs the appellant that they may, within 45 days, file a written appeal of this decision with the Department of Community Health, Office of Legal Affairs, Administrative Tribunal. This appeal to the Administrative Tribunal shall be based on:
   a. The record established in the previous appeal, and
   b. The allegation that the investigative findings of the local Office of Recipient Rights were not consistent with the facts, law, rules, policies, or guidelines.

REFERENCE:

- Michigan Mental Health Code, Chapter Seven
- DCH Administrative Rules and Amendments
- CARF Behavioral Health Standards Manual

REVISED: 9/01/03; 8/13/07; October 18, 2010

BOARD APPROVED: December 16, 2010

Alexis Kaczynski — 1/21/2011

Director — Date

Jane Dunaway — 1/14/2011

NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: RELIGIOUS WORSHIP AND TREATMENT BY SPIRITUAL MEANS
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines allowing for religious freedom with regard to worship, religious activities, and treatment by spiritual means.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

DEFINITION

Treatment by Spiritual Means encompasses a spiritual discipline or school of thought upon which a recipient wishes to rely to aid physical or mental recovery.

POLICY

1. Services provided or contracted are done in a non-discriminatory fashion with regard to a recipient's religious preference.
2. Recipients shall be assured reasonable access to religious services, worship, and practice of their choice. Recipients shall not be coerced, however, into engaging in and/or observing religious activities or events.
3. Recipients shall be permitted treatment by spiritual means in the manner consistent with a private mental health professional and upon the request of the recipient, empowered guardian or parent of a minor recipient.
4. A resident of an NCCMH or contracted residential service shall be permitted to access treatment by spiritual means at their own expense and without impediment at their request.
5. The "right to treatment by spiritual means" includes the right of recipients, guardians, or parents of a minor to refuse medication or other treatment on spiritual grounds which predate the current allegations of mental illness or disability, but does not extend to circumstances where either:
    A. Treatment has been court ordered or an empowered guardian has given consent to treatment.
    B. A recipient poses harm to himself/herself or others and treatment is essential to prevent injury.
6. The "right to treatment by spiritual means" does not include the right:
    A. To use mechanical devices or chemical or organic compounds which are physically harmful.
    B. To engage in activities prohibited by law.
    C. To engage in activities which physically harm the recipient or others.
    D. To engage in activities which are inconsistent with court-ordered custody or voluntary placement by a person other than the recipient.
7. Recourse to court is ensured if there is a refusal of medication or other treatment for a minor.
8. Written notice will be given to the requesting person of a denial of treatment by spiritual means with the reason for the denial. A decision to deny a request for treatment by spiritual means may be appealed to the treatment plan appeal process.

REFERENCE: DCH Administrative Rule R330.7009, R330.7135

REVISED: June 1, 2007

APPROVED: August 20, 2007

Alexis Kaczynski
Director

Date

Laura Stanek
NCCMH Board Chair

Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: RESIDENT COMMUNICATION AND VISITATION POLICY
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To protect the rights of recipients of North Country CMH services when in residential settings.

APPLICATION

All North Country CMH direct service programs and contracted direct service providers.

POLICY

1. A resident is entitled to unimpeded, private, and uncensored communication with others by mail and telephone and to visit with person of his or her choice except in the circumstances and under conditions set forth here.
2. Telephones shall be reasonably accessible. Telephone usage funds shall be provided in reasonable amounts to residents that are unable to procure such funds.
3. Correspondence can be conveniently and confidentially received and mailed. Writing materials and postage shall be provided in reasonable amounts to residents who are unable to procure such items. A daily pickup and deposit of mail shall be provided.
4. Each facility shall make space available for visits.
5. Reasonable time and place for the use of telephones and for visits may be established and if established, shall be in writing and posted in each living unit of a residential program.
6. The right to communicate by mail or telephone or to receive visitors shall not be further limited except as authorized in the resident's plan of service.
7. Limitations on communication do not apply to a resident and an attorney or court or any other individual if the communication involves matters that may be the subject of legal inquiry.
8. If a resident is able to secure the services of a mental health professional, he or she shall be allowed to see that person at any reasonable time.

REFERENCE: Michigan Mental Health Code 330.1715, 330.1726

REVISED: June 1, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — *9/21/07*
Director — Date

Laura Stanek — *9/20/07*
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: RESIDENT FREEDOM OF MOVEMENT
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To protect the rights of recipients of North Country Community Mental Health in residential settings

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

POLICY

Individuals have the right to receive services in the least restrictive setting that is appropriate and available, and to have unimpeded access to vocational, social, and recreational activities and areas. Individuals also have the right to have any limitations placed upon their freedom of movement removed when the circumstances which justified those limitations cease to exist.

