

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITYDate Issued: 10/84Date Revised: 10/85;11/88;06/91;08/93;01/98;01/00;12/01;
12/03;12/05;12/07;02/10;11/12;05/13;11/13;
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I. APPLICATION:

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Programs
- ☒ Residential Programs
- ☒ Specialized Foster Care
- ☐ SUD Providers

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) that staff will report all suspected incidents of abuse, neglect, exploitation, and endangerment of children or vulnerable adults residing in facilities licensed by the Michigan Department of Health and Human Services (MDHHS), living with families, or living independently to Licensing and Regulatory Affairs, Protective Services, and the Office of Recipient Rights. In addition, in the case of abuse, assault, criminal sexual conduct, or criminal homicide, a law enforcement agency must also be notified.

III. DEFINITIONS:

- A. Abuse: Non-accidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient that is committed by an employee, volunteer, or agent of a provider.
1. Abuse Class I: A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.
 2. Abuse Class II: Means any of the following:
 - (i) A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
 - (ii) The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
 - (iii) Any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
 - (iv) An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
 - (v) Exploitation of a recipient by an employee, volunteer, or agent of a provider.

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3. Abuse Class III: 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.
- B. Adult: A person, 18 years of age or older.
 - C. Adult Protective Services (APS): The Department of Health and Human Services program responsible for investigating suspected abuse and neglect of vulnerable adults.
 - D. Agent: Means an individual authorized to act on behalf of an entity including but not limited to an individual, contract provider, or intern/volunteer.
 - E. Child: A person, under 18 years of age.
 - F. Children's Protective Services (CPS): The Department of Health and Human Services program responsible for investigating suspected abuse and neglect of children.
 - G. Immediately: Means without delay; instantly.
 - H. Degrade means:
 - (a) Treat humiliatingly: to cause somebody a humiliating loss of status or reputation or cause somebody a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) 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.
 - I. Mental Health Recipient: An individual who receives mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or community mental health services program.
 - J. Neglect: An act or failure to act committed by an employee or volunteer of the Department, a Community Mental Health Services Program, or a licensed hospital; a service provider under contract with the Department, Community Mental Health Services Program, or licensed hospital; or an employee or volunteer of a service provider under contract with the Department, Community Mental Health Services Program, or licensed hospital, that denies a recipient the standard of care or treatment to which he or she is entitled to receive.
 1. Neglect Class I: Means either of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from non-compliance with a standard of care or treatment required by law, and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.

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

2. Neglect Class II: Means either of the following:

- (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from non-compliance with a standard of care or treatment required by law, and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and that causes or contributes to non-serious physical harm or emotional harm to a recipient.
- (ii) The failure to report apparent or suspected Abuse Class II or Neglect Class II of a recipient.

3. Neglect Class III: Means either of the following:

- (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from non-compliance with a standard of care or treatment required by law, and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.
- (ii) The failure to report apparent or suspected Abuse Class III or Neglect Class III of a recipient.

K. Office of Recipient Rights (ORR): The office created by the Michigan Mental Health Code that is subordinate only to the Executive Director and that is responsible for investigating, resolving, and assuring remediation of apparent or suspected recipient rights violations and assuring that mental health services are provided in a manner that respects and promotes the rights of recipients as guaranteed by Chapters 7 and 7A of the Michigan Mental Health Code, P.A. 258 of 1974.

L. Threaten: Means to tell someone that you will hurt them or cause problems if they do not do what you want.

M. Vulnerable Adult: A condition in which an adult is unable to protect himself or herself from abuse, neglect, exploitation, or endangerment because of a mental or physical impairment, or because of advanced age.

IV. STANDARDS:

A. A mental health professional, a person employed by or under contract with the Department, a licensed facility, or a community mental health services program, or a person employed by a provider under contract with the Department, a licensed facility, or a community mental health services program who has reasonable cause to suspect the criminal abuse of a recipient immediately shall make or cause to be made, by telephone or otherwise, an oral report of the suspected criminal abuse to the law enforcement agency for the county or city in which the criminal abuse is suspected to have occurred or to the state police. Within 72 hours after making the oral report, the reporting individual shall file a written report with the law enforcement agency to which the oral report was made, and with the chief administrator of the facility or agency responsible for the recipient.

