ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

RECIPIENT RIGHTS REFRESHER TRAINING

Calendar Year 2026

Revised 11/2025

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OFFICE OF RECIPIENT RIGHTS – Staff Directory

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Functional Components of the Office of Recipient Rights

Prevention & Education:

- Provide recipient rights training to all employees/volunteers within 30 days of hire and annually thereafter (MHC 330.1755[5][f] and SCCCMHA Training Grid)
- Assist with the revision of policies, procedures, and practices across the community mental health network
- Consult with recipients, guardians, employees, volunteers, & community members

Administrative & Monitoring:

- Ensure site visits are completed at every contracted service site on an annual basis
- Review Incident Reports
- Consult with Licensing, Protective Services, and law enforcement agencies
- Complete reports per Mental Health Code (MHC) requirements (annual report & semi-annual report)

Complaint Resolution System:

- Record recipient rights complaints per MHC guidelines
- Investigate complaints involving violations of recipients' rights
- Determine if a recipient's rights were violated
- Assure firm and fair remedial action is administered for all substantiated complaints
- Assure complainants, recipients, and guardians are informed of the appeal process

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The Legal Basis of Rights

In order to qualify as a right, something must be defined by law, and have a legal means of protecting it.

The rights of recipients of mental health services are protected by the Constitution of the United States, the Michigan Constitution, and by federal and state laws such as the Americans with Disabilities Act, the Health Insurance Portability and Accountability Act (HIPAA), the Social Welfare Act, Child Protection Law, the Michigan Vehicle Code, and the Michigan Mental Health Code.

Chapters 7 and 7a of the Michigan Mental Health Code outline the rights of recipients of community mental health services and the complaint investigation process.

A right is defined as:
"That which a person is entitled to HAVE, to DO, or to RECEIVE from others, within the limits prescribed by law."

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Summary of Recipient Rights:

1. The right to be free from abuse and neglect.
2. The right to independent evaluations and consultations, and to see a private physician or healthcare professional at any reasonable time.
3. The right to be treated with dignity, to be treated without discrimination, to have privacy, to practice one's religion, and to get paid for work that is done.
4. The right of residents (individuals residing in a licensed facility) to communicate with others via mail and telephone at any time, and to have visitors of their choosing at any time.
5. The right to have information about their services/supports kept confidential; to have access to information in their clinical record.
6. The right to a hearing, to be represented by an attorney, and to receive discharge planning that assures that appropriate services are provided in the least restrictive setting.

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Summary of Recipient Rights (cont.)

7. The right to be treated in a safe, sanitary, and humane environment.
8. The right to have access to their personal funds and to be able to use them as he or she sees fit.
9. The right to have personal property safely kept and to be provided with the restrictions regarding possession of personal property in a residential setting.

   Please note: Restrictions to personal property must be identified in the facility's policies, must be shared with potential applicants, and must be posted in the facility where everyone can see them.
10. The right to have an Individual Plan of Services (IPOS) developed through the person-centered planning process.
11. The right to not be required to receive treatment unless the law allows it and a court orders it.

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Summary of Recipient Rights (cont.)

12. The right to not be forced or coerced to take medication.
13. The right to be informed of the possible side effects to medications.
14. The right to give informed consent regarding the acceptance of and use of medications.
15. The right to receive information about family planning and health information services.
16. The right to choose their mental health professional (within their assigned program, and as unit capacity permits).
17. The right to not be fingerprinted, photographed, audiorecorded, or viewed through one-way glass unless consent is provided by the recipient/recipient's legal representative.
    *An agency-owned device must be used to capture a photograph, audiorecording, or videorecording of a recipient. Personal devices may not be used.
18. The right to receive services suited to condition (as outlined in their IPOS).

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Can Recipient Rights be Modified?

Certain rights established by the Mental Health Code may be modified under specific circumstances.

The rights that may be modified include:

- The right of a resident to communicate with others by mail, telephone, and visits.
- The right of a resident to access/use their personal property/funds.
- The right of a resident to freely move about their home/community.
- The right of a recipient to confidentiality/privilege.