REFERENCE: Michigan Mental Health Code 330.1708, 330.1744

REVISED: June 1, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — 9/21/07
Director — Date

Laura Stanek — 9/20/07
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: RESIDENT LABOR
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To protect the rights of recipients of North Country Community Mental Health in residential settings.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

POLICY

1. The labor of a recipient, whether therapeutic or not, shall require the approval and consent of the recipient or legally empowered guardian and the supports coordinator. Recipient labor shall always be voluntary. Approval shall not be withheld unless reasons explaining why the labor is inconsistent with the plan of service are stated in the case record. Disapproval by the supports coordinator can be reversed by the Director of North Country Community Mental Health or his or her designee.
2. A recipient's right to compensation shall be protected by the agency when performing labor which results in economic benefit to another person or the agency.
3. Recipients shall be compensated for their labors in accordance with current state and local laws and the State Department of Labor.

REFERENCE: Michigan Mental Health Code 330.1736

REVISED: June 1, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — 9/21/07
Director — Date

Laura Stanek — 9/20/07
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: RESIDENT RIGHT TO ENTERTAINMENT MATERIALS, INFORMATION, AND NEWS
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines regarding access to written materials and the viewing of television, movies, video tapes, or listening to the radio.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

POLICY

1. It is the policy of the Board that recipients shall not be prevented from acquiring at their own expense any written or printed materials, movies, or recordings. In residential settings recipients may view any television program, listen to radio programs, recordings, or movies available at the site. This shall not be limited for reasons of, or similar to, censorship.
2. It is the policy of the Board that restrictions or limitations may be imposed if documented in the written plan of service; these must include justification, but only for reasons authorized by the Mental Health Code and Department of Mental Health Administrative Rules. Any restrictions or limitations will be removed when not essential for treatment purposes.
3. It is the policy of the Board that any denial or limitation of right to access may be appealed to the Rights Office; this shall not entitle access over the objection of a legal guardian, or prohibition by law. This right shall not entitle a minor recipient access over the objection of a parent, guardian, or prohibition of law.

REFERENCE: DCH Administrative Rule R330.7139

REVISED: June 1, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — *9/21/07*
Director — Date

Laura Stanek — *9/20/07*
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: RESIDENTIAL PROPERTY AND FUNDS
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: October 1, 2007

PURPOSE

To establish guidelines for the protection of, and access to, personal property and funds belonging to recipients in supported living situations and in other group services.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

POLICY

1. Any exclusions of personal property, including weapons, sharp objects, explosives, drugs and alcohol, must be listed in House Rules or rules for other group settings and posted in a central location where they may be easily seen by recipients and others.
2. The individual in charge of the plan of services for a resident may limit access if the limitation is essential to prevent theft, loss, or destruction of the property, unless a waiver is signed by the resident; or in order to prevent the resident from physically harming himself, herself, or others.
3. Recipients in residential settings shall have access to personal property and funds at reasonable times.
4. Limitations of access to or choice in the use of funds may only be made when there is a demonstrated need for such support. The limitations, the date it expires and justification for its adoption shall be incorporated into the recipient's Individual Plan of Service.
5. A receipt shall be given to a recipient and an individual he or she designates for property taken into possession by the residential facility.
6. An individual may appeal any limitation to the Recipient Rights Officer and/or the Director.
7. Any searches will take place only with proper justification and consistent with agency procedure on resident searches.

REFERENCE:

- Michigan Mental Health Code 330.1728, 330.1730, 330.1732
- DCH Administrative Rule R330.7009

REVISED: June 1, 2007

APPROVED: September 20, 2007

Alexis Kaczynski — *9/21/07*
Director — Date

Laura Stanek — *9/20/07*
NCCMH Board Chair — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Services
POLICY NAME: RESTRAINT, SECLUSION AND PHYSICAL MANAGEMENT
SUPERCEDES: Recipient Rights Policy
EFFECTIVE DATE: September 1, 2009

PURPOSE

To establish guidelines with regard to the use of restraint, seclusion and physical management.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

DEFINITIONS

Restraint: the use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

Physical Management: a technique used by staff to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself or others.

Protective Device: a device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined and incorporated in the written individual plan of service shall not be considered a restraint as defined in this policy.

Seclusion: the temporary placement of a recipient in a room, alone, where egress is prevented by any means.

Therapeutic de-escalation: an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Time out: a voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

POLICY

Restraint and/or seclusion is prohibited in all agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy. The Office of Recipient Rights will review the restraint and seclusion policies of contracted inpatient settings and child caring institutions for compliance with applicable state and federal rules and regulations.

Physical management may only be used in situations when a recipient is presenting an imminent risk of serious physical harm to himself, herself or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious physical harm. Both of the following shall apply:

1. Physical management shall not be included as a component in a behavior treatment plan.
2. Prone immobilization of a recipient for the purpose of behavior control is prohibited.

A person employing physical management shall insure the safety, welfare and dignity of the recipient and others. Physical management shall be employed only by persons who have received training in its use. If a recipient requires repeated physical management intervention, a behavior treatment plan and crisis plan, if applicable, shall be developed and presented for review

and approval to the Behavior Treatment Committee as described in the Behavior Treatment Committee Policy.

Any use of physical management shall be documented in an Incident Report and BTC Justification Form and filed as indicated.

