

Community Mental Health of Ottawa County
Recipient Rights Advisory Committee
12265 James Street, Holland, Michigan 49424
Monday, September 25, 2023 - 2:30 PM

[Join Zoom Meeting](#)

Dial: 1 (646) 876-9923

Meeting ID: 820 4001 5004

Passcode: 725930

1. Call to Order
2. Review/Approve Agenda: September 25, 2023
Suggested Motion: To approve the September 25, 2023 RRAC meeting agenda.
3. Review/Approve Minutes: July 24, 2023
Suggested Motion: To approve the July 24, 2023 RRAC meeting minutes.
4. Public Comment
5. New Business
 - a. CMHOC Quarterly Report (07/23 – 08/23)
NO ACTION REQUIRED
 - b. CMHOC – Recipient Rights Policy Review and Training
 - i. 1.10 – Consent to Treatment (*Attachment A*)
 - ii. 1.12 – Family Planning (*Attachment B*)
 - iii. 1.15 – Consumer’s Right to Entertainment Materials, Information, and News (*Attachment C*)
 - iv. 1.16 – Comprehensive Examinations, Medication Procedures, and Use of Psychotropic Medications (*Attachment D*)
NO ACTION REQUIRED
6. Old Business
7. Public Comment
8. Adjournment

Meeting Minutes (proposed)
Community Mental Health of Ottawa County
Recipient Rights Advisory Committee
12265 James Street, Holland, Michigan 49424
Monday, July 24, 2023 – 2:30 p.m.

In attendance: Robert Brown, Donna Bunce, Gretchen Cosby, Terry Goldberg, Christian Kleinjans, David Parnin, Kyle Parcher, Sylvia Rhodea, Steven Savage, Vonnie VanderZwaag

Absent: Lucy Ebel, Jason Monroe

CALL TO ORDER

Mr. Brown, Committee Chair, called the July 24, 2023, CMHOC Recipient Rights Advisory Committee meeting to order at 2:30 p.m.

REVIEW/APPROVE AGENDA: July 24, 2023

RRAC 23-004 Motion: To approve the July 24, 2023, RRAC meeting agenda.

Moved by: Bunce

Support: Goldberg

MOTION CARRIED

REVIEW/APPROVE MINUTES: March 27, 2023

RRAC 23-005 Motion: To approve To approve the March 27, 2023, RRAC meeting minutes.

Moved by: Goldberg

Support: Kleinjans

MOTION CARRIED

PUBLIC COMMENT

Barbara Lee VanHorsen, Momentum Center, introduced members wishing to speak to the Board

- Unidentified commented on his positive experience at the Momentum Center.
- Richard Watson has been a member since the Momentum Center opened. He serves as a volunteer and is also a member. He noted that members from all disciplines get along very well.
- Unidentified volunteers at the center and gets along with people there.
- Judy is a volunteer and a member. She noted that everyone is welcome no matter race or disability and that members like to help each other. The center is moving and it will be difficult to not be able to go to the center. Looking forward to Coast Guard Festival while the center is moving.
- Unidentified has good friends and enjoys the center. It helps with depression and without the center would be depressed. It has been good medicine and is better than taking medicine for depression. The center has a bus which enables him to go on outings

Ms. VanHorsen noted that the Grand Haven center will be relocating, but no millage funds are paying for the new location. The center will be more visible and accessible, providing more opportunities for members. She shared information on the number of contacts made at the center in June (500 check ins in June, 200 touch points, at least 30 members every day).

Rosalee Austin commented on an individual who walked away from an adult foster care home.

Michelle Massey Barnes commented on an article from MLive related to derogatory language used by a Board member.

Denise Newhouse commented on experiences for her daughter in her group home.

Jewel Wichman commented on enrollment and benefits for members, mental health funding, and HCBS programs.

Rachel Murray commented on Board member statements.

Kara Bachman commented on services provided for her child and challenges for their family.

Karen Simon commented on Board member statements.

Natalie Anwar commented on Board member statements made in email to a journalist.