Please note: Recipient rights can only be modified through the use of:

- ❑ RESTRICTIONS (determined by policy and apply to all the recipients at the program)
  and
- ❑ LIMITATIONS (determined by IPOS and apply to one specific individual)

DEFINITION:
Resident: An individual residing in a licensed facility, i.e., group home, Adult Foster Care home, Child-Caring Institution, state facility, etc.

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Restrictions

Restrictions apply to all the recipients in a specific program, and are determined by policy/administrative procedure.

Prior to admission to a program, a provider must ensure recipients are provided with information regarding all program restrictions, to include a copy of the policy/administrative procedure that outlines the program's restrictions.

Restrictions may include:

- ❑ Personal Property
- ❑ Non-Smoking Facility/Program
- ❑ Non-Alcohol Facility/Program

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Limitations

Limitations are placed on an individual and must be identified in a recipient's Individual Plan of Services.

In the recipient's record, the limitation must include:

- A description of the unsafe behavior exhibited by the recipient
- A time limit for the limitation to the recipient's rights
- An indication that previous measures to stop/reduce the behavior were unsuccessful
- An indication that the limitation is the least restrictive action possible
- Measures that will be implemented to reduce or eliminate the unsafe behavior

Please note: Prior to implementation, all limitations must be approved by the Behavior Treatment Plan Review Committee, and special consent must be provided by the recipient/recipient's guardian. Once this criteria is met, the limitation is incorporated in the recipient's Individual Plan of Service, and training is provided to support staff.

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Rights that MAY NOT be Modified

The Mental Health Code mandates that the following recipient rights cannot be modified under any circumstances:

- The right to be free from abuse and neglect (Section 722).
- The right to treatment suited to condition (Section 708).
- The right to treatment with dignity and respect (Section 708).
- The right to treatment in a safe, sanitary, and humane environment (Section 708).
- The right to have an Individual Plan of Services developed through the person-centered planning process (Section 712).
- The right to contact their attorney regarding legal matters at any time (residents only).

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Abuse: Key Points

The abuse or neglect of a recipient is not acceptable and will not be tolerated!

Abuse is defined as:

- A non-accidental act (on purpose or deliberate)
- By an employee, volunteer, or agent of a provider
- That causes or could have caused harm to a recipient

There are three classes of abuse, and the most serious acts of abuse can lead to criminal charges.

If abuse or neglect is known or suspected, it is the responsibility of the employee/volunteer to report the abuse/neglect to the Office of Recipient Rights within 24-hours (and other parties, as appropriate).

KEY:
Agent: Employee/Volunteer of a contract provider of a CMH or Licensed Psychiatric Hospital/Unit

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Abuse: Class III

Abuse Class III 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. This includes discriminatory language regarding an individual's religion, race, color, national origin, age, sex, sexual orientation, gender identity or expression, and marital status.

Degrade means:
Treat humiliatingly: to cause somebody a humiliating loss of status or reputation, or cause somebody a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) debase, demean, humble, humiliate. These verbs mean to deprive of self-esteem or self-worth; to shame or disgrace. 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.

Threaten means:
To utter intentions of injury or punishment against an individual; To express a deliberate intention to deny the well-being, safety, or happiness of somebody unless the person does what is being demanded.

Sexual Harassment means:
Sexual advances to a recipient, requests for sexual favors from a recipient, or other unwelcome conduct or communication of a sexual nature toward a recipient.

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Abuse: Class III (cont.)

Examples of Abuse: Class III

The use of profanity or discriminatory language either spoken in the presence of a recipient or directed at a recipient of services. **Exception: If you work in our DBT program, please consult with your supervisor for direction in this area.*

Communication meant to shame or disgrace a recipient, such as calling a recipient "stupid," "idiot," "butthole," or other similar phrases.

Use of non-verbal communication to shame or disgrace a recipient, such as flipping off a recipient or using hand gestures to mock a recipient's physical or mental condition.

Use of communication to threaten a recipient, such as, "You will not get dessert unless you put your dishes in the sink," "Buckle your seatbelt, or I'll come back there and make you," or "If you don't behave, I'll tell your mom/dad, and you'll be grounded."

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Neglect: Key Points

The abuse or neglect of a recipient is not acceptable and will not be tolerated!