REFERENCE:

- Michigan Mental Health Code 330.1700; 330.1740; 330.1742; 330.1755
- DCH Administrative Rules R 330.7001, R330.7243

REVISED: 5/31/2007; August 20, 2009

BOARD APPROVED:

Debra Kimball — *August 20, 2009*
NCCMH Board Chair — Date

Alexis Kaczynski — *August 20, 2009*
Director — Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: SERVICES SUITED TO CONDITION
SUPERSEDES: Recipient Rights Policy
EFFECTIVE DATE: September 1, 2009

PURPOSE

To establish guidelines for the development of an Individual Plan of Service that will ensure that each recipient receives services suited to his/her condition.

APPLICATION

All North Country CMH direct service programs and contracted direct service providers.

DEFINITIONS

Change in type of treatment: ending of services, addition of services, transfer between programs, or transfer to another type of treatment.

Plan of Service: a written, individualized plan for services which consists of a treatment plan, a support plan, or both, and is developed in partnership with each recipient through a person-centered planning process.

Person-Centered Planning: a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities and that promote community life and that honors the individual's preferences, choices and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or requires.

Support Plan: a written plan that specifies the personal support services or any other supports that are to be developed with, and provided for, a recipient.

Treatment Plan: a written plan that establishes meaningful and measurable goals, and specifies goal-oriented treatment or training services, including rehabilitation or habilitation services, that are to be developed with, and provided for, a recipient.

POLICY

1. If an applicant for service has been denied services, the individual, their guardian, or the parents of a minor applicant may request a second opinion of the executive director/designee. The director/designee shall secure the second opinion from a physician, licensed psychologist, RN, MSW, or master's level psychologist within 5 business days. If that second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or developmental disability, or is experiencing an emergency situation or urgent situation (as defined by the Mental Health Code), the CMH services program shall direct services to that applicant.
2. Each recipient shall receive services suited to his/her condition that are provided in a safe, sanitary, and humane treatment environment. These services, including any change in type of treatment, shall be determined in partnership with the recipient through a person-centered planning process.
3. A preliminary Plan of Service shall be developed within seven days of the commencement of services, or if an individual is hospitalized and the hospitalization is for less than seven days, before discharge or release.
4. The Plan of Service shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. A specific date or dates when the overall plan, or any of its subcomponents, will be formally reviewed for possible modification or

revision will be noted in the Plan of Service. The recipient will be informed orally and in writing of his or her clinical status and progress in a manner appropriate to his or her clinical condition.

5. The Plan of Service is reviewed whenever there is a major change in condition and is revised as necessary; minimally the plan is reviewed every six months. Addendums are completed by the service coordinator and approved by the supervisor. If the review includes participation in a day or residential program, the appropriate service or rehabilitation coordinator from this program should participate in the review. Major changes requiring a review of the POS prior to six months include the following:
    A. Hospitalization or alternative placement in Crisis Residential.
    B. Move to a more restrictive level of care.
    C. Significant behavioral changes or changes in condition that require a major modification in goals and or treatment approaches. Significant changes might involve a need for more intensive support to address a risk issue or a significant change or increase in medication to prevent a relapse.
6. The Plan of Service shall identify any restriction or limitation of the recipient's rights. A comprehensive assessment/analysis of a recipient's challenging behaviors will be conducted to rule out any physical or environmental cause for the behavior. Restrictions, limitations, or intrusive behavior treatment techniques are reviewed and approved by the North Country CMH Behavior Treatment Committee. Any restriction or limitation shall be justified, time-limited, and clearly documented in the Plan of Service. Documentation shall include a description of attempts that have been made to avoid the need to impose a restriction or limitation, and the action that will be taken as part of the Plan of Service to ameliorate or eliminate the need for the limitation in the future.
7. An individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the case record.
8. A recipient shall be given a choice of physician or other mental health professional within the limits of available staff and as determined by the treatment team. A recipient may appeal any denial of choice, first to the program director then to the agency Director, in addition to filing a Recipient Rights Complaint.
9. If a recipient is not satisfied with their Plan of Service, the recipient or their guardian, or the parent of a minor recipient, may make a request for review to the designated individual in charge of implementing the plan. A review shall be completed within 30 days of request and shall be carried **out** according to the person-centered planning process.
10. If the preadmission screening unit of NCCMH denies hospitalization to an individual requesting hospitalization, that individual may request a second opinion from the agency Director. The Director shall arrange for an additional evaluation by a psychiatrist, or other physician, or licensed psychologist within 3 days excluding Sundays and holidays. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the Director, in conjunction with the Medical Director, shall make a decision based on all clinical information available. The decision reached shall be confirmed in writing to the requestor and signed by the agency Director and the Medical Director. If an individual is assessed and found not clinically suitable for hospitalization, the screening unit shall provide appropriate referral services.

REFERENCE:

- Michigan Mental Health Code 330.1409, 330.1705, 330.1712, 330.1713, 330.1714
- DCH Administrative Rule R330.7199
- MDCH Contract Attachment P.1.4.1 Technical Requirement for Behavior Treatment Plans, July 28, 2008

REVISED: 6/6/07; August 20, 2009

BOARD APPROVED:

Debra Kimball — *August 20, 2009*
NCCMH Board Chair — Date

Alexis Kaczynski — *August 20, 2009*
Director — Date