



RECIPIENT RIGHTS ANNUAL REFRESHER TRAINING

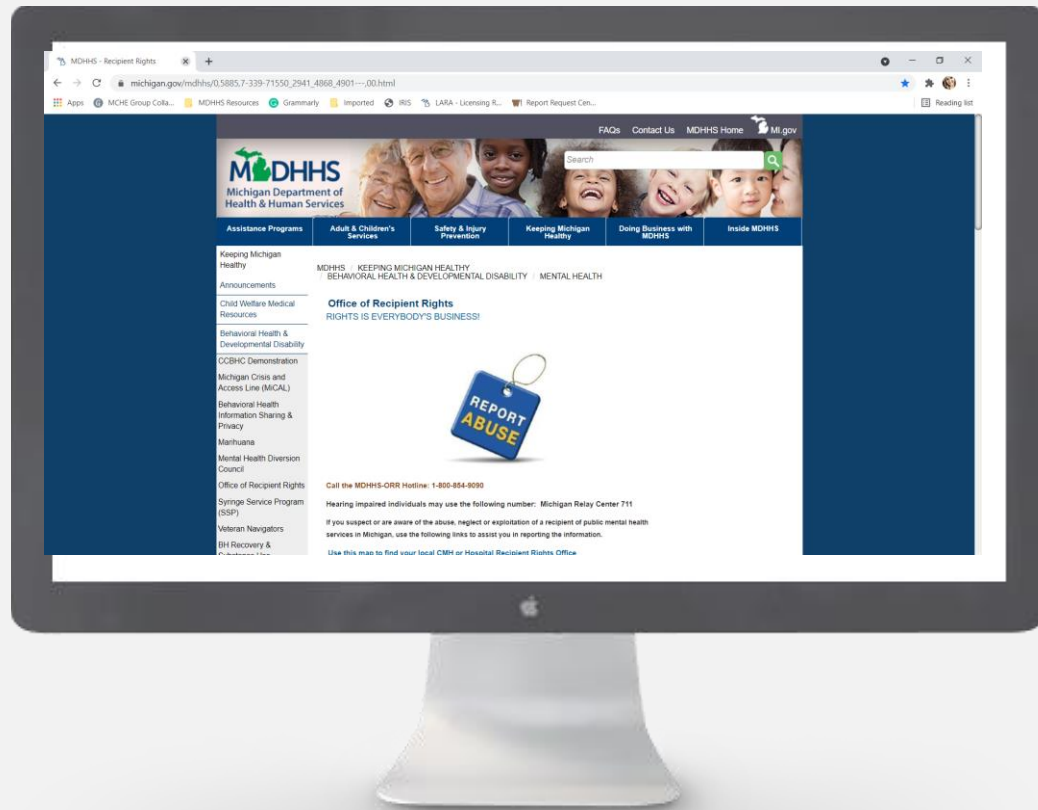


FY 2023 - 2024

This is not to be used as an initial training; training for new hires must be face to face with a recipient rights staff member.

RECIPIENT RIGHTS TRAINING IS A REQUIREMENT

Why do you need recipient rights training annually?



State Requirement

The State of Michigan requires **ALL staff attend Rights training within 30 days of hire**

CARF Requirement

Annual training regarding Abuse, Neglect & Incident Reporting is also an expectation for ongoing CARF accreditation (The Commission on Accreditation of Rehabilitation Facilities)