Neglect is defined as:
Acts of commission (something you did that you shouldn't have done) or omission (something you didn't do that you should have done) by an employee, volunteer, or agent of a provider that result from non-compliance with a standard of care or treatment required by laws, rules policies, guidelines, written directives, procedures or individual plans of service that causes or contributes to harm to a recipient or places or could have placed a recipient at risk of physical harm or sexual abuse.

There are three classes of neglect, and the most serious acts of neglect can lead to criminal charges.

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Neglect: Class III

Neglect: Class III means either of the following:

(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from non-compliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.

(ii) The failure to report apparent or suspected Abuse: Class III or Neglect: Class III of a recipient.

Please note:
No actual harm has to occur to a recipient for Neglect: Class III to be substantiated. It is only required that the recipient was placed in a situation where there was or could have been a risk of harm.

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Neglect: Class III (cont.)

Examples of Neglect: Class III Violations:

- Leaving a recipient who is unable to maintain their or others' safety unattended/unsupervised.
- Failing to follow the Michigan Vehicle Code when transporting recipients, i.e., speeding, failing to stop at stop signs/red lights, and texting, gaming, and/or using social media while transporting recipients.
- Failing to secure medical treatment for a recipient of services in a timely manner.
- Failing to follow intervention strategies (sensory, proactive strategies, reactive strategies, etc.).
- Failing to administer medications per SCCCMHA policy/administrative procedures; Failing to notify all treatment team members when medications are discontinued.
- Failing to report Abuse: Class III or Neglect: Class III.

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Reporting Abuse and Neglect

Protecting the health and safety of the recipients served by the community mental health system is our primary responsibility. If an employee/volunteer suspects or knows that a recipient has been abused or neglected, the employee/volunteer must do the following:

1. Take action to protect the recipient.
2. Report their concern to their supervisor and the Office of Recipient Rights.
3. Fill out a Recipient Rights Complaint Form and forward it to the Office of Recipient Rights.
4. Report to other agencies per the MDHHS "Requirements for Reporting Abuse and Neglect" poster.

Please note:
Failing to report the known/suspected abuse or neglect of a recipient will result in a complaint being opened against the employee/volunteer who did not report to the ORR and other agencies, as appropriate.

See slide 31 for reporting requirements.

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What Does This Mean? ACTION!

- If you suspect a recipient is being abused or neglected by an employee/volunteer, YOU MUST IMMEDIATELY REPORT your concern to the Office of Recipient Rights and other parties, as appropriate.

  See the "Requirements for Reporting Abuse and Neglect" poster on the next slide (slide 31) and posted at your service location.

- The alleged abuse/neglect could occur anywhere:
  - ❑ Service location
  - ❑ Family home
  - ❑ Group home/AFC home
  - ❑ Community (bus, exercise facility, library, park, shopping mall, store, etc.)

Recipient Rights complaint forms are available at every service site operated by or contracted with SCCCMHA. Complaint forms are also available on the scccmh.org website.

You can always file a complaint anonymously.

There is no statute of limitations on filing or investigating a recipient rights concern.

Should a complaint be filed after an employee/volunteer leaves their place of employment, they may still be cited for abuse/neglect.

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REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse)	Public Act 238 of 1975 (Child Protection Law)	Public Act 519 of 1982 (Adult Protective Services Law)	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse)
WHERE is the report made?	To the MDHHS, CMHSP, or Hospital OFFICE OF RECIPIENT RIGHTS A list of local rights offices can be found at: https://tinyurl.com/CALL-ORR	To the MDHHS Office of Childrens Protective Services ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911	To the MDHHS Office of Adult Protective Services	To the Michigan State Police, Local Sheriff or Local Police Department Contact your local police or sheriff department
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
WHO is required to report?	All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers.	All employees, contract employees of: Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals.
WHAT is the CRITERIA for reporting?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before you'r knowledge of it.
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of the oral report (330.1733)
TO WHOM are reports made?	To your immediate supervisor exe to the Recipient Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate	Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report? YES	Disciplinary action may be taken and you may be held civilly liable.	You may be held civilly liable. Failure to report is also a criminal misdemeanor.	You may be held civilly liable and have to pay a $500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency? YES	Each of these laws requires that the designated agency be contacted. If an allegation is suspected to have occurred which falls under to specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required.			
Are there other agencies to which a report can be made? YES	The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 800-882-4006 The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL 24-hour HEALTH CARE FRAUD HOTLINE 888-54-ABUSE/ 888-242-2873 The LARA-BCHS Adult Foster Care and Camps Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems (LARA) COMPLAINT INTAKE UNIT 866-856-4126			

