

OFFICE OF RECIPIENT RIGHTS

FY'18 Annual Report Presentation: Spotlight Confidentiality

NCCMH Demographics

Director of ORR
Kim Rappleyea

RR Specialist
Brandy Marvin

Total FTE's: 2

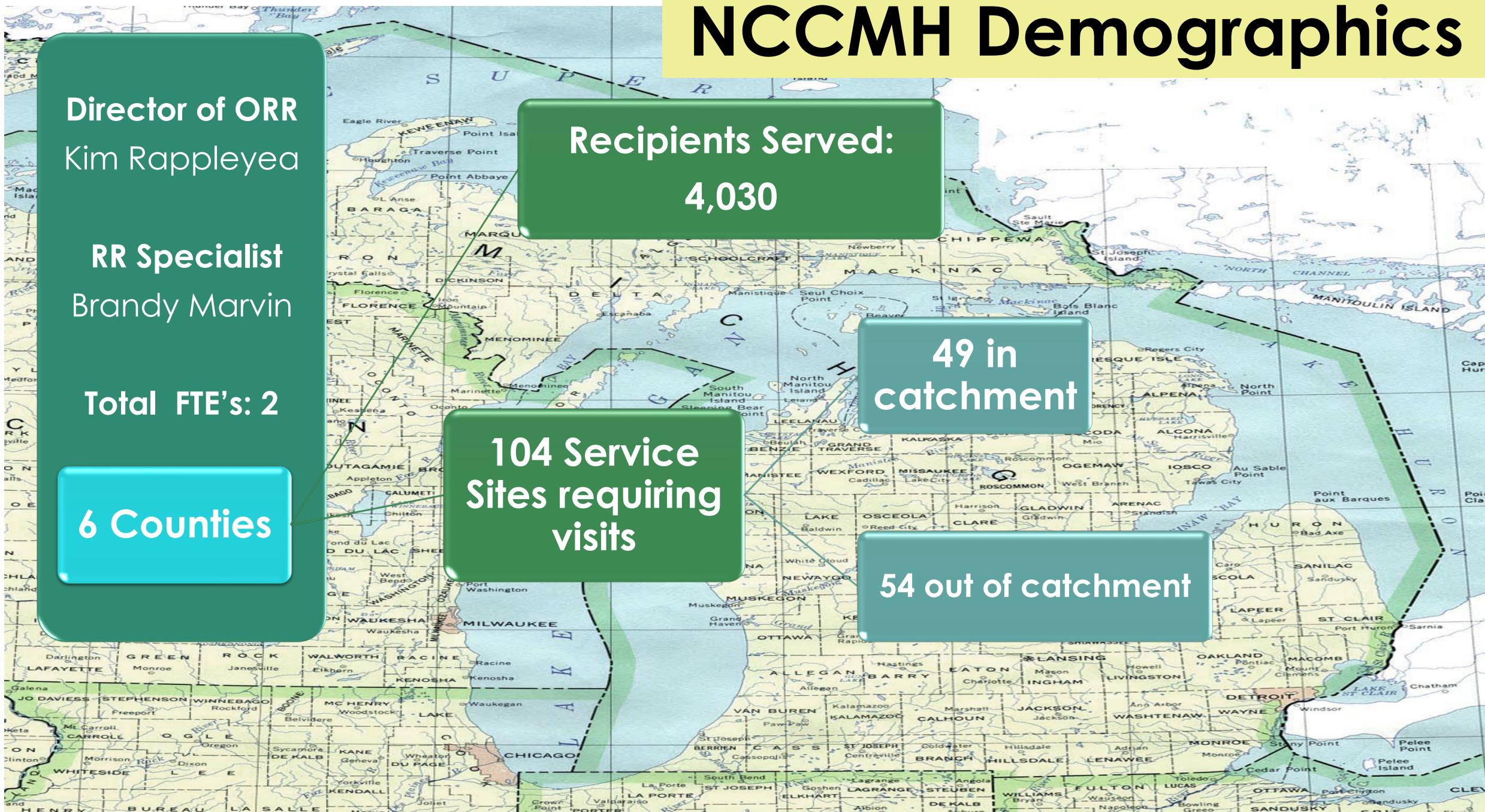
6 Counties

Recipients Served:
4,030

49 in
catchment

104 Service
Sites requiring
visits

54 out of catchment