CMH Requirement

BMHA policy requires **annual** training in Recipient Rights (RR) protection

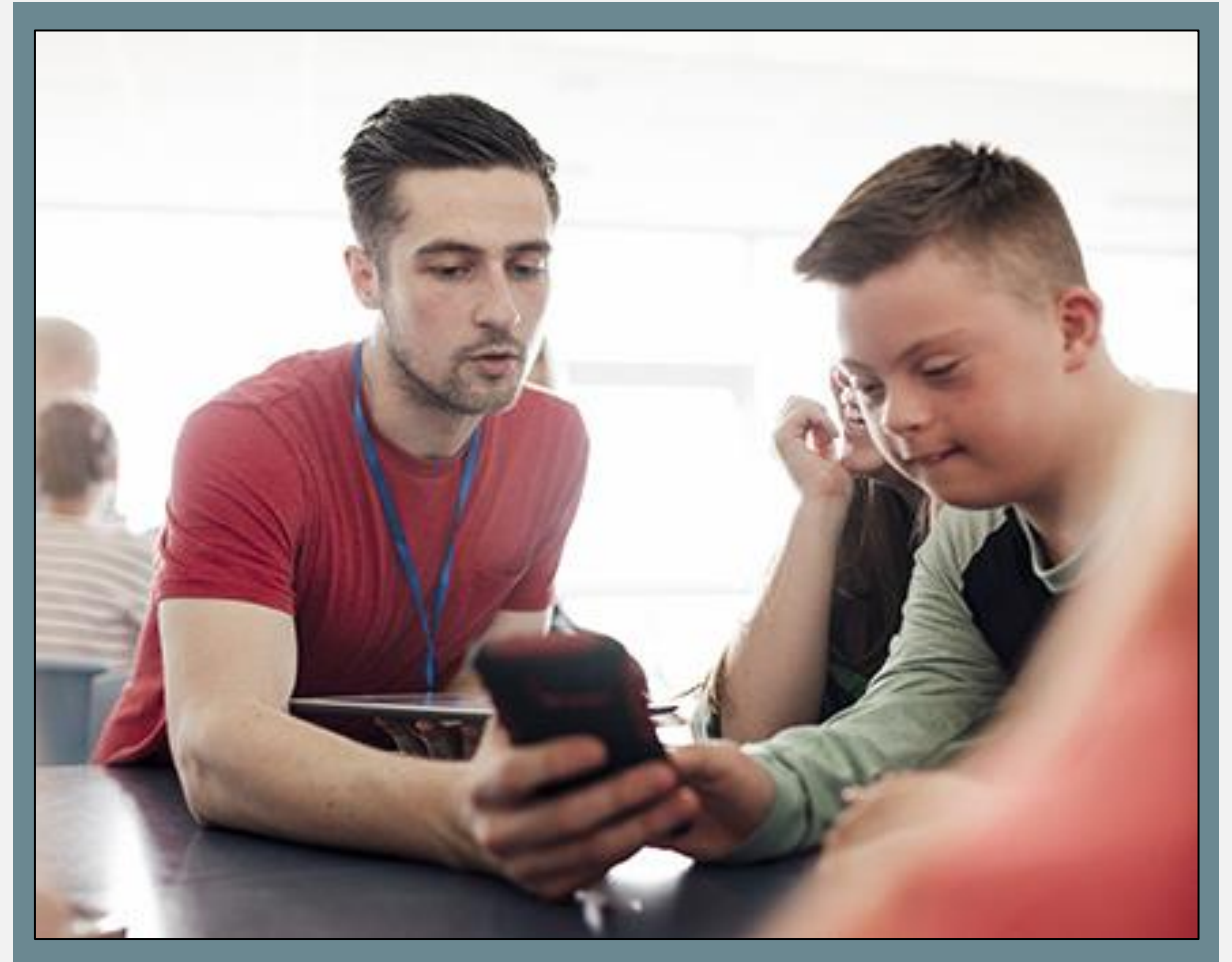
Rules/Regulations

Staff must complete **ALL** categories of annual training to be in compliance with the expectations and rules we are governed by.

ANNUAL RIGHTS REFRESHER TRAINING OBJECTIVES

This training is to provide you with a basic understanding of the rights of persons who receive mental health services in Michigan. It will also provide you with information on the following:

- ✓ BMHA – Riverwood Center Office of Recipient Rights Staff Information
- ✓ Roles and Responsibilities of the Office of Recipient Rights
- ✓ Recipient Rights and Protections
- ✓ Michigan Mental Health Code
- ✓ Review of Abuse & Neglect Definitions
- ✓ Additional Rights Defined
- ✓ Service Provider Responsibilities
- ✓ Reporting Requirements including Mandatory Reporting & Failing to Report





Riverwood Center Office of Recipient Rights

Protecting and Promoting the constitutional and statutory rights of recipients of public mental health services.

www.riverwoodcenter.org/rights

Berrien Mental Health Authority (BMHA) Riverwood Center

Office of Recipient Rights

1485 M-139

Benton Harbor, MI 49023

1-800-336-0341

Recipient Rights Officer: Anne Simpson

Recipient Rights Advisor: Tasha Stewart

FOR INCIDENT REPORTING:
Rights@riverwoodcenter.org
(Fax) 269-934-3440

Note: Contact information for your rights department should be posted in all work locations and readily available to recipients and visitors!