MDHHS Michigan Department of Health & Human Services

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Confidentiality

Confidential treatment is the right of every recipient of community mental health services. As such, all information in a recipient's record, and any information discovered while providing services to a recipient, is confidential.

In order to release confidential information to a third party, the recipient or their legal representative must give written consent prior to the disclosure of the confidential information.

Exceptions to the prior written consent requirement include:

A.) Court Order signed by a judge: Only release the information to the parties identified on the court order.
B.) Medical Emergencies: Only release the information pertinent to the emergency.
C.) Law Enforcement: Only release the information pertinent to the reported risk of a substantial probability of harm to a recipient or others.
D.) Coordination of Care: A health provider may share confidential information with another health provider to coordinate the recipient's care.
E.) Other allowances identified in Section 748 of the Mental Health Code as identified on slide 25.

For individuals receiving services from a Substance Use Disorder Services Program (a program providing services for a substance use disorder ONLY), federal regulations require PRIOR written consent before a disclosure to a third party. Please note: A violation of the federal requirement is a crime (42 CFR, Part 2).

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Confidentiality (cont.)

Per the Mental Health Code, Section 748, "Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and shall not be open to public inspection."

As such, maintaining a recipient's right to confidentiality means that employees/volunteers have a responsibility to make sure that unauthorized persons are not able to identify recipients. For example, when speaking on the telephone, to a recipient in a public area, or with an employee/volunteer who is authorized to discuss a recipient's care, be sure to refer to recipients by their first name only.

Protecting a recipient's right to confidentiality means that when you are at work, you cannot discuss any information about a recipient with employees / volunteers who are not authorized to receive it. It also means that when you are not at work, you cannot share information about a recipient with anyone not authorized to receive it.

Privileged Communication is also protected. Privileged Communication includes confidential exchanges between the recipient and their mental health professional.

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Confidentiality (cont.)

KEY POINTS: CONFIDENTIALITY

1.) Do not discuss confidential information in public areas/with individuals not authorized to receive/know the information.

2.) Do not leave confidential documentation in public areas (counters, copiers, printers, vehicles, etc.); Always secure confidential documentation when it is not being used (in a locked cabinet or office).

3.) Lock your computer/mobile device when it is not being used. Do not share your username or password with anyone!

4.) Encrypt all e-mail communications that include confidential information when sending the e-mail communication outside of your agency.

5.) Do not permit your family members/friends to visit you when you are at work; Do not take the recipients you serve to your family members'/friends' homes/activities.

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Confidentiality Requirements

1. Every recipient must be informed about the law requiring confidentiality.
2. A record must be maintained of the documents / information disclosed to a third party. The record must indicate what information was released, to whom it was released, and the reason for the release.
3. All adult recipients who have not been appointed a guardian have the right to access all the information in their record entered after March 28, 1996; however, the holder of the recipient's record may determine that information in their record would be detrimental to a minor recipient / guarded adult, and not provide that documentation to the minor recipient / guarded adult.

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When is it Appropriate to Disclose Confidential Information?

Information can be disclosed to a third party when the individual served/guardian consents in writing prior to the disclosure, or:

- Pursuant to an order or a subpoena of a court of record (signed by a judge) or a subpoena of the legislature
- To the department or to the auditor general if the information is necessary to discharge a responsibility placed upon it by law
- To Disability Rights Michigan (formerly Michigan Protection and Advocacy Services)
- To a surviving spouse of an individual served for the purpose of applying for and receiving benefits
- During a report to protective services of known/suspected abuse or neglect of an adult or child
- After protective services notifies the provider, in writing, of an open investigation

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Release of Information/Consent

A recipient cannot simply agree to the disclosure of their confidential information. In order for a consent/release of information to be valid, it must be in written form and given with informed consent.