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- B. Penalties for not reporting suspected abuse: A person who has cause to suspect abuse of a recipient and intentionally violates P.A. 224 of 1986 and P.A. 32 of 1988, by not reporting the incident, shall be guilty of a misdemeanor and be responsible for civil liability of the damages proximately caused by the violation.
- C. Penalties for filing a false report: A person found guilty of knowingly filing a false report shall be guilty of a misdemeanor and be responsible for the civil liability of the damages proximately caused by the violation.
- D. An investigation shall be initiated by the Office of Recipient Rights immediately in cases involving alleged abuse or neglect of a recipient.
- E. SCCCMHA shall assure through its Executive Director and Office of Recipient Rights that appropriate action is taken against those who have engaged in abuse or neglect, and/or retaliation/harassment, and that the action taken will help prevent recurrence of the violation.

V. PROCEDURES:

Any Staff Member/Volunteer Providing Services

- 1. Obtains knowledge of, suspects, or has reasonable cause to believe a child, vulnerable adult, or any SCCCMHA recipient is being or has been abused, neglected, exploited or endangered shall immediately take steps to protect the recipient and report their concern to their supervisor/chain of command and the Office of Recipient Rights.
- 3. Immediately contacts Protective Services to make an oral report of the apparent or suspected abuse or neglect. Note: An employee who wishes his/her identity to remain confidential, subject only to disclosure with consent or by court order, shall state this when making their oral report to Protective Services.
- 4. Immediately contacts law enforcement to make an oral report in cases of suspected abuse, assault, criminal sexual conduct, or criminal homicide.
- 5. Forwards written report within 72 hours using Report of Actual or Suspected Child Abuse or Neglect (MDHHS 3200, Exhibit A), and forwards written report (Form #057)/electronic report to the Office of Recipient Rights before the end of their shift.

VI. REFERENCES:

- A. Michigan Mental Health Code, Public Act 258 of 1974, Sections 330.1722 and 330.1723; MDHHS Administrative Rules 330.7001 and 330.7035

VII. EXHIBITS:

- A. Report of Actual or Suspected Child Abuse or Neglect (Form DHS-3200 revised 10-15)

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- B. Incident Report (SCCCMHA Form #057, revised 06/2016)
- C. MDHHS Requirements for Reporting Abuse and Neglect (06/2016)

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Human Services

Was complaint phoned to DHS?

☐ Yes ☐ No

▶ If yes, Log # _____

▶ If no, contact Centralized Intake (855-444-3911) immediately

INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address list on page 2.

2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary)

NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE

3. Mother's name

4. Father's name

5. Child(ren)'s address (No. & Street)

6. City

7. County

8. Phone No.

9. Name of alleged perpetrator of abuse or neglect

10. Relationship to child(ren)

11. Person(s) the child(ren) living with when abuse/neglect occurred

12. Address, City & Zip Code where abuse/neglect occurred

13. Describe injury or conditions and reason for suspicion of abuse or neglect

14. Source of Complaint (Add reporter code below)

01 Private Physician/Physician's Assistant	13 School Administrator	45 Private Agency Social Worker
02 Hosp/Clinic Physician/Physician's Assistant	14 School Counselor	46 Court Social Worker
03 Coroner/Medical Examiner	21 Law Enforcement	47 Other Social Worker
04 Dentist/Register Dental Hygienist	22 Domestic Violence Providers	48 FIS/ES Worker/Supervisor
05 Audiologist	23 Friend of the Court	49 Social Services Specialist/Manager (CPS, FC, etc.)
06 Nurse (Not School)	25 Clergy	51 Hospital/Clinic Personnel
07 Paramedic/EMT	31 Child Care Provider	52 DHS Facility Personnel
08 Psychologist	41 Hospital/Clinic Social Worker	53 DMH Facility Personnel
09 Marriage/Family Therapist	42 DHS Facility Social Worker	54 Other Public Social Agency Personnel
10 Licensed Counselor	43 DMH Facility Social Worker	55 Private Social Agency Personnel
11 School Nurse	44 Other Public Social Worker	56 Court Personnel
12 Teacher		

15. