

# Recipient Rights for Mental Health Recipients

Annual Refresher Training for Direct & Contract Staff  
New Hire 30 Day Training **MUST** be in person

\*New Hire Training during COVID19  
until in person training can take place



# Recipient Rights Training Part 1

The Rights Office  
Complaint Process  
Civil Rights

# Purpose of the Rights Office

## **Prevention**

- Consultation
- Policy development
- Policy review
- Advise Staff
- Advise Recipients

## **Monitoring**

- Review incident reports,
- Review death reports
- Participate in:
  - Quality Assurance
  - Risk management
  - Accrediting bodies
  - Site reviews
- Ensure access to materials
- Review contract language
- Semi and annual data reports
- Monitor RRAC

## **Education**

- Receive annual training
- Provide training to:
  - BCCMHA
  - Contract staff
  - Board members
  - RRAC
  - Volunteers
- Promote consumer education and self advocacy

## **Complaint Resolution**

- Advise on advocacy resources
- Receive and review complaints
- Investigate complaints
- Determine if violations have occurred
- Recommend adequate remedial action
- Assist with appeal requests

# Definitions

- Right: That which a person is entitled to have, to do, or to receive from others within the limits prescribed by law.

A right is not what someone **GIVES** you but  
what **NO ONE** can **TAKE** from you.

- Recipient: **Any individual who receives mental health services** from the department, Community Mental Health (CMH), or facility under contract with CMH.
- Resident: An individual who receives services in a state operated facility, a licensed psychiatric hospital/unit or an adult foster care facility.

# Michigan Mental Health Code

- All recipients and/or guardians receive a “Know Your Rights” book when entering services and annually thereafter.
- Individuals requesting this in an alternative language will be provided one. This includes providing information in a manner which is understandable to the individual.
- English, Spanish, and Arabic Know Your Rights Booklets

# MHC 330.1706 Notice of Rights

## AR 330.7011

Except as provided in section 707, applicants for and recipients of mental health services and in the case of minors, the applicant's or recipient's parent or guardian, shall be notified by the providers of these services of the rights guaranteed by this [7 and 7a] chapter...

- BCCMHA provides “Know Your Rights”
- Rights posters are also located at each BCCMHA site, contract service site, and Specialized Residential home.
- Providers must have Chapter 7 and 7a available.
- BCCMHA Rights policies are also on [barryrecovery.com](http://barryrecovery.com)
- MDHHS Website offers additional resources:
  - [How to Better Understand Your Mental Health Rights](#)

# Rights and where they come from

**Rights are those things which are guaranteed by:**

- **US Constitution**
  - Voting
- **Bill of Rights**
  - Religion
  - Search & seizure
  - Due process
  - One right can't override another
- **Federal Statues**
  - ADA
  - CRIPA
  - P&A
  - Rehabilitation Act
- **Federal Regulations**
  - 42 CFR2 Confidentiality in SUD
  - 42CFR482.13 hospital admission; restraint/seclusion
- **State Constitution**
  - Michigan Mental Health Code
  - Penal Code (P.A. 328 of 1931)
- **Administrative Rules**
  - Michigan Administrative Rules

Rights is the LAW, not a guideline

# Rights and where they come from

**Rights are those things which are guaranteed by:**

- **Case Law**
  - Olmstead
  - COFR
- **Attorney General Opinions**
  - DNR
  - ORR/APS/LARA-Interagency Agreement
  - Child Protection Law & Privilege
  - CPS Compelling Needs
  - Non custodial parent right to records
- **MDHHS Master Contract**
  - Technical Requirements & Practice Guidelines
    - RR Training Matrix
    - LARA Requirements
    - PCP Practice Guidelines
    - BTPRC Standards
    - MH Advance Directive
- **Agency Contract**
  - CMH/Hospital Contracts
- **Agency Policies & Procedures**
  - Policies re: Rights on Website

# Rights vs. Privileges

## Rights are:

Fundamental

Fully executable

Belong to every person

Given by dictate of the  
law

## Privileges are:

Earned

Limitable

Advantage /favor

Given to a

person/group

May be withheld

There is no setting where rights become privileges

# Rights vs. Privileges

## Examples of Rights:

- Freedom from abuse/neglect
- MH services suited to condition  
Dignity and respect  
Safe, sanitary, humane Tx environment  
Person centered planning  
Contact with an attorney/court
- Voting

## Examples of Privileges:

Consent to Tx (court ordered Tx)

- Communication (mail/phone/visit)
- Personal property
- Money
- Freedom of movement
- Driving

# Rights and Limitations

- Safety must always be maintained.
- Limitations/Modifications **MUST** be for Health and Safety **ONLY**
  - Limitations are on the individual
  - **Never** for staff convenience
  - Can **only** be made with approval of BTPRC and documented in:
    - IPOS (Individual Plan of Service or=Treatment plan)/ Behavior Plan
    - Lease agreement with Specialized Residential Adult Foster Care home
    - Doctor's orders (bed rail, fluid restriction, special diet, etc.,)
  - Training on IPOS/BTP must occur **prior to** implementation
  - Must be time limited – reviewed  $\leq$  every **3** months by BTPRC

\* BTPRC = Behavior Treatment Plan Review Committee

\* **Public Health Emergency – Providers follow orders from Federal and State Officials with guidance/support of CMH.**



# Recipient Rights The Complaint Process

# MHC 330.1776 Rights complaint; filing; contents; acknowledgement; notice; assistance; conduct of investigation

- (1) A recipient, or another individual on behalf of a recipient, may file a rights complaint with the office alleging a violation of this act or rules promulgated under this act.
- **ANYONE** can file a complaint
  - **Do NOT** deter anyone from filing
  - [MDHHS ORR Complaint Form](#)

# Complaint Process

- Complaint is received and logged.
- Within 5 business days after receiving a complaint, the complainant will be notified of the determination to investigate or not. They will also be notified of advocacy organizations.
- RRO will investigate the complaint if the allegation is:
  - A code protected right
  - Within the Rights Office's jurisdiction (Direct/Contracted Provider)

## MHC 300.1778 Investigation; initiation; recording; standard of proof; written status report; written investigation report; new evidence

- (1) The office shall initiate investigation of apparent or suspected rights violations in a timely and efficient manner... (5), the office shall complete the investigation no later than **90 days** after it receives the rights complaint.

Investigation shall be initiated **immediately** in cases involving alleged abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation.