ROLES AND RESPONSIBILITIES OF THE ORR

The Office of Recipient Rights has many roles and responsibilities that are key to protecting the rights of individuals receiving services.



PREVENTION

- Consultation and support on rights related matters
- Policy development and review
- Assess areas for improvement
- Assist with accreditation review preparation



MONITORING

- Review Incident Reports & Death Reports
- Review reports from accrediting bodies as pertains to recipient rights
- Participate in Behavior Treatment Plan Committee
- Site Visits
- Complete Data Reports & Review including Semi-Annual and Annual Reports



EDUCATION & TRAINING

- Ongoing professional development and training
- Train agency & contract agency staff on rights protection
- Train rights committee & appeals committee members
- Help recipients to self advocate



COMPLAINT RESOLUTION

- Advise and refer recipients to advocacy organizations
- Receive, review, and investigate complaints
- Determine if/what violations occurred
- Recommend adequate remedial action as necessary
- Assist recipients with preparing appeal requests
- Participate in Root Cause Analysis review as needed

YOUR RIGHTS

When Receiving Mental Health Services in Michigan



Rights Is
Everybody's
Business

MDHHS
Michigan Department of Health & Human Services
Office of Recipient Rights

ADDITIONAL RESPONSIBILITIES

The Office of Recipient Rights provides and coordinates rights protections for recipients receiving directly operated or contracted mental health services through Berrien Mental Health Authority/Riverwood Center.

- **Notification of Rights:** MDHHS Booklet - Your Rights when receiving Mental Health Services in Michigan must be given to all people receiving Mental Health Services. This booklet is available 24/7 located on the MDHHS website; www.michigan.gov/recipientrights; click on Your Rights when receiving Mental Health Services.
- **Access to Complaint Forms:** This is a form that is used to detail and document suspected abuse, neglect or other violation of the mental health code by a contracted agency.
 - The Rights Office must respond to a complaint within 5-business days of receipt. The complaint will contain the allegation(s) made against the employee, agent, volunteer and agency involved.
- Complaint forms are available wherever services are provided, the rights office or online via the Riverwood website.

A close-up photograph of a person's hand resting on another person's head. The hand is wearing a watch with a blue and green striped strap. The background is blurred, showing other people in a public setting.

Mission/Vision of The Office of Recipient Rights (ORR)

TO PROTECT AND PROMOTE THE CONSTITUTIONAL AND STATUTORY RIGHTS OF RECIPIENTS OF PUBLIC MENTAL HEALTH SERVICES AND EMPOWER THEM TO EXERCISE THESE RIGHTS SO THEY ARE ABLE TO FULLY PARTICIPATE IN ALL FACETS OF THEIR LIVES.

WHO IS CONSIDERED A RECIPIENT?

**A person receiving public mental health services.
First and foremost a person just like each of us!**



They should not be seen just as their disability or illness

They may be a parent, a child, a grand parent, a neighbor, a friend or relative

They may be an artist, a writer, enjoy sports, want to get married, want a job, enjoy many of the things you and I do...

WHAT ARE RECIPIENT RIGHTS?

In addition to the rights, benefits, and privileges guaranteed by other provisions of law, the state constitution of 1963, and the constitution of the United States, a **recipient of Mental Health Services** shall have the rights guaranteed by the **Mental Health Code**, unless otherwise restricted by law.





RECIPIENT RIGHTS PROTECTION

The State of Michigan has established a strong recipient rights foundation for the protection of all recipients.

Where do recipient rights come from?