Informed Consent means:

- The recipient has the ability to give consent (legal capacity)
  *If a guardianship arrangement is in place, the guardian must provide written consent. If a recipient is a child, their parent/guardian must provide written consent.
- The recipient/guardian has not been pressured in any way to give consent (voluntary)
- The recipient/guardian is able to understand what information they are agreeing to release (comprehension)
- The recipient/guardian understands the risks, benefits, and consequences of agreeing or not agreeing to the release of information (knowledge)

Releases of confidential information must follow the standards and procedures outlined in SCCCMHA administrative procedure #03-002-0030, Release of Case Record Information.

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Right to Treatment with Dignity and Respect

Recipients have the right to treatment with dignity and respect.

To support this right, always remember, you are being compensated to provide recipients of CMH-funded services with specific services/supports, and those services/supports must be provided in a professional manner. To that end, pay close attention to your communication style/messaging (verbal, written, and physical). Refrain from exhibiting any eye-rolling, sighing, derogatory joking, derogatory gestures, name-calling, etc. This includes any communications that occur directly with recipients and their family members and any communications that occur in the presence of recipients and their family members.

DIGNITY means:
"To be treated with esteem, honor, and politeness; To be treated as an equal; To be treated the way any individual would like to be treated."

RESPECT means:
"To show 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."

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How to Treat Recipients with Dignity & Respect

- Refrain from using terms such as "crazy," "wild," "out there," "temper tantrum," etc. Provide a detailed description of a recipient's behavior/actions.
- Address a recipient by their preferred name/pronouns; Meet individuals where they are at.
- Knock on a closed door before entering a recipient's room; Ensure a recipient's personal care is provided in a private setting; Ensure bathroom/bedroom doors are closed when personal care is provided.
- Get to know the recipients you serve. Know their likes and dislikes. Be sure to engage recipients in activities/conversations that bring meaning and value to their lives. Support the goals and objectives established by the recipients you serve.
- Respect a recipient's right to choose how they carry out their daily living skills/tasks. Encourage recipients to make their own choices and try things independently, when appropriate.
- Welcome input from family members, but be sure to maintain the confidentiality of the recipient.
- Put your cell phone away. Outside of breaks, employees/volunteers should only use their personal cellular phones for emergencies and/or to contact their supervisor for service-related issues/activities.
- Refrain from discussing your personal business in the presence of recipients. Ensure personal conversations take place in confidential settings.

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Fingerprints, Photographs, Audiorecordings, and Use of 1-Way Glass

Recipients have the right to not be fingerprinted, photographed, audio recorded, video recorded, or viewed through one-way glass unless prior written consent is obtained from a recipient/guardian.

Per SCCCMHA policy, employees/volunteers are not permitted to use their personal devices to capture photographs, audio recordings, or video recordings of recipients.

Employees/Volunteers must use an agency-owned device to photograph, audio record, or video record a recipient as consent is given to the agency, not the individual employee/volunteer.

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Services Suited to Condition

Per the Mental Health Code, recipients have the right to receive mental health services suited to condition. This means recipients have the right to receive the services/supports outlined in their Individual Plan of Services (IPOS) and in accordance with federal and state laws, the Medicaid Manual, the Michigan Mental Health Code, SCCCMHA contract requirements, the policies of SCCCMHA and its provider network, SCCCMHA/other training requirements, and any other standards of care/treatment that support the recipient's IPOS.

Employees/volunteers providing direct-support must ensure they have read each recipient's IPOS, and understand their role in supporting the goals/objectives of the recipients they serve. If an employee/volunteer is unclear of their role, they should immediately seek the counsel/direction of their supervisor.

Examples of Services Suited to Condition Violations

- Failing to follow written standards of care/treatment; Failing to follow intervention strategies
- Failing to provide the services outlined in the recipient's IPOS (CLS, outings, etc.)
- Failing to ensure adequate staffing is available to meet the needs of a recipient
- Sleeping during a work shift; Engaging in personal business during work hours; Engaging with their cell phone for non-work related activities

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Incident Reporting

A reportable incident is any unusual occurrence that disrupts or adversely affects the course of treatment or care of an individual, the unit management, or the facility administration.