# What do Rights Review during an Investigation?

All relevant information available regarding the allegation.  
This may include:

Interviews  
Photographs  
Tape Recordings  
emails  
IPOS  
Progress notes  
Behavior Plan  
Physician's Orders  
Assessments  
Consultations  
Consents  
Guardianship docs  
Forms  
Incident Reports

MAR  
Laws/Rules/AG Opinions  
Shift notes  
Home logs  
Complaint form  
Policies  
Staff schedules  
Phone records  
diagrams  
Visitor log  
Training Records  
Personnel Info  
Browser history  
Restraint/Seclusions forms

Social Media Posts  
Texts  
Job Descriptions  
written statements  
Bruises  
Burns  
Demonstrations:  
    Physical Management  
Expert Witness Interviews  
Police Reports  
Hospital Records

# Report of Investigative Findings

- A Report of Investigative Findings, including recommendations and/or remedial action is then submitted to the Executive Director and sent to the respondent (Contracted Provider Agency).
- The respondent then shall take appropriate remedial action.
- Corrective Plan of Action (CAP)
  - BCCMHA – Executive Director determines CAP
  - Contracted Provider – CEO/Designee determines CAP
    - Must be reviewed and approved by CMH



# Preponderance of Evidence Standard

**Preponderance of the evidence:** the greater weight of the evidence required in a civil (non-criminal) lawsuit for the trier of fact (jury or judge without a jury) to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence. Thus, one clearly knowledgeable witness may provide a preponderance of evidence over a dozen witnesses with hazy testimony, or a signed agreement with definite terms may outweigh opinions or speculation about what the parties intended. Preponderance of the evidence is required in a civil case and is contrasted with “beyond a reasonable doubt,” which is the more severe test of evidence required to convict in a criminal trial. (The People’s Law Dictionary – Gerald N. Hill and Kathleen T. Hill)

## Why does this Matter?

If someone makes a complaint against you or you make a complaint, this is the standard of evidence that the Rights Office uses to determine if an allegation is substantiated:  
**It is more likely than not that the act occurred.**

# MHC 330.1784 Summary Report; appeal

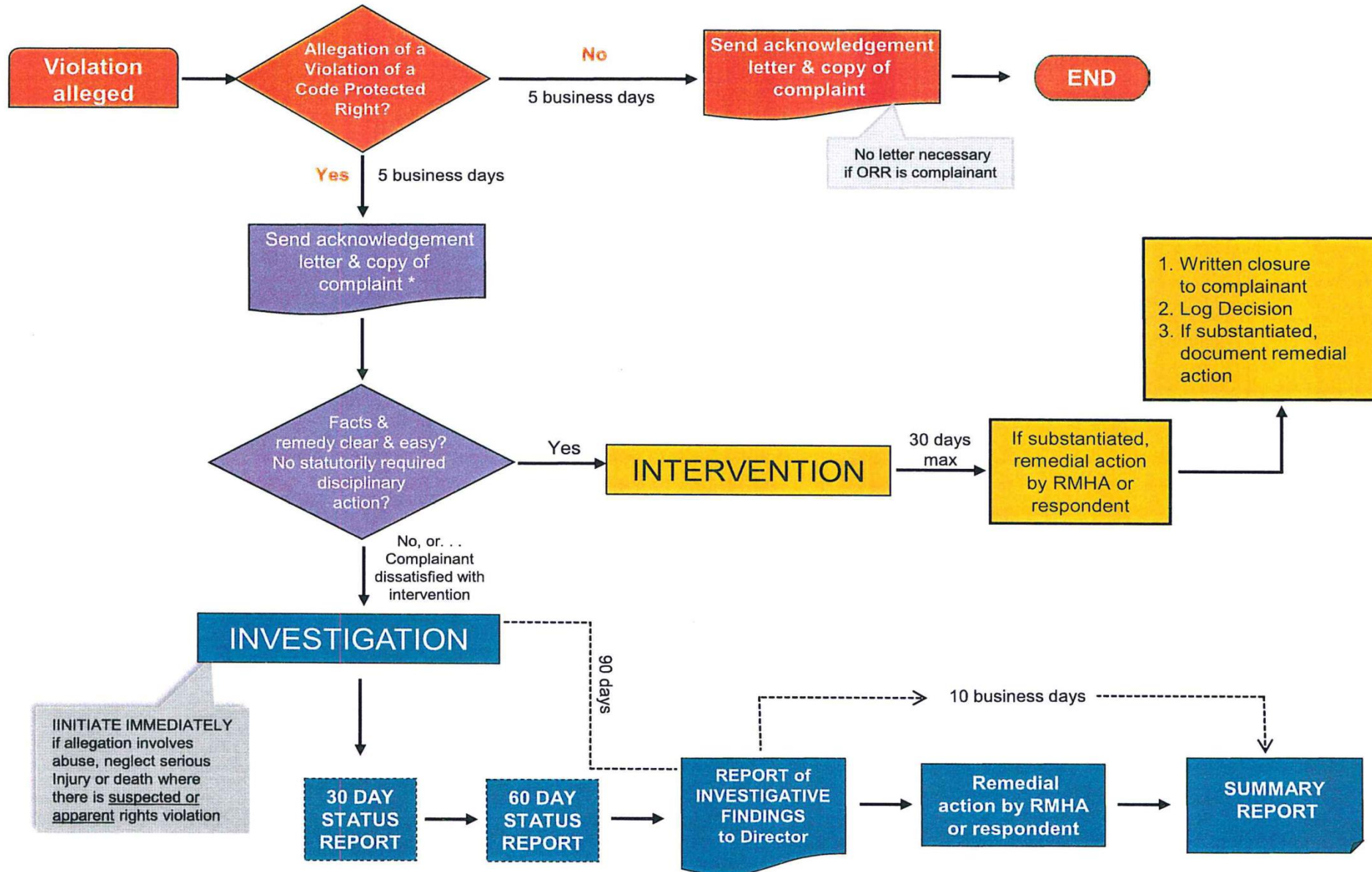
(1) Not later than 45 days after recipient of the summary report under section 783, the complainant may file a written appeal with the appeals committee with jurisdiction over the office of recipient rights that issued the summary report.

A Summary Report is then submitted by the Executive Director within 10 business days to the complainant and recipient/guardian.