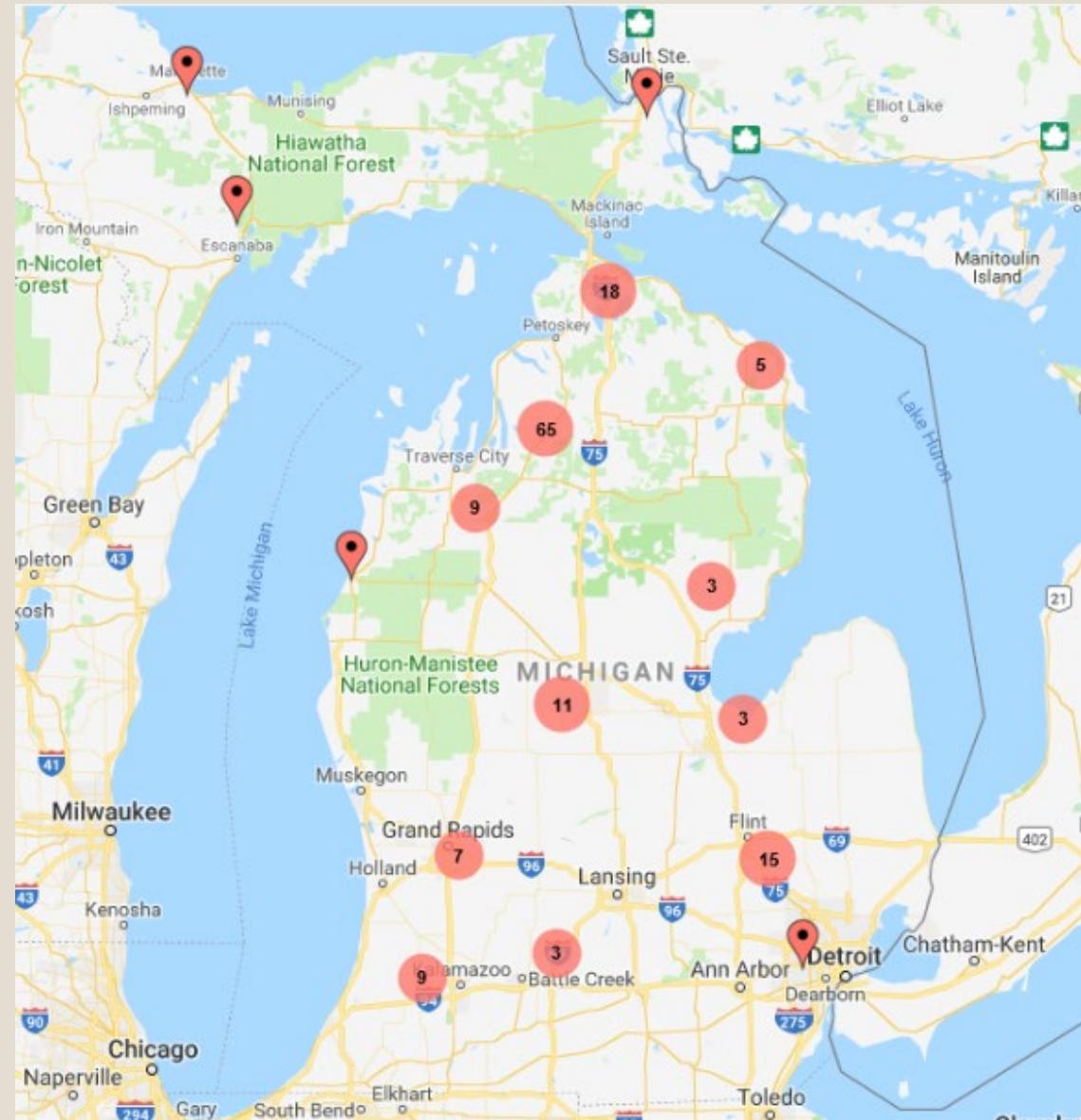


Service Sites

- [Service Site Map](#)

* Site Visits

- * Provide/coordinate rights protection
- * Rights Booklets
- * ORR Contact info posted
- * RR training within 30 days of hire
- * RR Violations are reported and investigated
- * Full Review of Safety and CMH Compliance