- United States Constitution – protect all citizens of the United States
 - Right to vote, freedom of speech, and freedom of movement.
- Federal Laws & Statutes
 - Community Mental Health Act of 1963 (Created the public mental health system)
 - Americans with Disabilities Act (ADA)
 - Civil Rights of Institutionalized Persons Act (CRIPA)
 - Federal Rehabilitation Act
- Federal Regulations
- State Laws
 - Michigan Mental Health Code (Public Act 258 of 1974)
 - Penal Code (Public Act 328 of 1931)
- Administrative Rules

RIGHTS VS. PRIVILEGES

A RIGHT

A right is not given to you; it is something that cannot be taken away

- Entitlement
- Belongs to every person
- Is given by dictate of LAW

Examples: Freedom of speech and right to vote.

A PRIVILEGE

A privilege is earned and is easily limitable.

- Given to a person or group
- May be withheld from some or all

Examples: Credit cards, bank accounts, extra credit, drivers license.

Can Rights be Taken Away? – NO, but they may be limited

Unlimitable Rights-Must Always Be Given

- Freedom from Abuse and Neglect
- Treatment Suited to Condition
- Dignity and Respect
- Safe, Sanitary, Humane Treatment Environment
- IPOS developed using Person-Centered Planning
- Contact with attorneys or others regarding legal matters

Limitable Rights- can be limited or restricted in the plan

- Communication by mail, phones, visits
- Personal Property
- Money
- Freedom of Movement
- Confidentiality/privilege
- Consent to treatment

Limitations and Restrictions MUST be documented in the Plan

LIMITATIONS AND RESTRICTIONS CONT.

All restrictions and or limitations **MUST** be documented in the plan.

All of the following requirements must be met to include a limitation or restriction in a plan:

Justification for the limitation or restriction

Evidence that previous measures were unsuccessful

Measures to ameliorate or eliminate the behavior

Time limits and dates for review

Least restrictive or intrusive measures



ADDITIONAL PROTECTIONS

Not only do recipients have rights and privileges but they are also protected under contractual agreements

- Contracts between MDHHS and Community Mental Health Service Providers like Riverwood.
- Contracts between Community Mental Health Service Providers and contract agencies.
- Community Mental Health Service Provider policies and procedures.
- Contract agency polices and procedures.

Now that we have discussed what recipient rights are and how those rights and the recipients are protected let's take a closer look at the Michigan Mental Health Code (MHC).



MICHIGAN MENTAL HEALTH CODE (MHC) - 1974



All recipients of public mental health services have their rights guaranteed by Chapter 7 & 7a of the Michigan Mental Health Code, unless otherwise restricted by law.

- Laws and rights set forth to protect those persons receiving mental health services.
- Establishment of the Recipient Rights Offices
- Establishment that all people with disabilities are deemed legally competent unless there has a court process where they are declared incompetent, and a legal guardian has been assigned to them. *MHC 330.1702 (Sec 702)*
- Requirements for a written plan of service developed in a Person-Centered Planning (PCP) process.
- Provides freedom of restraint & seclusion
- Allows the ability to manage own finances unless limited by Social Security Administration or court of law by appointment of Representative Payee or Guardian/Conservator
- Protects the confidentiality of personal information / works with federal laws of HIPAA (Health Information Portability & Accountability Act)
- States recipients of mental health services shall be free from abuse and neglect. *MHC 330.1722 (Sec 722)*

MICHIGAN MENTAL HEALTH CODE RIGHTS & RULES DEFINED



Now that we have discussed what the Michigan Mental Health code includes and defines. Let's break down some of the rights and rules defined in the code.

In the upcoming slides we will look at the following definitions:

- Abuse Class I, II & III
- Neglect Class I, II & III
- Dignity & Respect
- Other Recipient Rights

ABUSE CLASS I, II & III

Abuse is divided into the classes, each of which involves an act by an employee or provocation of another to act.

In other words, it is something you do or something you encourage someone else to do that results, causes or contributes to the death, the physical or emotional harm, the sexual abuse or verbal abuse of a recipient.

- Abuse also includes exploitation- In other words, using someone's stuff, using or taking someone's money, using someone's money or stuff for anyone other than the recipient, or physical management- laying hands on someone when it is not necessary or done incorrectly.
- It is important to emphasize that abuse results in harm.



ABUSE CLASS I DEFINED

“ABUSE CLASS I” means: A nonaccidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.