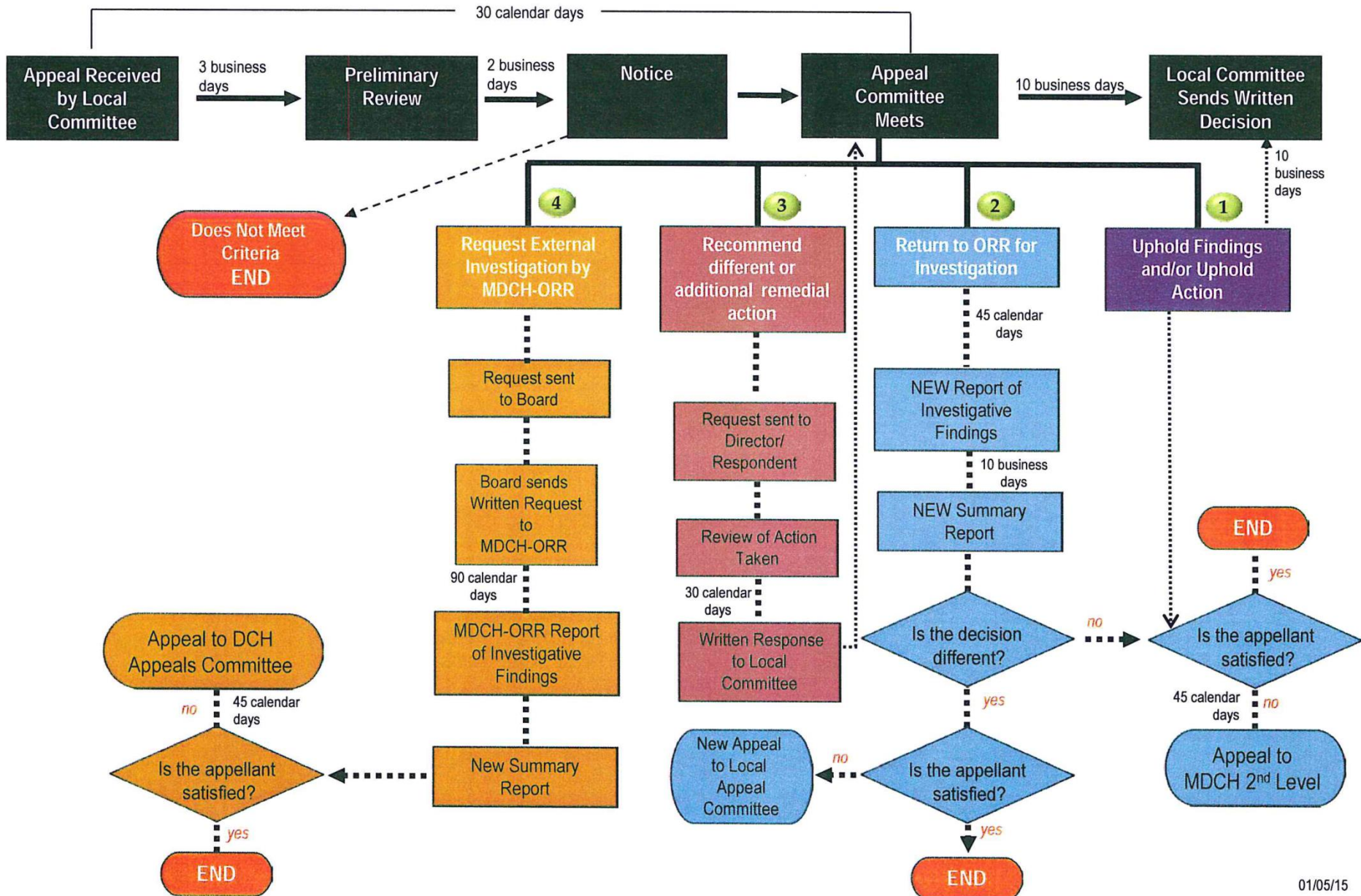
This includes the allegation of the accused, summary of findings, and corrective action.

Included is information on the appeal process.

# Recipient Rights Complaint Process



# The Recipient Rights Appeal Process



# Staff's role in complaints:

- **You can assist** a recipient in completing a rights complaint.
- You can make a complaint **on a recipient's behalf**.
- Staff may be asked to complete a statement or be interviewed during an investigation.
- RRO is available in person or by phone. After hours via on-call as needed.

# Where do I get a Rights Complaint form?

Know where these are kept at your facility

AFC homes – usually located in common room on wall or binder

BCCMHA – Mail room, RRO office

BCCMHA Website: [barrycountyrecovery.com](http://barrycountyrecovery.com)

MDHHS ORR: [Recipient Rights Complaint Form](#)

What if I don't know which county to send the form to?

It doesn't matter, there is no wrong door in rights.

[MI ORR contact list by county](#)

# Employee Rights

MHC 300.1755 (3) Each community Mental Health services program and each licensed hospital shall endeavor to ensure all the following:

- (a) Complainants, staff of the office of recipient Rights and any staff action on behalf of a recipient **will be protected from harassment or retaliation** resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

**Whistle blowers Act-** OSHA's whistleblower statutes protect you from retaliation. An employer cannot retaliate by taking "adverse action" against workers who report injuries, safety concerns, or other protected activity.

**Bullard-Plawecki-** An employer or former employer shall not divulge a disciplinary report, letter of reprimand, or other disciplinary action to a third party, to a party who is not a part of the employer's organization, or to a party who is not a part of a labor organization representing the employee...

# Civil Rights

MHC 300.1704

AR 330.7009



# MHC 300.1704 Civil Rights

## AR 300.7009

300.1704(1) In addition to the rights, benefits, and privileges guaranteed by other provisions of the 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 this chapter unless otherwise restricted by law.

(2) The rights enumerated in this chapter shall not be construed to replace or limit any other rights, benefits, or privileges of a recipient of services including the right to treatment by spiritual means if requested by the recipient, parent or guardian.

300.7009 (1) A provider shall establish measures to prevent and correct a possible violation of a civil rights related to the service provision. **A violation of civil rights shall be regarded as a violation of recipient rights** and shall be subject to remedies established for recipient rights violations.

(2) A recipient shall be permitted, to the maximum extent feasible and in any legal manner, to conduct personal and business affairs and otherwise exercise all rights, benefits, and privileges not divested or limited.

# MHC 300.1704 Civil Rights

AR 300.7009

- A violation of civil rights shall be regarded as a violation of recipient rights.
- A recipient **shall be asked** if they wish to participate in an official election, and if desired, shall be assisted in doing so.
- A recipient **shall be** permitted to exercise the right to practice their religion.
- A recipient shall have the right to **NOT** have a religion prescribed for them.
- A recipient is presumed competent unless a guardian has been appointed.
- A recipient shall **NOT** be subject to illegal search and seizure.



**Part 1 is complete**

Please take Part 1 Test now

When completed please move forward to Part 2

# Recipient Rights Training

## Part 2

Abuse and Neglect

# MHC 330.1722

## Abuse and Neglect

- Child abuse was first made public in 1962 when Emergency Room Dr. C Henry Kempt, noted old bone breaks in x-rays.
- Children with an IDD diagnosis are 4-10x more likely to be abused than their peers.
  - 5 million vulnerable adults are abused each year.
  - 2 million elders are abused each year.
  - 1 million children are abused each year
- 2012 National Survey on Abuse of People with Disabilities noted that people surveyed, 70% reported some form of abuse. 90% of those reporting abuse, reported multiple occasions. 66% were not referred for therapy and only 10% of sexual or physical abuse victims received crime victim benefits.

# MHC 330.1722 Abuse and Neglect

(1) A Recipient of mental health services shall not be subjected to abuse or neglect.