Reportable incidents include behaviors and/or situations that are not part of an individual's treatment plan or incidents that may result or do result in an injury.

Reportable incidents must be reported before the end of your shift.

Reporting unusual incidents supports SCCCMHA in processing critical incidents.

Critical Incidents include:
- Deaths
- Hospitalizations due to injury or medication errors
- Emergency medical treatment due to injury or medication errors
- Arrests

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Reportable Incidents

The following unusual incidents should be reported on an Incident Report Form/in the Incident Report module in OASIS before the end of your shift:

1. The death of a recipient
2. Any injury of a recipient, explained or unexplained (bruises, cuts, scratches, etc.)
3. Behaviors not addressed in the plan of service (destroying property, physical aggression, verbal aggression, self-injurious behavior, etc.)
4. Suspected abuse or neglect of a recipient
5. Inappropriate sexual touching
6. Suicidal Ideation/Threat/Attempt
7. Choking/Unsafe Eating Behaviors

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Reportable Incidents (cont.)

8. Medication Errors (too many medications passed, medications not passed, the wrong medication passed) that resulted in emergency room contact and/or hospitalization. Otherwise, a Medication Error Report is sufficient.
9. Arrests of recipients
10. Physical Management (include the name of the technique used and the length of time of the physical management)
11. Traffic accidents that occur during the transport of a recipient regardless of the issuance of a citation or the presence of an injury to the recipient.
12. Elopement (a recipient being absent from their authorized program [group home/AFC home or program] without staff knowledge/without staff having eyesight of the recipient)
13. Police involvement (Phone calls made by staff, recipients, and others)
14. Emergency Medical Treatment or hospitalization

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Incident Reporting Tips:

1. BE TIMELY
   Complete an Incident Report before the end of your shift. Be sure to notify your supervisor, the recipient's guardian, and the recipient's case holder of the unusual incident on the day of the incident/your discovery of the unusual incident. Each provider must have a reporting process to ensure these parties are notified of the unusual incident.

   Please note: All incident reports that report the death, serious injury, or elopement of a recipient must be reported to the Office of Recipient Rights within 24 hours of the incident. This is to ensure critical incidents are responded to per MDHHS and other (CARF) reporting requirements. All other Incident Reports must be received by the Office of Recipient Rights within two business days of the incident. These reporting timelines are outlined in SCCCMHA policy #05-001-0040.

2. PRINT LEGIBLY
3. PROVIDE THE FACTS: What happened BEFORE, DURING, and AFTER the incident?
   If a recipient requires medical attention, please identify the name of the medical facility, and include the diagnosis(es) from the visit/admission. If a recipient receives psychiatric inpatient treatment, indicate the name of the facility. If physical management is used, identify the name of the technique and length of time of the intervention. If law enforcement is contacted, identify the party that contacted law enforcement. Always identify the address where the incident occurred.
4. COMPLETE AN INCIDENT REPORT FOR EACH RECIPIENT INVOLVED IN THE UNUSUAL INCIDENT
   Ensure case numbers, initials, or "peer" are used to identify a recipient in another recipient's report/record. This is to ensure confidentiality is maintained throughout the reporting process.

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Recipient Rights: Complaint Resolution System

LEGAL AUTHORITY
Per the Mental Health Code, each CMH must establish an Office of Recipient Rights (ORR) subordinate to the executive director/CEO of the CMH.

JURISDICTION
The St. Clair County Community Mental Health Authority (SCCCMHA)-ORR shall investigate allegations of recipient rights violations that occur between a recipient of CMH services and an employee/volunteer providing authorized CMH services to the recipient.

The SCCCMHA-ORR has the authority and jurisdiction to investigate allegations of recipient rights violations for all residents of St. Clair County who receive CMH-funded services OTHER THAN the services provided by McLaren Port Huron's licensed psychiatric hospital as that unit has their own ORR.

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Recipient Rights: Complaint Resolution System/Process

WHO CAN FILE A COMPLAINT?
Anyone can file a complaint on behalf of a recipient of CMH-funded services. Complaints can also be filed anonymously.