Complaint v. Allegation

Complaint= 1 file



**Allegation
Allegation
Allegation**

COMPLAINT NUMBER	CATEGORY	
INSTRUCTIONS: IF YOU BELIEVE THAT ONE OF YOUR RIGHTS HAS BEEN VIOLATED YOU (OR SOMEONE ON YOUR BEHALF) MAY USE THIS FORM TO MAKE A COMPLAINT. A RIGHTS OFFICER/ADVISOR WILL REVIEW THE COMPLAINT AND MAY CONDUCT AN INVESTIGATION. KEEP THE PINK COPY FOR YOUR RECORDS AND SEND THE OTHER COPIES TO THE RIGHTS OFFICE AT YOUR CMH SERVICE PROGRAM, OR TO: NORTH COUNTRY COMMUNITY MENTAL HEALTH RECIPIENT RIGHTS OFFICER 1420 PLAZA DRIVE PETOSKEY, MICHIGAN 49770		
COMPLAINANT'S NAME	RECIPIENT'S NAME (if different from complainant)	
WHERE DID THE ALLEGED VIOLATION HAPPEN?	PHONE NUMBER	
COMPLAINANT'S ADDRESS	WHEN DID IT HAPPEN? (Date and Time)	
WHAT RIGHT WAS VIOLATED?		
DESCRIBE WHAT HAPPENED?		
1		
2		
3		
WHAT DO YOU WANT TO HAVE HAPPEN IN ORDER TO CORRECT THE PROBLEM?		
COMPLAINANT'S SIGNATURE	DATE	NAME OF PERSON ASSISTING COMPLAINANT
ORR-2000 (REVISED 12/2012)		DISTRIBUTION: WHITE - ORR - CANARY - Provider PINK - Complainant
AUTHORITY: P.A. 258 OF 1975 AS AMENDED BY P.A. 290 OF 1995		

Section I: Complaint Data Summary

FY'17 appears in (purple)

Complaints Received: 116 (140)
Containing **165** Allegations (194)

*Total does not include "No Right Involved or Out of Jurisdiction" Complaints (6)

Interventions: 24 (33)

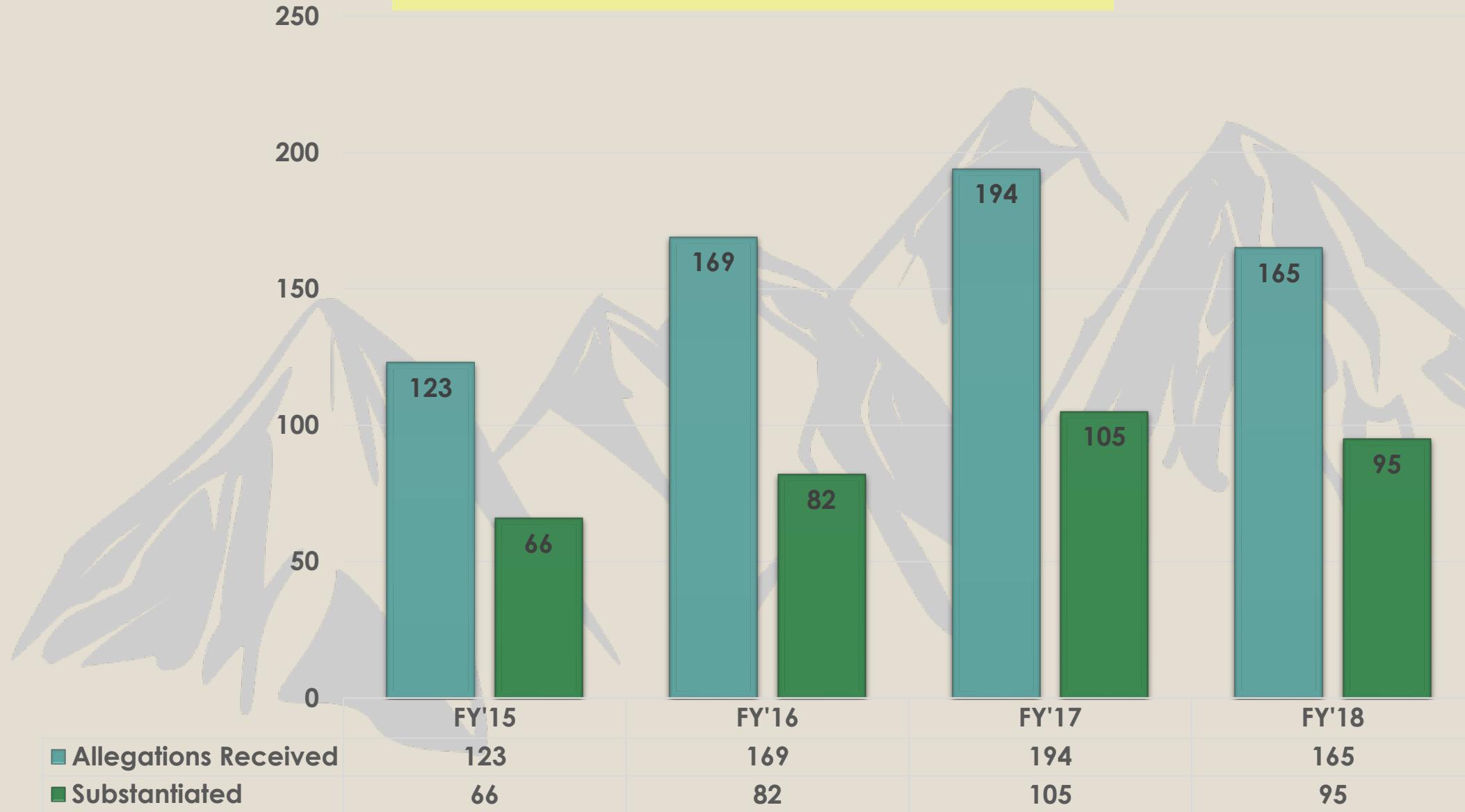
Interventions Substantiated: 4 (11)