NEW BUSINESS

CMHOC Recipient Rights Director's Report 03/23 – 06/23

Ms. Fowler reviewed quarterly report data. CMHOC ORR began conducting site reviews in May 2023. Regional Rights Officers have worked toward developing an efficient process for completing recipient rights site reviews. Trainings continue to be provided through Network180's virtual training platform. 2023 Annual Update is being completed.

CMHOC October 2022/March 2023 Semi-Annual Report

MDHHS requires a semi-annual report be submitted. The report provides data about the number of consumers served (exclusive of individuals receiving SUD services) and presents data on allegations/investigations/substantiation of violations.

RR Policy Review and Training – Briana Fowler

- i. 1.07 – Recipient Rights Complaint and Appeal Process (*Attachment C*)
- ii. 1.11 – Confidentiality (*Attachment D*)
- iii. 1.13 – Fingerprinting and Photographing Consumers (*Attachment E*)
- iv. 1.14 – Treatment by Spiritual Means (*Attachment F*)
- v. 1.18 – Personal Property and Funds (*Attachment G*)
- vi. 1.19 – Resident Labor (*Attachment H*)
- vii. 1.23 – Dignity and Respect (*Attachment I*)
- viii. 1.27 – Accommodations (*Attachment J*)

Triannual assessment of CMHOC rights office was completed and the reviewers were very complimentary of the CMHOC Rights policy manual. All policies were reviewed, and a perfect score achieved.

RR Training: Code Protected Rights

- *Dignity and Respect*
- *MH Services Suited to Condition*

Ms. Folwer reviewed details of code-protected rights that fall under the jurisdiction of the CMHOC Office of Recipient Rights.

OLD BUSINESS

No Old Business

PUBLIC COMMENT

Jewel Wichman inquired about Crisis Residential programs vs. Specialized Residential Homes and behavioral health homes.


ADJOURNMENT

Mr. Brown adjourned the July 24, 2023, CMHOC RRAC Meeting at 3:19 PM.

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

RECIPIENT RIGHTS

Page 1 of 4

CHAPTER: 1	SECTION: 10	SUBJECT: RECIPIENT RIGHTS
TITLE: CONSENT TO TREATMENT AND INFORMED CONSENT		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE: 09/09/99, 03/15/02, 06/20/05, 10/14/05, 12/22/10, 02/18/11, 07/23/12, 09/23/13, 06/23/14, 06/15/15, 06/27/16, 07/24/17, 09/24/18, 09/23/19, 09/28/20, 09/29/21, 09/26/22	
LAST REVISED/EFFECTIVE DATE: 09/29/2021		
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To provide procedure for assuring written informed consent is obtained from the legally empowered individual prior to the initiation of services.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) staff and contract agency staff as specified by contract.

III. DEFINITIONS:

Consent - means a written agreement executed by a consumer, a minor consumer's parent or consumer's legal representative with authority to execute consent, or a verbal agreement of a consumer that is witnessed and documented by an individual other than the individual providing treatment.

Empowered Guardian - a person who has been designated by the county probate court as guardian with the specific authority to give consent.

Informed Consent – requires the following:

Legal Competency – a consumer 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 guardianship. A consumer shall be presumed legally competent regarding matters that are not within the scope and authority of guardianship.

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

- i. The purpose and procedures.
- ii. A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
- iii. A disclosure of appropriate alternatives advantageous to the consumer.
- iv. An offer to answer further questions.

Comprehension – A consumer must be able to understand what the personal implications of providing consent will be based upon the information provided.

Voluntariness- There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that a consumer is free to withdraw

consent and to discontinue participation or activity at any time without prejudice to the consumer/legal representative.

Written - Consent must be an agreement in writing which includes the basic elements of consent.

Parent: when used in these procedures refers to:

1. a parent of a minor child.
2. a person with whom the child resides and from whom the child receives care and support, who has legal authority to make decisions on behalf of the child.
3. a representative from the Juvenile Court, or Family Independence Agency Protective Services with proper court authority.