HOW DO I FILE A COMPLAINT?
Complaints can be filed in-person, over the telephone, by secure e-mail, via fax, or by mail. Complaint forms are available at every service site operated by and contracted with SCCCMHA. Complaint forms are also available on-line at www.scccmh.org.

INVESTIGATIVE TIMELINE
Once a complaint is filed, an Office of Recipient Rights (ORR) has:
- Five (5) business days to respond to the complainant acknowledging receipt of their complaint
- 90 calendar days to complete an investigation

The ORR must issue status reports to the complainant and responsible provider agency every 30 calendar days until the complaint investigation is complete.

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Recipient Rights: Complaint Investigation Process

1. During an investigation, an ORR has unimpeded access to all documentation and staff necessary to complete its investigation. The ORR will gather evidence by interviewing parties and reviewing documentation pertinent to the complaint. Interviews can take place in-person, via telephone, and through e-mail or secure messaging. Responses should be submitted directly to the ORR.
2. The ORR will apply the preponderance of evidence as its standard of proof in reaching a conclusion about the complaint. Preponderance of Evidence means it is more likely than not that an allegation occurred based on all the available evidence.
3. Once the investigation is complete, a Report of Investigative Findings will be issued to the responsible provider agency and the CMH executive director/CEO. This report will include the decision of the ORR and may include recommendations to remedy the complaint.
4. The responsible provider agency has seven (7) calendar days to respond to the ORR, informing the ORR of their plan of action. To Note: The action taken to remedy the violation rests with the employer (responsible provider agency) of the accused employee/volunteer, and not the ORR.
5. A Summary Report will be issued to the complainant, recipient, and guardian (if applicable) within 10 business days of issuance of the Report of Investigative Findings, and is signed by the CMH executive director/CEO.

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Recipient Rights Appeal Process

The Summary Report is issued to the complainant, recipient, and guardian (if applicable), and only the complainant, recipient, and guardian have the right to appeal the complaint outcome/remedial action taken/proposed.

To file an appeal, the complainant, recipient, or guardian must issue a written request to the Appeals Committee within 45 calendar days of their receipt of the Summary Report.

An appeal must be based on one of the following grounds:

1.) The investigative findings of the ORR were inconsistent with facts, rules, laws, policies, and/or guidelines.

2.) The action taken or plan of action proposed by the responsible provider agency did not provide an adequate remedy to the complaint.

3.) The investigation was not initiated or completed in a timely basis.

Please Note:
The accused employee/volunteer DOES NOT receive a copy of the Summary Report, and DOES NOT have the right to appeal the decision and/or remedial action issued as a result of a complaint investigation.

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Ways to Decrease Recipient Rights Violations

1. Education. In-person trainings provide an opportunity for questions/answers and networking between the Office of Recipient Rights and the employees/volunteers in our network.
2. Be positive. Speak in a positive manner and greet recipients with a smile!
3. Be patient. Answer every question as if it was the first time the question was asked. No one asks a question to be belittled/humiliated.
4. Be courteous. If you say you will get back with someone before the end of the work day, be sure to follow-through, even if you don't have the final answer. Let the individual know that you are working on their concern and inform them of the action you have taken to-date.
5. Be respectful. Remember that recipients have the right to make choices about their daily living, and those choices may not be the choices you would make for yourself. That's okay. It is each recipient's right to make the choices that best fit their lifestyle.
6. Follow the written directives of SCCCMHA and your employer. This may include policies/administrative procedures, job descriptions, Individual Plans of Services, training manuals, assessments, physician's orders, etc. If you are unclear on your role in supporting a recipient of services, seek the counsel of your supervisor.

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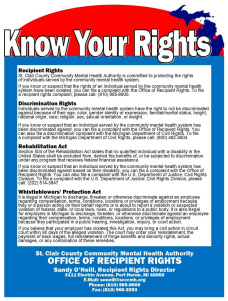
Recipient Rights vs Corporate Compliance

The below are the poster you may see at all service locations. This reportit application is for Corporation Compliance concerns. Recipient Rights complaints can be filed with the Recipient Right Office.



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The End

Please contact the Recipient Rights Office with any questions.

RecipientRights@scccmh.org

810-985-8900

You have reached the end of this course. Please click the "EXIT" tab in right hand corner of this slide to exit course and take exam.

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