Investigations: 135 (146)

Investigations Substantiated: 91 (94)

Allegations Substantiated: **95** (105)

NCCMH Historical Data



FY'18 Complaint Source



Aggregate Summary: Abuse

Category	# Received	# Substantiated	MI	DD	SED
I- Abuse Serious Harm	2	0		2	
II- Non-accidental act, non-serious harm	7 (1)	3	1	8	
II- Unreasonable Force Physical Intervention	4 (13)	3	1	15	
II- Exploitation	2 (6)	2		3	
III- Communication	10	6	3	18	

Aggregate Summary: Neglect

Category	# Received	# Substantiated	MI	DD	SED
Neglect Class I Serious Harm	2	0		2	
Neglect II Non-Serious Harm	4 (1)	3		3	
Neglect III Risk of Harm	12	8 (4)	3	28	

Aggregate Summary: Other

Category	# Received	# Substantiated	MI	DD	SED
Failure to Report (non abuse/neglect)	1	0		6	
Retaliation/ Harassment Participating in ORR	1	0		3	
Search/Seizure	1	1		1	
Family Dignity and Respect	3	0	1	2	
Access to telephone, mail	2	1	1	1	

Category	# Received	# Substantiated	MI	DD	SED
Disclosure of Confidential Info.	6	4	6	24	
Safe Environment	21	18	1	87	2
Sanitary/ Humane Treatment Environment	0 (5)	0			
Restrictions/ Limitations	5 (2)	5 (2)	1	9	
Restraint	1	1		1	
Seclusion	2	1		2	

Category	# Received	# Substantiated	MI	DD	SED
Property: Possession and Use	4	1	2	6	
Property: Limitations	3	2	2	2	
Dignity and Respect	35 (49)	26 (36)	13	64	
Informed Consent	1	1		2	
Mental Health Services Suited to Condition	26 (33)	11 (18)	8	34	