IV. POLICY:

It is the policy of CMHOC that written informed consent is obtained from a consumer of services or applicant for service, from his/her empowered guardian or from a parent, if a minor, prior to providing treatment, changing treatment, or providing medical services. The individual providing consent shall be made aware of the purpose of the procedure, the risks and benefits, alternative procedures available, and offered an opportunity to ask and receive answers to questions.

A minor 14 years of age and older may request and consent to limited outpatient services without the consent or knowledge of their parent.

V. PROCEDURE:

The following procedures are established for obtaining consent and for evaluating comprehension. These procedures specify under specific circumstances the types of information which shall be disclosed and steps which may not be taken without endangering voluntariness. These procedures shall precede an evaluation of competency for purposes of determining whether guardianship proceedings are necessary.

Intake:

- A. At the time of intake and/or initial evaluation, each consumer shall be asked to sign the Consent for Mental Health Services and Acknowledgment of Recipient Rights Information Form.

The consumer/guardian will be informed that the consent can be withdrawn at any time without prejudice to the consumer/guardian.

This form will be placed in the case record. The consumer has the right to participate in decisions regarding his/her treatment, including the right to refuse treatment at any time.

- B. If a consumer cannot read or understand the material provided:
1. The provider shall make a reasonable attempt to assist the consumer in understanding the materials.
 2. A note describing the explanation of the materials and who provided the explanation shall be entered in the consumer's medical record.
- C. If a consumer refuses to sign:
1. The reason and/or circumstances shall be documented on the form by the staff involved, and
 2. The Case Manager/Supports Coordinator/Clinician assigned to the case shall consult with the Team Supervisor, Program Coordinator/Supervisor or his/her designee regarding the appropriate action to take.
- D. Copies of all legal documents empowering an individual to provide consent for another (i.e., guardianship authority, divorce document, power of attorney, etc.) will be requested at intake and placed in the medical record.

- E. CMHOC does not prohibit, or otherwise, restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of the consumer who is his/her patient, for the following:
1. The consumer's health status, medical care, or treatment options, including any alternative treatment that may be self-administered,
 2. Any information the consumer needs in order to decide among all relevant treatment options.
 3. The risks, benefits, and consequences of treatment or nontreatment.
 4. The consumer's right to participate in decisions regarding his/her healthcare, including the right to refuse treatment, and to express his/her preferences about future treatment decisions.
- F. Consumers ordered by a court of law to receive mental health services on an involuntary basis represent a special classification. An informed consent for services need not be obtained prior to providing service, but efforts shall always be made to obtain written consent whenever possible before services are initiated. A copy of the court order will be requested and placed in the record.

Individual Plan of Service (IPOS):

- A. The consumer or legal representative shall sign the Individual Plan of Service (IPOS), indicating their consent to the treatment including medical services described therein.
- B. The consenting individual shall be made aware of the procedures, risks, and other consequences and relevant information. This shall be done each time the IPOS is changed or reobtained if changes in circumstances substantially change the risks, other consequences, or benefits that were previously expected.
- C. A consumer or legal representative may at any time request a review or modification of the IPOS. These requests shall be directed to the Case Manager/ Supports Coordinator/Clinician, who will schedule a meeting with the consumer (parent or legal representative) to discuss the request.
- D. If a consumer or legal representative refuses to sign the IPOS (consent to treatment):
1. the reason shall be documented on the IPOS form, and
 2. the Case Manager/Supports Coordinator/Clinician shall consult with his/her Team Supervisor, Program Coordinator/Supervisor, or his/her designee to determine the appropriate action to take.

Minors:

Consumers who are minors, 14 years of age or older, may request and receive mental health services and a mental health professional may provide outpatient mental health services without the consent or knowledge of his/her parent, guardian, or person in loco parentis. Those services must be limited to outpatient services, excluding pregnancy termination referral services and the use of psychotropic drugs, twelve sessions **or** four months per request for services (which ever comes first).