The definitions of serious physical harm and sexual abuse are included below for more clarification.



Serious Physical Harm

Physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.



Sexual Contact

The intentional touching of the recipient's or employee's intimate parts or the touching of the clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following: (i) Revenge. (ii) To inflict humiliation. (iii) Out of anger.



Sexual Abuse

Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and a recipient;



Sexual Penetration

Sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

*Sexual abuse is more than “sex.”
It includes the touching of staff by the recipient or staff
touching the recipient's intimate body parts*

ABUSE CLASS II DEFINED – ANY OF THE FOLLOWING

- The non-accidental act or provocation of another by an employee, volunteer, or agent of another provider that caused or contributed to non-serious physical harm of a recipient; or
- The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm; or
- Any act or provocation of another to act employee, volunteer, or agent of a provider that caused or contributes to emotional harm to a recipient; or
- An action taken by a provider who assumes the recipient is incompetent, despite the fact that a guardian had not been appointed, that results in substantial economic, material or emotional harm to the recipient; or
- Exploitation of a recipient by an employee, volunteer, or agent of a provider involves the misappropriation or misuse of a recipient's property, funds for the benefit of an individual or individuals other than the recipient.



ABUSE CLASS II FURTHER DEFINED

As referenced in the last slide, Abuse Class II is the non-accidental act or provocation of another by an employee, volunteer, or agent of another provider that caused or contributed to non-serious physical harm of a recipient, emotional harm, unreasonable force or exploitation of a recipient.



Non - Serious Physical Harm

Physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.



Emotional Harm

Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional. Results in substantial ECONOMIC, MATERIAL, OR EMOTIONAL HARM to the recipient.



Unreasonable Force

Physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient where there is no imminent risk of significant injury to the recipient, staff or others or that is any of the following: in one or more of the following circumstances:

- (i) There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
- (ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
- (iii) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service,
- (iv) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.



NEGLECT CLASS I, II & III

Key Points of Neglect:

1. Acts of commission (*something you do that you shouldn't have done*) or omission (*something you don't do that you should have done*)
2. By an employee, volunteer, or agent of a provider
3. That is in noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service
4. Causes or contributes to some "harm" (or risk of harm)

Class I Neglect: That causes or contributes to **SERIOUS PHYSICAL HARM TO OR SEXUAL ABUSE OF** a recipient.

Class II Neglect: That causes or contributes to **NONSERIOUS PHYSICAL HARM OR EMOTIONAL HARM** to a recipient.

Class III Neglect: That either placed or could have placed a recipient at **RISK OF PHYSICAL HARM OR SEXUAL ABUSE.**

Neglect is also: The **FAILURE TO REPORT ANY APPARENT OR SUSPECTED ABUSE OR NEGLECT** of a recipient.

DIGNITY & RESPECT

All recipients have the right to be treated with dignity and respect.

What is 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 that any individual would like to be treated.

What is Respect? 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.

The whole concept of treating people with dignity and respect is a concept that isn't a business concept, it's a life concept. It's who you are at the end of the day.

Greg Brenneman

Its not just what we say, its how we say it!

WHY DIGNITY & RESPECT?

It's the LAW! Sadly enough, one had to be written to protect and promote DIGNITY & RESPECT of consumers and their families.

- To honor fair and equal treatment
- To embrace diversity
- To demonstrate sensitivity
- To create tolerance and acceptance
- To consider the alternative...
- To receive DIGNITY & RESPECT!
- To empower people
- To build self-esteem
- To validate others
- To realize everything is not all about YOU!

Use the 8 Standards of Dignity & Respect below to help guide you while at work!



Honesty

We will work openly and honest with everybody. If mistakes are made you will be able to discuss what went wrong, an apology will be given where appropriate and you will be informed of any action.



Kindness

We will act professionally with everyone and treat you with courtesy, kindness and compassion.



Compassion

We will welcome you and create a safe, calm and clean environment.



Courtesy

We will ask the preferences of gender for your carer and this will be provided where possible.



Understanding

You will be listened to and support to enable you to express your needs and wishes.



Confidentiality

You will be asked before any of your information is shared with relatives, carers and friends.