Abuse is defined as:

An act (or provocation of another act) by an employee, volunteer or agent of the provider that causes or contributes to a recipient's death, sexual abuse, serious or non-serious physical harm or emotional harm; (Abuse Class I/II)

The use of unreasonable force on a recipient with or without apparent harm; (Unreasonable force)

An action taken on behalf of a recipient by a provider, who assumes the recipient is incompetent, which results in substantial economic, material, or emotional harm to the recipient;

# MHC 330.1722 Abuse and Neglect

An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient. (Exploitation)

**\*Recipients must have access to their funds**

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. (Abuse Class III)

Agent of a provider: people who work for agencies that contract with the department, CMHSP, PIHP, LPH/U, such as specialized residential staff, respite workers, inpatient psychiatric hospital staff, etc.

# MHC 330.1722 Abuse and Neglect

**Degrade** –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) degrade, debase, demean, humble, humiliate. These verbs mean **to deprive of self-esteem or self-worth; to shame or disgrace.**

(b) 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 tell someone that you will hurt them or cause problems if they do not do what you want.

# MHC 330.1722 Abuse and Neglect

## Examples of Abuse:

- Recipient in Specialized Residential who was pushed into a chair with “probably” more force than necessary.
- Specialized Residential staff who “borrowed” money from a recipient for a soda.
- Specialized Residential staff who used a recipient’s bridge card for items that were not specific to the recipient.
- Specialized Residential staff who yell at, hit, intimidate, or threaten recipients.

# MHC 330.1722 Abuse and Neglect

Neglect is defined as:

- Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service:
  1. That **causes or contributes to** the death, sexual abuse of, serious or non-serious physical harm or emotional harm to a recipient, or
  2. That placed, or **could have** placed a recipient at risk of physical harm or sexual abuse.



# MHC 330.1722 Abuse and Neglect

The **failure to report** apparent or suspected **abuse or neglect** of a recipient is **neglect**.

Public Act 519/238, The Child Protection Law and BCCMHA Policy state that any suspected abuse or neglect of a child, adolescent, or adult must be reported immediately to MDDHS Central Intake, your Supervisor and the Right's Office.

# MHC 330.1722 Abuse and Neglect

## Abuse Definitions (AR 300.7001)

(f) “Bodily Function” means the usual action of any region or organ of the body.

(g) “Emotional harm” means impaired psychological functioning, growth, or development of a significant nature as evidenced by observable symptomology or as determined by a mental health professional.

(l) “Non-serious physical harm” means 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.

# MHC 330.1722 Abuse and Neglect

Abuse Definitions (AR 300.7001) Continued:

(m) “Physical management” means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself or others.

(r) “Serious physical harm” means 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.

# MHC 330.1722 Abuse and Neglect

Abuse Definitions (AR 300.7001) Continued:

(s) “Sexual abuse” means any of the following:

(i) Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and a recipient.

(ii) 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 adult foster care facility and a recipient.

(iii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of the provider and a recipient for whom the employee, volunteer, or agent provides direct services.

# MHC 300.1722 Abuse and Neglect

## Abuse Definitions (AR 300.7001) Continued:

(t) “Sexual Contact” means 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:

- Revenge
- To inflict humiliation
- Out of anger

# MHC 300.1722 Abuse and Neglect

Abuse Definitions (AR 300.7001) Continued:

(u) “Sexual harassment” means sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.

(v) “Sexual penetration” any sexual intrusion, no matter how slight, with an object or body part into a body opening.

# MHC 300.1722 Abuse and Neglect

Abuse Definitions (AR 300.7001) Continued:

(x)“Time out” means a **voluntary** response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

(z)“Unreasonable force” means physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient 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 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 IPOS.

(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.

# Examples of Neglect

- Elopement from a residence where there is a plan in place.
- Over or under medicating a recipient.
- Items left on the floor, especially those that could be a trip hazard.
- Leaving cleaning supplies unattended in areas occupied or used by recipient.
- Inadequate assessment after injury or claim by a resident that they had fallen and hit their head.
- Lack of medical treatment when required by a physician or posted medical guidelines such as first aid rules.
- You or other staff sleeping on the job.
- Multiple falls with no follow up.
- Weight loss/gain.

# Incident Reporting

- Must be completed for all unusual events.
- Need to be clear, complete, concise and timely (just the facts: What, where, when, how).
- To be **completed by the observer** and reported to the supervisor (not completed by supervisor).
- Completed and submitted within **24** hours.
- Supervisor should send the incident report to RRO.
- Completed form must **NEVER** be scanned into the electronic medical record.

**AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT**  
Michigan Department of Licensing and Regulatory Affairs

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_  
Action: ☐ No Follow-Up Needed  
☐ Phone Call Follow-Up  
☐ St Opened

Name of Facility/Home	License Number	Name of Person Directly Involved	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Facility Address		Address	
Facility Phone		City/State/Zip Code	
Licensee Name		Phone	Case Number (if applicable)

**OTHER PERSON(S) INVOLVED / WITNESSES:**

Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name	<input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor

**FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):**

Date of Incident	Time: <input checked="" type="checkbox"/> AM :           CPM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):			
Action taken by Staff / Treatment Given (Attach separate sheet if necessary):			
Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):			
Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time: <input checked="" type="checkbox"/> AM :           CPM
Physician's Diagnosis of Injury, Illness or Cause of Death, if known			

**PERSON(S) NOTIFIED:**

AFC Licensing	Notification Date / Time Written Notice / Date	Adult Protective Services (if applicable)	Notification Date / Time
Physician or RN (if applicable)	Notification Date / Time	Office of Recipient Rights (if applicable)	Notification Date / Time
Responsible Agency	Notification Date / Time Written Notice / Date	Law Enforcement Agency (if applicable)	Notification Date / Time
Designated Representative / Legal Guardian	Notification Date / Time Written Notice / Date	Other (please specify)	Notification Date / Time

**SIGNATURE(S):**

Signature of Person Completing Report	Print Name and Title	Date
Signature of Licensee / Licensee Designee / Administrator	Print Name and Title	Date

BCAL-4607 (Rev. 1-16) Previous editions 7-15 & 4-15 may be used.

COPY DISTRIBUTION: Resident Record, Licensing Consultant,  
Responsible agency (if required by rule) and Designated representative

AFC Licensing Incident and Accident Report

# Mandatory Reporting Requirements

- Incidents of suspected child or adult abuse or neglect must be verbally reported IMMEDIATELY to your supervisor, CPS/APS Central Intake and Recipient Rights.
- Child abuse/neglect reports can be done on line or verbally & followed by DHS-3200 form within 72hours.
- **Telling a supervisor or other staff, does not fulfill legal reporting requirement.**
- All Incident reports, DHS-3200 forms and DHS follow up letters will be kept in the Recipient Rights Office and not placed in the Electronic Health Record (EHR).