Minors receiving services without the consent or knowledge of a parent outlined above may consent to release of information consistent with Policy 1.11.

The minor's parent, guardian, or person in loco parentis is not informed of the services without the consent of the minor unless the treating mental health professional determines a compelling need for disclosure based upon substantial probability of harm to the minor or another individual, and if the minor is notified of the treating professional's intent to inform the minor's parent, guardian, or person in loco parentis.

Services provided to a minor under this section shall, to the extent possible, promote the minor's relationship to the parent, guardian, or person in loco parentis, and shall not undermine the values that the parent, guardian, or person in loco parentis has sought to instill in the minor.

Services provided to the minor are limited to not more than 12 sessions or 4 months per request for services, and after these expire, the mental health professional shall terminate the services or, with the consent of the minor, notify the parent, guardian, or person in loco parentis to obtain consent to provide further outpatient services.

The minor's parent, guardian, or person in loco parentis is not liable for the costs of services that are received by a minor.

The mental health professional is required to report suspected child abuse or neglect.

Revocation of Consent:

If a consumer/legal representative revokes a consent the responsible Case Manager/Supports Coordinator/Clinician shall request that it be in writing on the original consent form. If the consumer/legal representative refuses to put the revocation in writing, the Case Manager/Supports Coordinator/Clinician shall document such on the original consent form.

A consumer/legal representative is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the consumer and/or legal representative.

Competency Evaluation

During the course of treatment, the Case Manager, Supports Coordinator, or Clinician shall determine if the consumer is able to understand the nature of a procedure/service, the potential risks, consequences, and other relevant information concerning the proposed service.


If it is determined that the consumer is unable to understand the above areas, then the Case Manager/Supports Coordinator/Clinician shall take the necessary steps to secure a psychological evaluation of competency.

The Case Manager/Supports Coordinator/Clinician may petition the court for guardianship only in those areas that the consumer needs assistance, and only after all alternatives to guardianship have been explored and dismissed.

VI. ATTACHMENT:
None Applicable

VII. REFERENCE:
Michigan Mental Health Code: Chapter 1 and Chapter 7
Administrative Rules Part 7: Rights of Recipients
MDHHS – ORR Attachment B
CARF Standards

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

CHAPTER: 1	SECTION: 12	SUBJECT: RECIPIENT RIGHTS
TITLE: FAMILY PLANNING		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE: 09/09/99, 03/13/02, 06/20/05, 05/01/08, 06/27/11, 09/20/12, 06/24/13, 06/23/14, 06/15/15, 06/27/16, 07/24/17, 09/24/18, 09/23/19, 09/28/20, 09/29/21, 09/26/22	
LAST REVISED/EFFECTIVE DATE: 09/26/2022		
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

- I. **PURPOSE:**
To define Community Mental Health of Ottawa County (CMHOC) responsibilities in providing notice to consumers, their guardians, and parents of minor recipients of the availability of family planning services and health information.
- II. **APPLICATION:**
All CMHOC staff, volunteers, and contract agency staff as specified by contract.
- III. **DEFINITIONS:**
Family Planning Services: a specialized counseling service which focuses on values clarification and decision-making about such issues as marriage, sexuality, birth control, and childbearing.
- IV. **POLICY:**
It is the policy of CMHOC to provide notice of availability of family planning and health information to consumers, their guardians, and parents of minor recipients and make referrals when appropriate.
- V. **PROCEDURE:**
 - A. The individual in charge of the consumer’s written plan of service shall provide the consumer, their guardian, or parents of a minor with notice of the availability of family planning and health information services.
 - B. Upon request from the consumer, guardian, or parent of a minor the individual in charge of the written plan will provide referral assistance to providers of family planning and health information services.
 - C. The individual in charge of the written plan will provide follow up to the referral and assure the coordination of services as appropriate, consistent with the standard procedure for the development of the individualized plan of service.
 - D. The consumer shall be informed that the receipt of mental health services, or discharge, is in no way dependent upon the request or decision to act on the family planning or health information services.