Aggregate Summary: Other

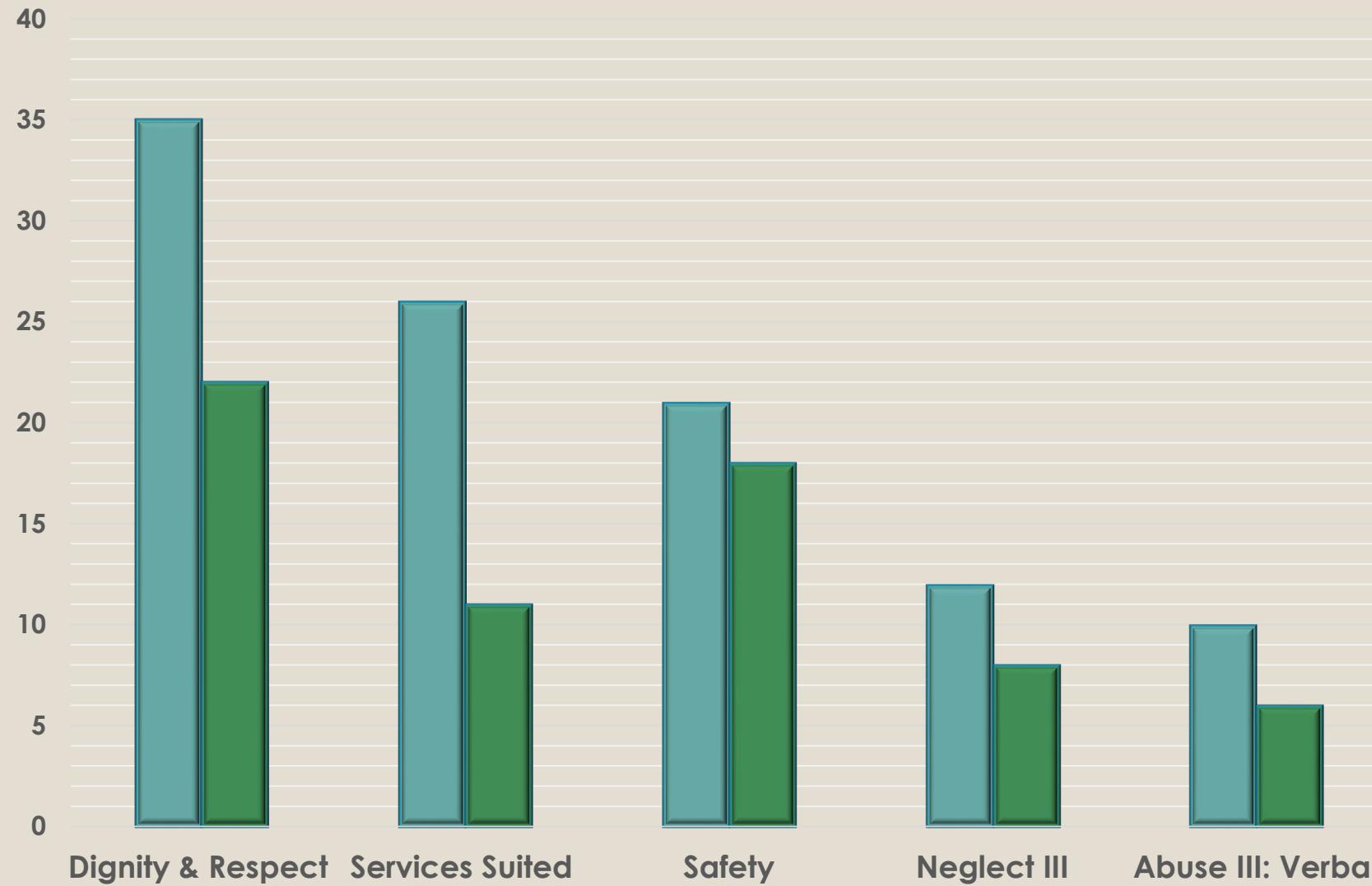
Category	# Received	# Substantiated	MI	DD	SED
Psychotropic Drugs	2	1	1	1	
IPOS Timely Development	1	1		3	
Photo/Video/Recording Prior Consent	1	1		1	
No Right Involved	3				
Out of ORR Jurisdiction	3				