**Part 2 is complete**

Please take Part 2 Test now

When completed please move forward to Part 3

# Recipient Rights Training

## Part 3

### Confidentiality



# Confidentiality

MHC 33.1748

“Need to know” theory

# MHC 330.1748 Confidentiality

- **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.**
- **If information...is disclosed, the identity of the recipient shall be protected and shall not be disclosed unless it is germane to the authorized purpose...no other information shall be disclosed unless it is germane to the authorized purpose... (minimum necessary rule).**
- **A record of disclosures must be kept.**



# MHC 330.1748 Confidentiality

- Individuals receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.
- Recipients, guardians and the parent of a minor may request information or documentation from the file.
  - For case record entries made subsequent to March 28, 1996, information made confidential by this section shall be disclosed to an adult recipient, upon the recipient's request, if the recipient does not have a guardian and has not been adjudicated legally incompetent.



# MHC 330.1748 Confidentiality

- Recipients who are adults and do not have a guardian are entitled to review their record without exception; per agency protocol this is done with the Rights Officer.
  - Recipients can request to amend their record and add a statement of correction.
- For recipients with a guardian and those under 18, information can be withheld if determined by a physician to be detrimental.



# MHC 330.1748 Confidentiality

- Types of Disclosure:
- **Mandatory** – APS/CPS/Compelling Needs
- **Discretionary with consent** – ROI & Minimum Necessary
- **Discretionary** – Duty to warn/Psychiatric hospitalization admission process

Privileged communication (MHC 330.1750) psychiatrists and psychologists only.

Privileged Communication: A communication made to a psychiatrist or psychologist, or someone under the supervision of such a person, in connection with the examination, diagnosis, or treatment of a client, or to other persons while they are participating in such examination, diagnosis, or treatment.

# MHC 330.1748 Confidentiality

## Child Abuse or Neglect Investigation

- Compelling Needs Statement (DHS-1163P)- is a written request for mental health records or information to determine whether child abuse or neglect has occurred or to take action to protect a minor where there may be a substantial risk of harm.
  - Request is coordinated by Medical Records
  - Applies during active investigation only.
  - Involves a person who has received services from a CMH
  - You may be asked what information/records are pertinent to the investigation.
  - CMH must respond to this request within **14 days** of receipt and shall release pertinent mental health records and information to the caseworker/administrator directly involved in the investigation.
  - Medical records will submit information and complete disclosure.
- Follow up calls from CPS referrals: info related to referral only.

# MHC 330.1748 Confidentiality

## **BCCMHA Policy/Procedure to ensure confidentiality when answering the phone:**

Client:

Front desk verifies DOB and sometimes other identifying information.

Other:

Verify ROI is valid prior to providing information or  
“I can’t confirm or deny that they are receiving services...”

Making calls:

“This is \_\_\_ from the doctor’s office....”

Also consider:

- \*It is important to speak to the client directly.

- \*When leaving a message, don’t state that you are calling from CMH.

- \*If the client is on the phone but asks you to speak to someone else (and this is appropriate), it maybe an option to have them use speakerphone and then ask for permission to discuss the topic with both.



# MHC 330.1748 Confidentiality

## Law enforcement inquiry



BCCMHA Policy/Procedure to ensure confidentiality in regard to law enforcement inquiry: (See confidentiality policy for more information)

Information regarding an evaluation of an individual in protective custody shall be disclosed to a peace officer as necessary to assist the peace officer in determining an appropriate course of action.

All information related to proceedings of the probate court as governed by the Mental Health Code shall be made available upon request to the court and to the Prosecuting Attorney.

In the event that any court order and/or search warrant requires an evaluation of an individual for any court purpose, the results of such an evaluation shall be disclosed to the court if the individual was informed prior to the evaluation that the information would be made available to the court.

**\*Contact RRO and/or Supervisor immediately to determine need for disclosure. Minimum information necessary rule should be followed.**

# MHC 330.1748 Confidentiality

- Confidentiality can ONLY be limited when:
- Duty to warn  
Applies to **physical violence** and ONLY when **All** are met:
  - There is an **identifiable victim** (individual, group, place)
  - It is in the **foreseeable future**
  - The person has the **ability and intent** to perform the act

Contact your Supervisor and RRO immediately to determine if there is an immediate need to warn.

If yes, notify police, person identified, parents if a minor.

- During involuntary psychiatric hospitalization process
- With a release of information

# MHC 330.1748 Confidentiality

14yrs or older without parental consent:

To be treated as an adult. Information can not be provided to parents unless and until a ROI is obtained.

\*Time limited: 3 months/12 sessions.



MPAS (Michigan Protection and Advocacy) – Can access a recipient's record if it has received a complaint on behalf of the recipient or has probable cause to believe based on monitoring or other evidence that the recipient has been subject to abuse or neglect.

# Maintaining Confidentiality

- All information in the file is confidential.
- Don't discuss cases with staff unless they have a need to know.
- Don't discuss cases in the hallway, reception, lunch room or anywhere you might be overheard.
- Information whether in the form of a hard copy, EHR (Electronic Health Record), or verbal disclosure can **ONLY** be released with a **VALID RELEASE OF INFORMATION**.
- Take steps to protect HIPPA information in your work area, during transit and home/community visits.
- Follow the “need to know” theory. Do I need to know this to do my job.



# Maintaining Confidentiality

- Release of information can be revoked at anytime. If the recipient is present, have them sign the revocation. If received verbally, immediately document.
- End date the ROI in the EMR and notify other members of the individual's treatment team to prevent unintentional violation.
- A violation of confidentiality is often a HIPPA violation and subject to review for a breach investigation and reporting.



# Release of Information Review

- Is a Release of Information (ROI) required for Primary Care Physician?
  - Per HIPPA and Mental Health Code (MHC) no

**\*\*But wait!? I thought I could talk to the doctors now?!**

- You can if there is a compelling need, there is an established patient/provider relationship, it is for health care coordination, AND there is **NOTHING** pertaining to (Substance Use Disorder) SUD.
- Following up with **obtaining a release** is ALWAYS expected, is **best practice**, and in line with agency policy.



# Release of Information Review

Why do we still need a release if the fed and the state mental health laws say we don't?

This change in the MHC does NOT apply to SUD information. As we have recipients who frequently move from Mental Health to Substance Use Disorder (SUD), the potential for an unintentional breach of confidentiality and HIPPA remains high.

Also, BCCMHA Assessments and other documents contain SUD information or Diagnosis.