Privacy

Your privacy and dignity will be maintained at all times, including for example – whilst being transferred through the hospital, during discussions, when you are being examined and treated.



Communication

We will ask you what you preferred to be called. We will introduce ourselves appropriately by name and job title/role both in person and on the telephone. If you experience delays, we will explain the reasons for delay in a polite manner.

PERSON CENTERED PLANNING

The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient.

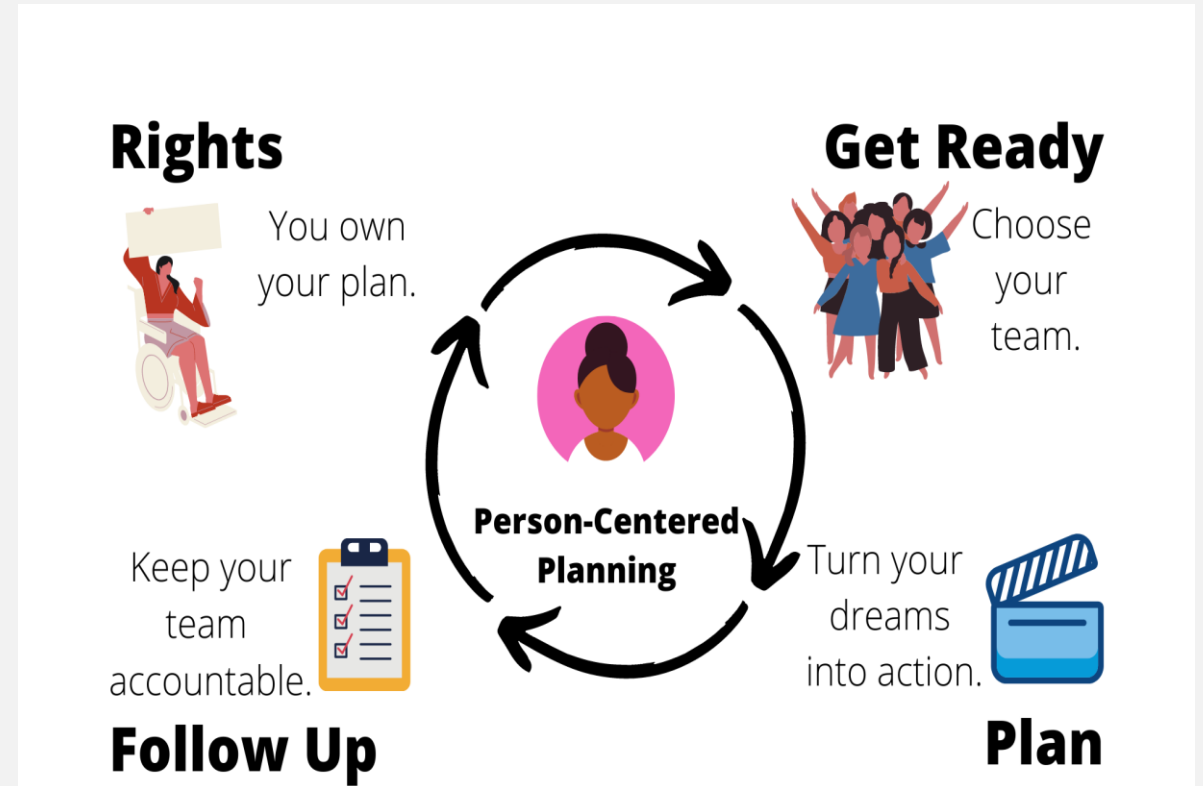
A preliminary plan shall be developed within 7 days

The individual plan of services shall consist of a treatment plan, a support plan, or both.

The plan shall be kept current and shall be modified when indicated.

If a recipient is not satisfied with his or her individual plan of services, they may request a review.

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.



ADDITIONAL RIGHTS OF RECIPIENTS



Now that we have discussed Abuse, Neglect & Dignity and Respect, lets discuss some of the other rights that the Mental Health Code grants recipients.