RECIPIENT RIGHTS

- E. If a consumer during the course of treatment requests information in the areas of abortion, sterilization, or contraception, the case manager, supports coordinator, or clinician shall make a referral to the appropriate agency whose mandates cover these areas.

- F. The notice will include a statement that mental health services are not contingent upon receiving family planning services.


VI. ATTACHMENT:

None Applicable

VII. REFERENCE:

Michigan Mental Health Code and Administrative Rules Part 7
MDHHS-ORR Attachment B

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

CHAPTER: 1	SECTION: 15	SUBJECT: RECIPIENT RIGHTS
TITLE: CONSUMER'S RIGHTS TO ENTERTAINMENT MATERIALS, INFORMATION AND NEWS		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE: 09/09/99, 03/15/02, 06/20/05, 08/03/09, 09/26/11, 09/20/12, 09/23/13, 06/23/14, 06/15/15, 06/27/16, 07/24/17, 09/24/18, 09/23/19, 09/28/20, 09/29/21, 09/26/22	
LAST REVISED/EFFECTIVE DATE: 09/29/2021		
ISSUED AND APPROVED BY:  <p style="text-align: right;">EXECUTIVE DIRECTOR</p>		


- I. **PURPOSE:** To define procedures to assure consumers have access to written and televised materials.
- II. **APPLICATION:**
 All Community Mental Health of Ottawa County (CMHOC) staff, volunteers, and contract agency staff as specified by contract.
- III. **DEFINITIONS:**
 None Applicable
- IV. **POLICY:**
 It is the policy of CMHOC to assure consumers shall not be prevented from obtaining, reading, viewing, or listening to entertainment, information or news related materials obtained at his or her own expense for reason of, or similar to, censorship.
- V. **PROCEDURE:**
 - A. Any restrictions or limitations of the consumer's rights because of a behavior (i.e., restrictions, limitations, or intrusive behavior treatment techniques) shall be reviewed and approved by a formally construed committee of mental health professionals with specific knowledge, training, and expertise in applied behavioral analysis.
 - B. Any restriction or limitation shall be justified, time-limited, and clearly documented in the plan of service. Documentation shall be included that describes attempts that have been made to avoid such restrictions as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restriction in the future.
 - C. A provider may limit access to entertainment materials, information, or news only if such a limitation is specifically approved in the consumer's individualized plan of service. A provider shall document each instance when a limitation is imposed in the consumer's record and on an Incident Report.
 - D. Restrictions or limitations will be removed when no they are no longer clinically justified to achieve program objectives which justified their application.

- E. If a provider establishes written policies and procedures the "therapeutic" restrictions must be posted and cannot restrict or infringe on the rights of any consumer (i.e., limiting access to personal property, food, access to the telephone, access to entertainment materials, information and news, visitors, freedom of movement, etc.).
- F. A daily newspaper will be provided if consumer interest is present.
- G. Material and devices beyond those made available by the program shall be acquired at the consumer's expense.
- H. Minors may not have access over the objection of parent/guardian or if against state law. However, the person responsible for implementing the individual plan of service/behavior treatment plan may attempt to persuade a parent or guardian of a minor to withdraw an objection to material desired by the minor.
- I. Any consumer who wishes to appeal a denial of their right of access to entertainment materials, information, and news may do so by contacting the Recipient Rights Officer in order to remedy a wrongful denial.

VI. ATTACHMENT:
None Applicable

VII. REFERENCE:
Michigan Mental Health Code
Administrative Rules Part 7
MDHHS-ORR Attachment B

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHTS

CHAPTER: 1	SECTION: 16	SUBJECT: RECIPIENT RIGHTS
TITLE: COMPREHENSIVE EXAMINATIONS, MEDICATION PROCEDURES & USE OF PSYCHOTROPIC MEDICATIONS		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE: 09/09/99, 03/15/02, 06/20/05, 05/09/08, 09/20/12, 12/16/13, 06/23/14, 06/15/15, 06/27/16, 07/24/17, 09/24/18, 09/23/19, 09/28/20, 09/29/21, 09/26/22	
LAST REVISED/EFFECTIVE DATE: 09/29/2021		
ISSUED AND APPROVED BY: 		
EXECUTIVE DIRECTOR		

I. PURPOSE:

To assure a consumer of mental health services receives comprehensive examinations that will serve as a basis for the development of the plan of service and receives medications according to the requirements of the Mental Health Code.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) staff, volunteers, and contract agency staff as specified by contract.