# Release of Information Quick Facts

- Think of the ROI in terms of function: Is it appropriate that all parties listed have the ability to talk to each other?
  - If no, then they need to be on different ROIs.
- Agency vs Individual
  - Physician's Office rather than Physician
  - Barry County Probation vs. worker
  - Barry County Probate Court (Doesn't include attorney's)
  - CPS/APS is **NOT** the same as DHS & needs own ROI
  - School does **NOT** include ISD, need to list both



**Part 3 is complete**

Please take Part 3 Test now

When complete please move forward to Part 4

# Recipient Rights Training

## Part 4

Suitable Services

# Suitable Services:

AR 330.7003 Informed consent

MHC 330.1708 Dignity and Respect

AR 330.7135 Treatment by spiritual means

AR 330.1708 Mental health services suited to  
condition

AR 330.1713 Choice of physician/MHP

AR 330.1714 Notice of clinical status

# Suitable Services

## MHC 330.1100 - Informed consent

“Consent” means a written agreement executed by a recipient, a minor recipient’s parent, or a recipient’s legal representative with authority to execute a consent

- or a verbal agreement of a recipient that is witnessed and documented by an individual **other than** the individual providing treatment.

# Suitable Services

## AR 300.7003 - Informed consent

All of the following are elements of informed consent:

(a) **Legal competency.** An individual shall be presumed to be legally competent.

Unless a court has appointment a guardian.

- An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.

# Suitable Services

## AR 330.7003 - Informed consent

(b) **Knowledge.** - a recipient/legal representative must have basic information about:

- The purpose of the procedures.
- A description of the attendant discomforts, risks and benefits that can reasonably be expected.
- A disclosure of appropriate alternative advantageous to the recipient.
- An offer to answer further questions.

# Suitable Services

## AR 330.7003 - Informed consent

(c) **Comprehension** – An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under the knowledge section.

- The purpose of the procedures.
- A description of the attendant discomforts, risks and benefits that can reasonably be expected.
- A disclosure of appropriate alternative advantageous to the recipient.
- An offer to answer further questions

# Informed Consent Summary

- Is informed consent “I need you to sign here, here & here?”

**NO!!!!!!!**

## **Informed consent means:**

**Legal competency**- guardianship? Only scope and duration of order.

**Knowledge**- basic info about procedure, risks, other related consequences, other relevant information. What is reasonable for a patient to make an informed decision.

**Comprehension**- must be able to understand the personal implications of providing consent.

**Voluntariness** – 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 assurance of privileges or freedom.

Informed consent applies to Treatment consent, medication consent, releases, etc.

# Suitable Services

## AR 330.7003 - Informed consent

- (d) **Voluntariness** – There must be free power of choice without the intervention of:
  - Force
  - Fraud
  - Deceit
  - Duress
  - Any form of constraint or coercion
  - Promises or assurance of privileges or freedom
- The recipient is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.

# Dignity and Respect

MCH 330.1708

Dignity and Respect is the complaint most often received.

# MHC 330.1708 Dignity and Respect

**330.1708 Suitable services; treatment environment; setting; rights.  
(4) A recipient has the right to be treated with dignity and respect.**

**BCCMHA Policy and Procedure Manual: Recipient Rights Chapter  
10 Subject E**

**Dignity** – to be treated with esteem, honor, politeness, to be addressed in a manner that is not patronizing or condescending to be treated as an equal; to be treated the way any individual would like to be treated.

**Respect** –to show deferential 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.

# MHC 330.1708 Dignity and Respect

A recipient has the right to be treated with dignity and respect.

Examples:

- Calling a person by his or her preferred name.
- Knocking on a closed door before entering.
- Using positive language.
- Encouraging the person to make choices instead of making assumptions about what he or she wants.
- Taking the person's opinion seriously.

# MHC 330.1708 Dignity and Respect

Examples (continued):

- Including the person in conversation.
- Allow the person time to respond.
- Allowing the person to do things independently or to try new things.
- Allow the person time to complete their task.
- Plan for the person's needs during community outings (privacy to change briefs, etc.)

# MHC 330.1708 Dignity and Respect

Remember:

- This includes tone of voice and body language. Be aware of your emotions; it is easy to become frustrated while performing your job. Your personal feelings can impact how you provide services, speak, or think at work. It is important to ALWAYS be aware of your attitude and tone of voice. Providing Dignity and Respect is a primary part of your professional demeanor and behavior.
- Just because a person is non verbal, does not mean that they do not have an ability to communicate.
- Do not treat adults like children!



# MHC 330.1708 Dignity and Respect

Remember:

- Creating a work environment of Dignity and Respect for recipient's depends on what you say and do.
- Dignity and Respect is based on how the RECIPIENT & THEIR FAMILY feel about the way you treat and speak to them. Hurt feelings can occur without you even knowing.
- Dignity and Respect is the most reported complaint.



# **MHC 330.1711**

## **Rights of Family Members**

# MHC 330.1711

## Rights of Family Members

- Family members of recipients shall be treated with dignity and respect.
- They shall be given an opportunity to provide information to the treating professionals.



# MHC 330.1711

## Rights of Family Members

- They shall also be provided an opportunity to request and receive educational information about:
  - the nature of disorders
  - medications and their side effects
  - available support services
  - advocacy and support groups
  - financial assistance
  - coping strategies.



# MHC 330.1711

## Rights of Family Members

- Receive information from or provide information family members within the confidentiality constraints of Section 748a of the Mental Health Code.
- Agency protocol on family who want to provide information.

If there is no ROI, information can be received but no information can be given. If a family is requesting educational materials, general information about a requested subject matter can be provided (depression pamphlets, community resource directory, residential options, guardianship/DPOA) without disclosing any client information.

- Be aware of the location of resource materials.
- Assure that family are treated with dignity and respect.

# MHC 330.1711

## Rights of Family Members

### Resources:

Michigan Protection & Advocacy Service – [mpas.org](http://mpas.org)

National Alliance of Mental Illness – [NAMI.org](http://NAMI.org)

National institute of mental health – [nimh.nih.gov](http://nimh.nih.gov)

MentalHealth.gov – [mentalhealth.gov](http://mentalhealth.gov)

SA & MH Services Administration – [SAMHSA.gov](http://SAMHSA.gov)

National Institute on Drug Abuse – [drugabuse.gov](http://drugabuse.gov)

Al-Anon and Families against Narcotics – local meetings

Veterans Crisis Line – 1-800-273-8255 [va.gov](http://va.gov)

# Butterfly Effect



**When a butterfly flaps its wings on one side of the world it can create a tornado on the other side of world.**



What you say and do impacts others.  
What kind of impact are you going to have?



# MHC 330.1715 Services of Mental Health Professional

If a resident of an AFC or hospital is able to secure the services of a mental health professional, they shall be allowed to see the professional at any reasonable time.

This means that you may visit AFC homes/hospitals to meet with a resident at reasonable times.

# Suitable Services

## AR 300.7029 Family Planning

The individual in charge of the recipient's written plan of service shall provide recipients, their guardians, and parents of minor recipients with notice of the availability of family planning, and health information services and, upon request, provide referral assistance to providers of such services. The notice shall include a statement that receiving mental health services does not depend in any way on requesting or not requesting family planning or health services.

