

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued **7/24~~3~~**

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I. APPLICATION:

- ~~SCCCMHA~~ SCCCMH Board
- ~~SCCCMHA~~ SCCCMH Providers &
- Subcontractors Direct-Operated
- Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of St. Clair County Community Mental Health Authority (~~SCCCMHA~~ SCCCMH) to have zero tolerance for any form of harassment/retaliation resulting from an employee's/volunteer's participation in a recipient rights complaint investigation.

III. DEFINITIONS:

- A. Complainant: Means an individual who files a recipient rights complaint.
- B. Harassment: Means any unwelcome verbal or physical conduct designed to bully, coerce, embarrass, intimidate, ridicule, taunt, or threaten an employee, student, or volunteer of ~~SCCCMHA~~ SCCCMH or its contract providers. Harassment may include any of the following means: audio recordings, e-mail communications, jokes, letters, photographs, physical contact, social media posts/messages, telephone calls, text messages, verbal communication, videos, or other means of communication.
- C. Immediately: Means without delay; instantly.
- D. Promptly: Means the day of the incident, the next business day, or as soon as possible from the date of the alleged harassment/retaliation.
- E. Recipient: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility or from a provider that is under contract with the MDHHS or a community mental health services program.
- F. Retaliation: Means receipt of a negative action as a result of an employee's/volunteer's participation in a legally protected activity. Retaliation may include any negative job action, such as demotion, discipline, suspension, termination, salary reduction, and/or job/shift reassignment.

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IV. STANDARDS:

1. SCCCMHASCCCMH will ensure complainants, staff of the Office of Recipient Rights, and any staff/volunteer acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

V. PROCEDURES:

Employee/Volunteer

1. Submits a complaint of harassment or retaliation to the Office of Recipient Rights. Employees/volunteers shall promptly report any incidents of harassment or retaliation.

Recipient Rights Director/designee

2. Reports complaints involving harassment or retaliation to the SCCCMHASCCCMH Chief Executive Officer within one business day of receipt of the complaint. *Please note: If a complaint of harassment involves the SCCCMHASCCCMH Chief Executive Officer, reports the complaint to the SCCCMHASCCCMH Board Chairperson. The SCCCMHASCCCMH Board of Directors will process harassment complaints involving the SCCCMHASCCCMH Chief Executive Officer.
3. Investigates complaint, following dispute resolution procedures outlined in Chapter 7A of the Michigan Mental Health Code.
4. Completes Report of Investigative Findings, and submits to the SCCCMHASCCCMH Chief Executive Officer within 30 days of receipt of the complaint.
5. Ensures Exhibit A, “Know Your Rights” poster, is posted in all direct-operated and contract agency settings and provided to new-hire staff/volunteers during New-Hire Recipient Rights Training.

Chief Executive Officer/designee, Responsible Provider Agency, SCCCMHASCCCMH Board of Directors

6. Ensures appropriate disciplinary action/contract action is administered/issued to the parties involved in order to ensure the harassment or retaliation ends immediately.

VI. REFERENCES:

- A. Mental Health Code, Section 330.1755

VII. EXHIBITS:

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A. "Know Your Rights" poster

VIII. REVISION HISTORY:

Dates issued 10/89, 06/91, 10/93, 05/97, 04/99, 04/01, 04/03, 04/05, 04/07, 04/09, 12/11, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 01/20, 07/20, 08/21, 07/22, 7/23.



Recipient Rights

St. Clair County Community Mental Health Authority is committed to protecting the rights of individuals served by the community mental health system.

If you know or suspect that your rights, or the rights of others, have been violated, you may file a complaint with the Office of Recipient Rights. To file a recipient rights complaint, please call: (810) 985-8900.

Discrimination Rights

When you receive community mental health services, you have the right not to be discriminated against because of your: age, color, height, inability to pay for services, intellectual/developmental disability, marital status, national origin, physical disability, race, religion, sex, or weight.

If you know or suspect that you have been discriminated against, you may file a complaint with the Office of Recipient Rights. You may also file a discrimination complaint with the Michigan Department of Civil Rights: (800) 482-3604.

Rehabilitation Act

Section 504 of the Rehabilitation Act states that no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program that receives federal financial assistance.

If you know or suspect that you have been discriminated against based on your disability, you may file a complaint with the U.S. Dept. of Justice, Civil Rights Division: (800) 514-0301.

Whistleblowers' Protection Act

It is illegal in Michigan to discharge, threaten or otherwise discriminate against an employee regarding compensation, terms, conditions, locations or privileges of employment because they or a person acting on their behalf reports or is about to report a violation or suspected violation of federal, state, or local laws, rules, or regulations to a public body. It is also illegal for employers in Michigan to discharge, threaten, or otherwise discriminate against an employee regarding their compensation, terms, conditions, locations, or privileges of employment because they participated in a public hearing, investigation, inquiry, or court action.

If you believe that your employer has violated this Act, you may bring a civil action in circuit court within 90 days of the alleged violation. The court may order your reinstatement, the payment of back wages, full reinstatement of fringe benefits and seniority rights, actual damages, or any combination of these remedies.

St. Clair County Community Mental Health Authority
OFFICE OF RECIPIENT RIGHTS

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