III. DEFINITIONS:

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

Prescriber: An MD, DO, NP, or PA who directs the selection, preparation, or administration of medication.

IV. POLICY:

It is the policy of CMHOC to assure consumers will receive initial comprehensive physical, mental, and social examinations to be used as a means for determining appropriateness of placement prior to admission into a residential program. It is also the policy of CMHOC to assure medications are prescribed by an approved prescriber.

V. PROCEDURE:**Comprehensive Examinations:**

- A. The comprehensive examinations shall be thorough and consistent with professional standards.
1. For consumers admitted as mentally retarded, the mental examination shall include psychological and educational evaluations and an assessment of adaptive behavior level.
 2. For consumers admitted as mentally ill, the mental examination shall include a history, psychological evaluation, and a mental status assessment. The results shall be recorded in the consumer's clinical record.

- B. An initial comprehensive examination shall be completed and will include a diagnosis of physical and mental conditions and prescribed program for initial care, treatment, and rehabilitation of the diagnosed conditions pending the completion of a total plan of service. The case manager/supports coordinator/therapist will be responsible for coordinating these examinations.
- C. All clinical results of examinations and reexaminations will be kept in the same record as the consumer's written plan of service.

Medication Procedures:

- A. All medication being prescribed to a consumer will require a doctor's/prescriber's order for each particular medication.
- B. Medication will not be used as a punishment, for staff's convenience, or as a substitute for other appropriate treatment.
- C. Periodic medication reviews are required and will be done as specified in the consumer's individual plan of service and based on the consumer's clinical status.
- D. Medications may only be administered by or under supervision of personnel who are qualified and trained to do so.
- E. Psychiatric evaluations, medication reviews, and medication administration orders (i.e., scripts) will be filed in the consumer's medical record.
- F. Medication errors and adverse reactions will be documented in the consumer's medical record and will also be documented on an Incident Report and forwarded to the Office of Recipient Rights for review.
- G. Only medications authorized by a physician/prescriber are to be given at discharge or leave. Enough medication will be made available to ensure the consumer has an adequate supply until he/she can become established with another provider.

Use of Psychotropic Medications:

- A. Psychotropic medication shall not be administered unless:
 - a. The consumer, guardian, or parent of a minor child gives informed consent.
 - b. The administration is necessary to prevent physical injury to the consumer or others.
 - c. It is court ordered.
- B. Verbal consent to initial administration of psychotropic medication is limited to 48 hours or less until written consent can be obtained.
- C. Administration of psychotropic medication to prevent physical harm or injury occurs:
 - a. Only 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, and
 - b. Only after the signed documentation of the physician is placed in the recipient's clinical record.

- D. Initial administration of psychotropic medication under 7158(8)(b) be as short as possible, at the lowest therapeutic dosage possible, and be safely terminated as soon as possible when there is no longer risk of harm.
- E. The prescriber will co-sign written documentation as soon as possible in the consumer's medical record.
- F. Before initiating a course of psychotropic medication treatment for a consumer, 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 most common adverse side effects associated with that drug, and
 - b. Provide the individual with a written summary of those common adverse side effects.
- G. Medication errors and adverse drug reactions will be immediately reported to a physician/prescriber, documented in the consumer's medical record, and will also be documented on an Incident Report and forwarded to the Office of Recipient Rights for review.

VI. ATTACHMENT:

None Applicable

VII. REFERENCE:

Michigan Mental Health Code
Administrative Rules Part 7
MDHHS-ORR Attachment B