Number of Appeals	3
Upheld	3
Sent back for further action	1

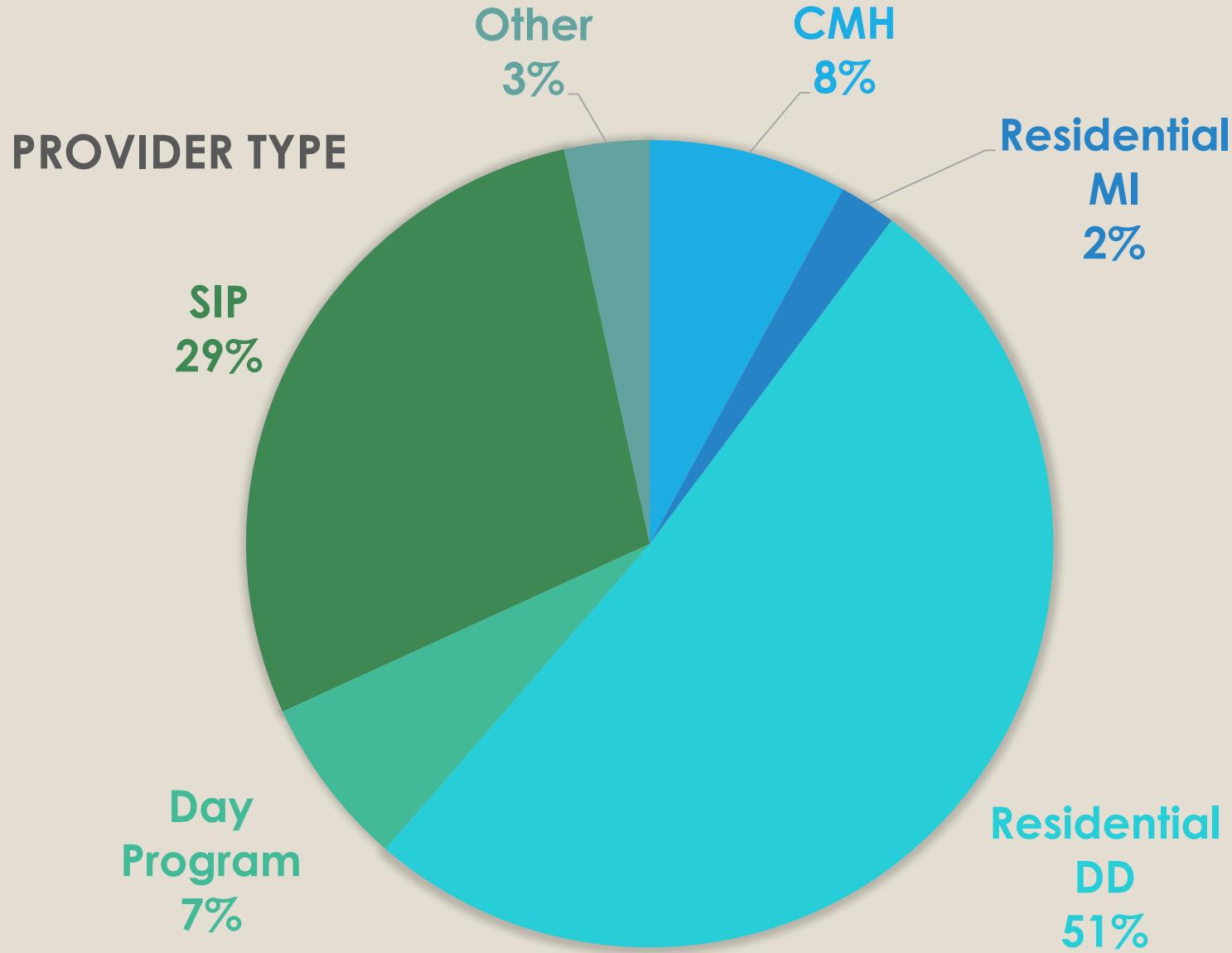
Population	MI	DD	SED
TOTAL Involved	41	327	2