- Receive services that suit their medical needs.
- To provide consent for their treatment.
- The right to a safe, clean, and humane environment.
- The right to an individualized written plan of service.
- The right to make phone calls, send and receive uncensored mail, and if necessary; to be provided writing materials, telephone usage funds, and postage in reasonable amounts
- The visit with persons of his or her choice in a private setting.
- The right to confidentiality.
- The right to not be fingerprinted, photographed, videotaped, and observed through one way glass.
- The right to possess and use their personal property.
- The right to assistance and training in personal grooming practices, including bathing, shampooing, hair grooming, shaving, and care of nails.
- The right to shower or bathe at least once every 2 days and to have the regular services of a barber or beautician as well as the opportunity to shave daily.
- The right to freedom of movement that shall not be restricted more than is needed to provide mental health services or prevent imminent injury to themselves or others. All restrictions must be documented in the plan!
- The right to COMPLAIN if they wish to.



NOW THAT WE HAVE DISCUSSED THE ROLE OF THE ORR
AND THE RIGHTS OF RECIPIENTS. LET'S DISCUSS YOUR
ROLE AND RESPONSIBILITY AS A SERVICE PROVIDER!

Rights is Everybody's Business!

A person in a white shirt is pushing a person in a wheelchair outdoors. The background is a blurred green landscape. The text is overlaid on a semi-transparent white box.

SERVICE PROVIDER ROLES AND RESPONSIBILITIES

- **As a service provider, you must ensure that the rights of people are always protected, that means you are responsible for:**
 - Your own actions, either intentional or accidental
 - Your failure to act appropriately or quickly
 - Reporting abusive actions of staff to supervisors and the Rights Office
 - Reporting unsafe conditions or rights violations to appropriate agencies
 - Intervening to stop abusive actions of other staff

INCIDENT REPORTING – YOUR RESPONSIBILITY

Staff who witness, discover or are notified of an unusual event will:

- Immediately take action to protect, comfort and assure treatment of the recipient.
- Notify designated supervisor ASAP for any injury
- In case of injury, death, suspected Abuse/Neglect, report immediately to ORR
- Report as required to APS/CPS, Licensing and/or police
- Write an incident report within the shift the incident occurred.
- Verbally report to oncoming staff.
- Answer questions from Supervisor, ORR, DHHS, APS/CPS, and police who may be doing an investigation.



INCIDENT REPORTS VS. RIGHTS COMPLAINTS

INCIDENT REPORTS



When are Incident Reports Completed? These are completed anytime an unusual or out of the ordinary event occurs.

Examples of Unusual Events:

- Death of a recipient
- Suspected Abuse or neglect
- Any Explained or Unexplained Injury of a Recipient
- Accidents that could have caused Injury including vehicle accidents
- Unusual or first time medically related occurrence (like seizures)
- Environmental Emergencies: Breaking things, Fires, attacking People
- Any use of Physical management
- Problem Behaviors not addressed in a behavior tracking form
- Inappropriate Sexual Acts
- Medication errors

What are Complaints - The written or oral allegation that a recipient of Mental Health Services protected rights, have been violated by a CMHSP employee, contract employee, volunteer, or agent of a provider. It should also include the outcome being sought as a resolution.

Location of Complaint Form on the Riverwood website:

Riverwoodcenter.org, click Resources, click Rights, click Recipient Rights Complaint Form.

Filing a complaint can be done anonymously, with your name, or confidentially.

These are submitted directly to the ORR.



COMPLAINTS

DOCUMENT! DOCUMENT! DOCUMENT!
If you don't document it, it didn't happen!

MANDATORY REPORTING

Requires reporting to the Office of Recipient Rights and any other agency that legally requires mandatory reporting (AFC licensing, APS/CPS, etc.)