A recipient's desire or lack of desire to obtain family planning services in no way impacts their ability to receive mental health services.

# Suitable Services

## AR 300.7135 Treatment by Spiritual Means

- A provider shall permit a recipient to have access to treatment by spiritual means upon the request of the recipient, a guardian, or a parent of a minor recipient.
- This may include:
  - linking with tribes to allow for ceremonies
  - locating safe objects for worship/comfort
    - Example: several hospitals offer breakaway crucifixes
  - learning a religion or spiritual belief that you are unfamiliar with if the recipient would like to include this in their treatment plan.

# Suitable Services

## AR 330.1708 – Mental Health Services Suited to Condition

- A recipient shall receive mental health treatment suited to his or her condition.
  - Family Planning information
  - Safe, sanitary and humane treatment environment
  - Least restrictive setting (assessed annually)
  - Dignity and Respect

# Suitable Services

## AR 330.1713 Choice of Physician/MHP

A recipient shall be given a choice of physician or other mental health professional in accordance with:

- Policies of the community mental health services program, licensed hospital, or CMH/licensed hospital program contracted provider.
- Within the limits of available staff



**Part 4 is complete**

Please take Part 4 Test now

When complete please move forward to Part 5

# Recipient Rights Part 5

MHC 330.1724 Fingerprints, photographs, audio recordings, video recordings, and use of one-way glass

MHC 330.1744 Freedom of movement

MHC 330.1708 Least restrictive setting/Treatment

MHC 330.1708 Safe, Sanitary, Humane Treatment Environment

MHC 330.1712 Individualized Written Plan of Services  
Specialized Residential Rights



MHC 330.1724

Fingerprints, photographs, audio  
recordings, video recordings, and  
use of one-way glass

# MHC 330.1724 Fingerprints, photographs, audio/video recordings & use of one-way glass

Photographs, recordings, video and fingerprints:

- Recipient must consent to having photo taken for treatment/educational purposes.
- Photographs may be taken for purely personal/social purposes and must be treated as the recipient's personal property.
- Photos, audio or video recordings are never allowed on staff personal cell phones.



## MHC 330.1724 Fingerprints, photographs, audio/video recordings & use of one-way glass

- Fingerprints, photographs, or video recordings and any copies are to be made part of the recipients record and are to be destroyed or returned to the recipient when no longer essential or upon discharge, whichever comes first.
- BCCMHA does not fingerprint recipients.

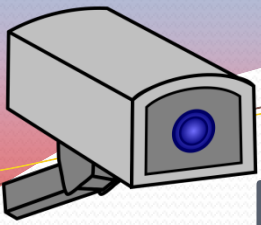


# MHC 330.1724 Fingerprints, photographs, audio/video recordings & use of one-way glass

Video surveillance:

- **May be conducted in a psychiatric hospital for purposes of safety, security, and quality improvement.**
- **May only be conducted in common areas and shall not be used for treatment or therapeutic purposes.**
  - Written policies/procedures must be implemented prior to address :
    - Identification of locations where images will be recorded and saved.
    - Mechanisms in which recipients/visitors will be advised.
    - Security provisions that assure only authorized staff have access to view recorded video.





# MHC 330.1724 Fingerprints, photographs, audio/video recordings & use of one-way glass

## Video surveillance Continued:

- Documentation is required for each instance of authorized access, viewing, duplication or distribution of any recorded video.
- There must be a process to retrieve recorded video when the purpose no longer exists.
- Achieve footage of video recordings for up to 30 days unless notice is received that an accident requires investigation by the departments ORR, LARA, law enforcement, LPH ORR, DHHS-CMS.
  - in which case video maybe retained for the duration of the investigation.
- Recorded video surveillance images shall not be maintained as part of a recipient's clinical record.







# MHC 330.1744 Freedom of Movement

## MHC 330.1708 Least Restrictive Setting

- Mental health services shall be offered in the least restrictive setting that is appropriate and available.
- Every recipient has the right to move about his or her residence, environment, and community.
- A recipient's freedom of movement shall not be restricted more than necessary to provide mental health services, to prevent injury to self or others, or to prevent substantial property damage.



# MHC 330.1744 Freedom of Movement

## MHC 330.1708 Least Restrictive Setting

House rules may restrict freedom of movement only by general restrictions such as:

- From areas that could cause health or safety problems.
- Temporary restrictions from areas for reasonable unforeseeable activities including repair/maintenance.
- For emergencies in case of fire, tornadoes, floods, etc.
- HCBS Rules have eliminated many restrictions in Specialized Residential Adult Foster Care homes.

# MHC 330.1744 Freedom of Movement

## MHC 330.1708 Least Restrictive Setting

### Restrictions per IPOS/Behavior Support Plan:

- This right can be limited only as allowed in the IPOS after:
  - Review and approval by the Behavior Treatment Plan Review Committee
  - With special consent of the guardian.
- Restraint and seclusion are prohibited except in MDHHS operated or licensed hospitals.
  - Every patient in one of those settings has the right not to be restrained/secluded unless it is essential to prevent the patient from physically harming self or others.

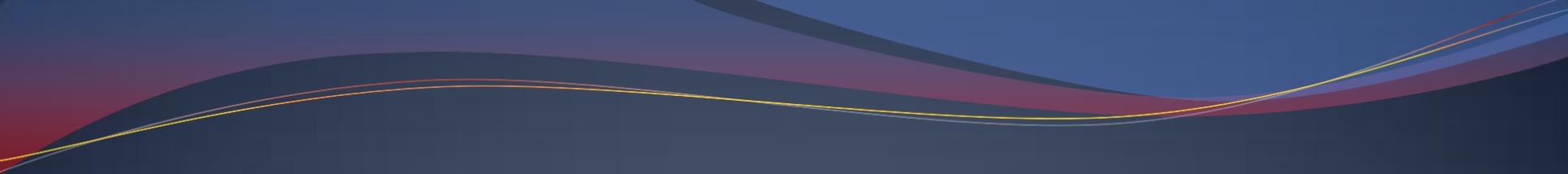
# Restraint and Seclusion

- Restraint and seclusion are not allowed except in hospitals.
  - Every patient in one of those settings has the right not to be restrained/secluded unless it is essential to prevent the patient from physically harming self or others and requires a doctors order.
- Recipients have the right to be free from restraint or seclusion in any form used as a means of coercion, discipline, convenience or retaliation.
- Time out, defined as a VOLUNTARY response to a therapeutic suggestion to a recipient to remove self from a stressful situation to another area to regain control.

# Physical management

Physical management - a technique used by staff as an emergency intervention **ONLY** to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming self or others.