Top Complaint Categories

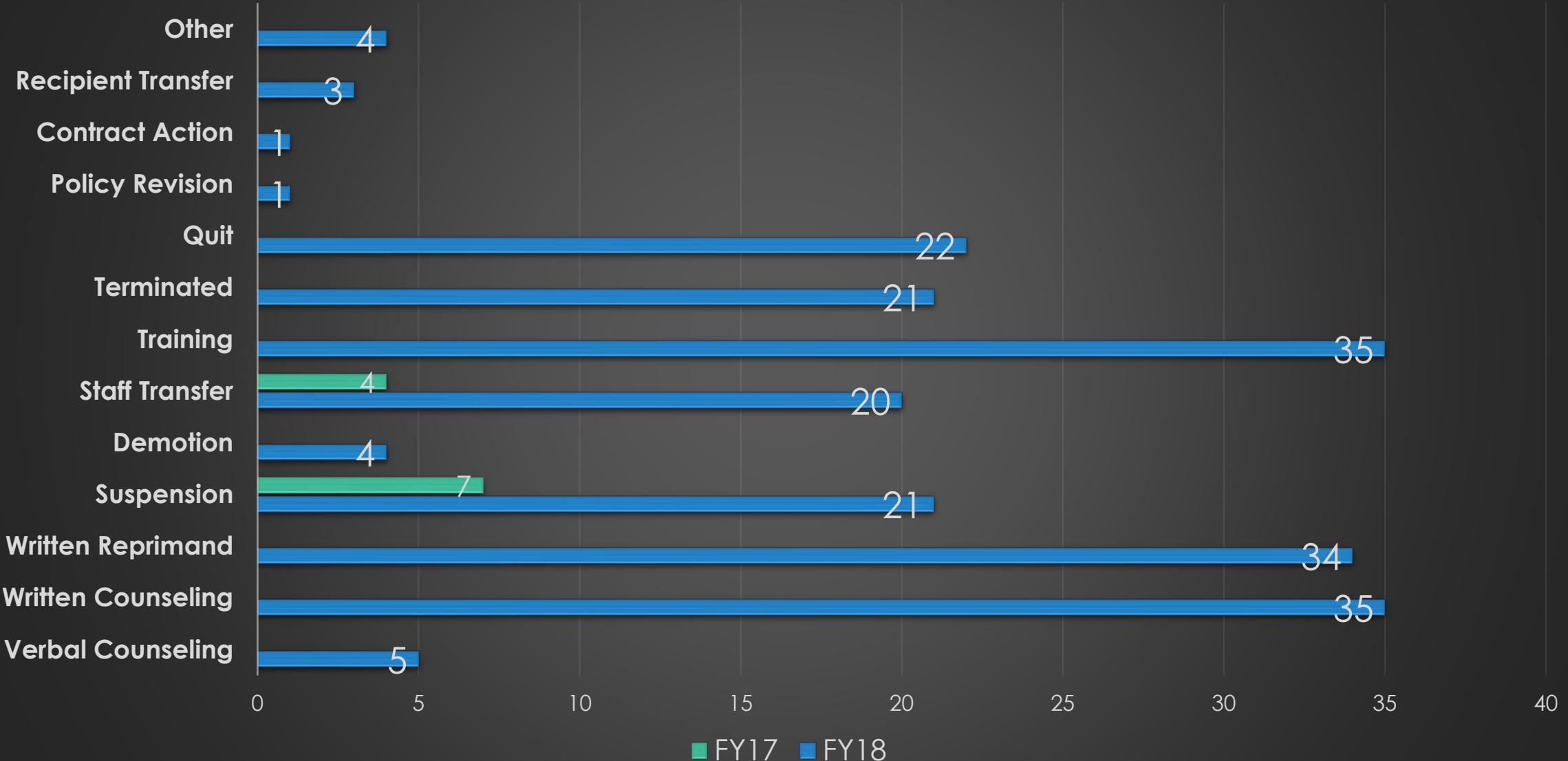
■ Top Received ■ Substantiated



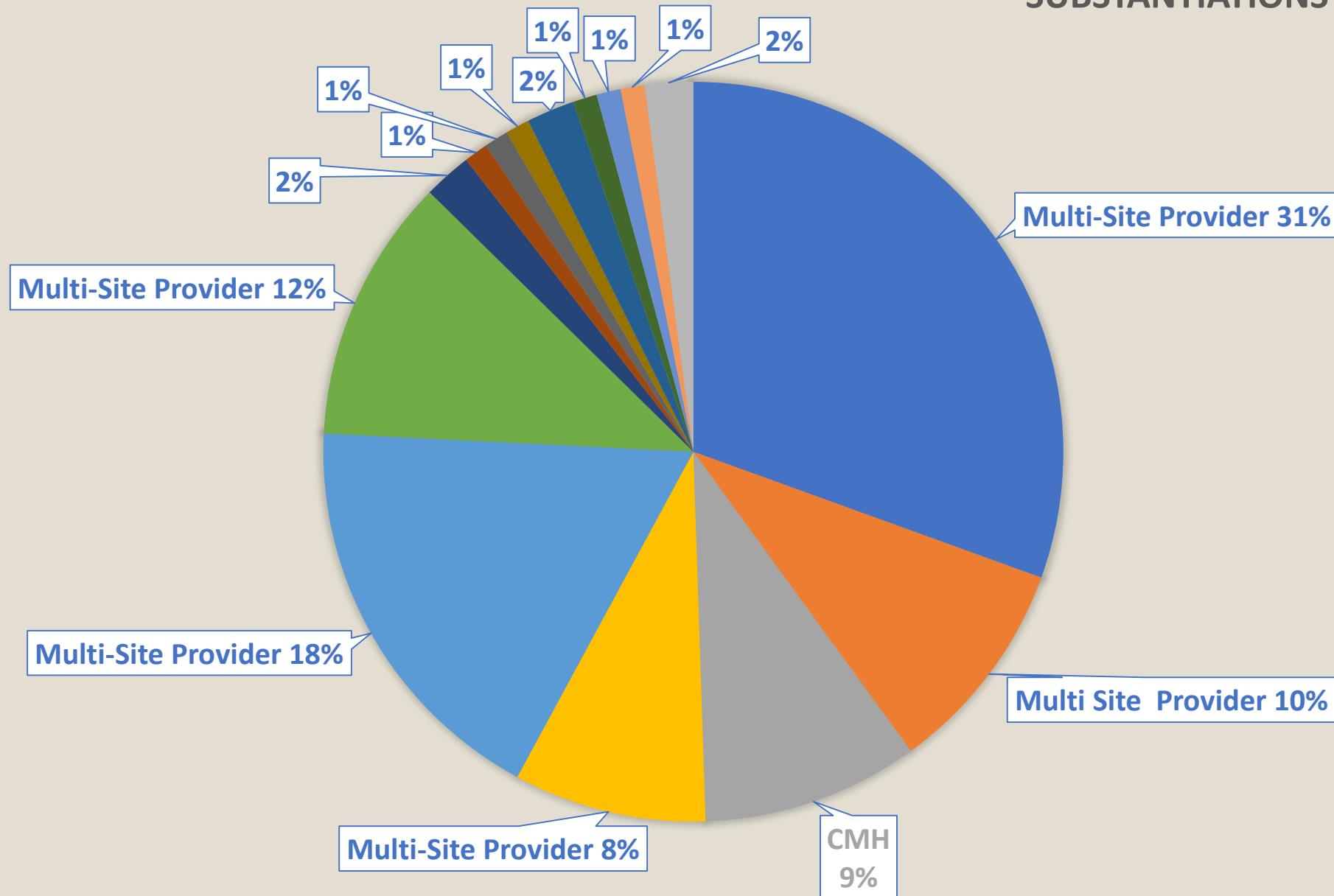
Substantiated Complaints



Remedial Action Type



SUBSTANTIATIONS BY PROVIDER



Spotlight on Confidentiality:

- **Michigan Mental Health Code** (MHC) 330.1748

- (1) 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...
- (7) Information **may** be disclosed by the holder of the record ... (b) As necessary for **treatment**, **coordination of care**, or payment for the delivery of mental health services, in accordance with the [HIPAA]
- **NOTE: NCCMH is still committed to securing written releases of information whenever possible**
- **Treatment:** Means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.



- **Care Coordination:** activities designed to ensure needed, appropriate and cost-effective care. Activities focus on ensuring timely information, communication, and collaboration across a care team.
 - Outreach and contacts/communication to support client engagement
 - Conducting screening, record review and documentation as part of evaluation and assessment
 - Tracking and facilitating follow up on lab tests and referrals
 - Care planning
 - Managing transitions of care activities to *support continuity of care*
 - Addressing social supports and making linkages to services addressing housing, food, etc.
 - Monitoring, reporting and documentation

Confidentiality:

- **HIPAA**
- **What Is a “Business Associate (BA)?”** A “business associate” is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a **covered entity (CE)**.
- **Covered Entity** : North Country CMH
- **Protected Health Information (PHI)**: Individually identifiable health information that is held or transmitted by a CE or BA, in any form or media, whether electronic, paper or oral.
- **Individually Identifiable Health Information**: Information including demographic data that relates to the individual's past, present, or future physical or mental health condition, provision of healthcare or payment for healthcare to the individual, and that identifies or could reasonably be used to identify the individual.

Confidentiality:

- **NCCMH/ Provider Contract Attachment C, The BA will:**
- Safeguard information about recipients
- NOT use or further disclose PHI other than as permitted by contract or law
- Use encryption software if disclosing or transmitting PHI electronically
- Mitigate harmful effect of a breach of PHI
- Ensure any sub-contactor or agent of the providers agrees to the same restrictions and conditions to which the BA is bound
- Immediately report any use or disclosure of PHI to NCCMH Privacy Officer
- Hold the Board harmless for a breach caused by the BA
- Comply with HIPAA's permitted uses and disclosures, access, amendments, accounting and other rules
- Comply with security standards of the HIPAA and the HITECH Act