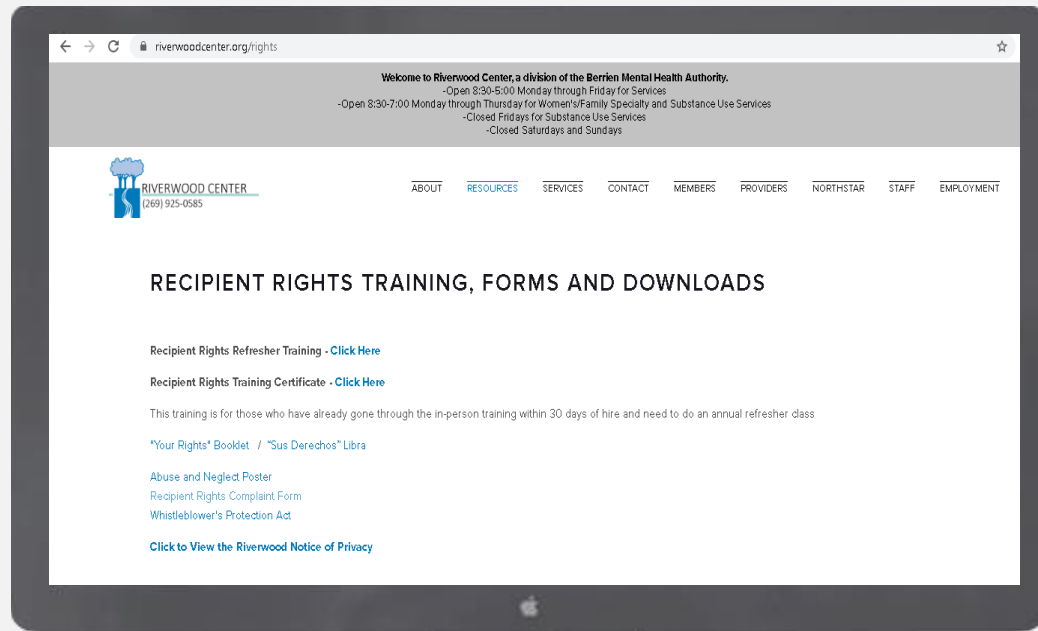
WHAT DO I DO?

- Notify your ORR as soon as possible by phone.
- Email/Fax a written report to ORR before the end of your shift.
- Notify APS/CPS in cases of Abuse/Neglect at 855-444-3911
- Notify LARA/Licensing for AFC violations at 866-856-0126, or via email complaint form.



SUBMITTING A COMPLAINT

Complaint forms are available at all service sites, in the Office of Recipient Rights as well as on the Riverwood website; www.riverwoodcenter.org/rights.



ORR CAN ASSIST

Recipient Rights staff are available to assist with filling out of a complaint form if needed or a referral can be made to an advocacy organization.



WHAT TO EXPECT?

Once ORR receives the complaint a letter of acknowledgement for all complaints received & recorded, along with a copy of the complaint, shall be sent to the complainant within 5 business days of receipt, whether it is determined that an investigation is warranted or not.

Reminder that complaints are submitted directly to the Office of Recipient Rights and can be done anonymously if you wish.

FAILURE TO REPORT IS:

FAILING TO REPORT TO **ANY AND ALL** OF THE NECESSARY REPORTING AGENCIES AS REQUIRED.

JUST TELLING YOUR SUPERVISOR IS NOT ENOUGH!



**IN CONCLUSION – IT'S THE
RESPONSIBILITY OF EACH OF US
TO PROTECT THE RIGHTS OF
RECIPIENTS**

Staff, volunteers & agents of the provider are expected to provide services in a way that protects and promotes the Rights of recipients

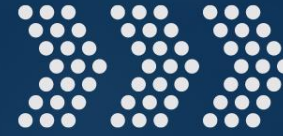
Abuse, Neglect & Retaliation are wrong and require your employer to impose Mental Health Code mandated disciplinary action to the staff involved

Avoid “Power Struggles” they often lead to Rights Violations

Embrace the diversity we might experience through our employment! Rather than approaching it with ambivalence or disrespect; think of it as an unparalleled opportunity for growth & learning!

Be NICE – treat others the way you would want your dearest friend or loved one treated...

REPORT – REPORT - REPORT!



**ALL ADVOCACY,
AT ITS CORE, IS
AN EXERCISE IN
EMPATHY**

-Samantha Power



THANK YOU!

Berrien Mental Health Authority – Riverwood Center Office of Recipient Rights



Recipient Rights Officer
Anne Simpson
Anne.Simpson@riverwoodcenter.org

Recipient Rights Advisor
Tasha Stewart
Tasha.Stewart@riverwoodcenter.org