- Only used when all interventions have failed and/or there is a need to protect harm to self or others.
- Physical management must **NOT** be included as a component of a behavior treatment plan.
- Use of physical management requires a detailed Incident Report of technique used, duration of hold, etc.,
- Prone immobilization of a recipient for the purpose of behavior control is **NOT** allowed per BCCMHA policy.



**MHC 330.1708 (1)(2)**  
**Safe, Sanitary, Humane**  
**Treatment Environment**

**AR 330.7171**

# MHC 330.1708 Safe, Sanitary, Humane Treatment Environment

## AR 330.7171

Every resident is entitled to mental health services in a safe, sanitary and humane treatment environment.

- This rule applies to Adult Foster Care (AFC) homes
- Mental Health Code requires safe, sanitary, humane treatment environment but does not define what this means therefore, we use the Adult Foster Care Licensing Rules (400.14401-14403).

# MHC 330.1708 Safe, Sanitary, Humane Treatment Environment AR 330.7171

Safe, Sanitary, Humane treatment environment per AFC  
Licensing rules:

- Assure pressurized hot and cold water.
- Hot water temp no more than 105-120 degrees at the faucet.
- Assure sewage is disposed of in a public sewer system or as approved by the health department.
- Maintain an insect, rodent or pest control program.
- Store and Safeguard poisons, caustics and other dangerous materials in non-resident and non-food preparation storage areas.
- Assure premises are constructed, arranged and maintained to adequately provide for the health, safety and well-being of occupants.

# MHC 330.1708 Safe, Sanitary, Humane Treatment Environment (AR 330.7171)

## **Safe, Sanitary, Humane Treatment Environment and Rights:**

- AFC homes must provide for resident health, hygiene and personal grooming assistance and training in personal grooming practices including:
  - Bathing
  - Tooth brushing
  - Shampooing
  - Hair grooming
  - Shaving
  - Care of nails
- Provider must supply toilet articles, toothbrush and dentifrice,
- Opportunity to shower or bathe at least once every 2days
- Regular services of a barber or beautician
- Opportunity to shave daily (males).

# MHC 330.1712

## Individualized Written Plan of Services

AR 330.7199

MDHHS Practice Guideline

Technical requirement for behavior treatment  
review committees

# MHC 330.1712 IPOS

## AR 330.7199

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 of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.

\*Per BCCMHA Policy, an IPOS is completed **prior** to the implementation of services.

# MHC 330.1712 IPOS

## AR 330.7199

- The responsible mental health agency for each recipient shall ensure that a person centered planning process is used to develop a written IPOS in partnership with the recipient.
- A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge.
- The IPOS shall consist of a treatment plan, a support plan or both.
- A treatment plan shall establish meaningful and measurable goals with the recipient.

# MHC 330.1712 IPOS

## AR 330.7199

IPOS continued:

- The IPOS shall address, as either desired or required by the recipient; the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation.
- The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the IPOS shall be designated in the plan.

# MHC 330.1712 IPOS

## AR 330.7199

IPOS continued:

- If a recipient is not satisfied with their IPOS, the recipient, the person authorized by the recipient to make decisions regarding the IPOS, the parent/guardian of the recipient may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.
- 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 to the planning process. Justification for an individual's exclusion shall be document in the case record.

# Restriction vs. Limitations

- Restrictions apply to the entire population and are dependent on setting and policy.
  - House rules (Restrictions) must be posted in conspicuous areas for residents, guardians, visitors and others to see.
  - If house rules are to be established regarding telephone calls, mail and visits, these must be reasonable and support the right as indicated above.
- HCBS is eliminating restrictions (house rules) and moving toward individualized limitations through modification of the plan.

# Restrictions vs. limitations

- Limitations are placed on the individual and documented in the IPOS but require:
  - Review and approval by the Behavior Treatment Plan Review Committee
  - Justification
    - Previous things tried that were unsuccessful
    - Measures to eliminate the behavior
    - Least restrictive
    - Time limited
  - Special consent of the resident or his/her legal representative.

# IPOS – Reminder for limitations/Modifications

The IPOS/Behavior Support Plan can NOT be implemented until ALL the following are completed:

- The recipient, recipient's guardian or parent of a minor has been educated on IPOS and consented.
- The BSP has been reviewed and approved through BTC
- The Specialized Residential Home staff have been trained on the IPOS/BSP.
- Case managers: Please note that if there is an investigation, documentation in the home will be reviewed. It is essential that the document and signature page are both in the EMR and the home.

# Specialized Residential Rights

MHC 330.1728 Personal property

MHC 330.1726 Communications and visits

AR 330.7139 Entertainment materials, information & news

# MHC 330.1728 Personal Property

AR 330.7139

- Recipients have the right to:
  - Possess and use their property
  - Check on personal items being stored for them
  - A reasonable amount of storage space for
    - clothing
    - personal items
  - A receipt for any personal property taken into the possession of the facility.

# MHC 330.1726 Communications and Visits

- Every Resident is entitled to unimpeded, private and uncensored communication with others by mail, telephone, and to visit with person of his/her choice.
- Residents are allowed to use mail and telephone services.
  - These communications must NOT be censored.
  - Staff should not open mail for residents without authorization.
  - If necessary, funds must be provided (in reasonable amounts) for postage, stationary, and telephone.

# MHC 330.1726 Communications and Visits

- Residents must be allowed access to computers to use in communication.
- Communications can NEVER be limited if between:
  - A resident and his/her attorney
  - A resident and a court
  - A resident and any other individuals when the communication involves legal matters or may be the subject of legal inquiry.
    - Example: Resident's brother helping with divorce proceeding.

# AR 330.7139 Entertainment Materials, Information and News

Every Resident has the right to:

- Acquire entertainment materials
  - Information and news at his or her own expense
  - Read written or printed materials
  - To view or listen to television, radio, recordings or movies made available at a facility.
- 
- A provider may not impose censorship.

# AR 330.7139 Entertainment Materials, Information and News

A Provider must establish written policies and procedures that provide for all of the following:

- Any general program restrictions on access to material for reading, listening, or viewing.
  - **Provider may require that materials acquired by the resident that are of a sexual or violent nature be read or viewed in the privacy of the resident's room.**
- Determining a resident's interest in, and provide for, a daily newspaper.
- Assure material not prohibited by law maybe read or viewed by a minor unless there is an objection by the minor's parent or guardian.
  - Permit attempts by the staff person in charge of the minor's IPOS to persuade a parent or guardian of a minor to withdraw objections to material desired by the minor.

Rights is EVERYONES  
Responsibility!



# Part 5 is complete

1. Please take Part 5 Test now
2. Please give test to the designated coordinator for your agency.
3. The test will be submitted to BCCMHA ORR for review
4. ORR will provide your agency coordinator with the results and certificate within 10days of receipt.

\* 80% correct is required to receive certificate. ORR will coordinate with the agency coordinator to allow for retake or in person training if needed or requested.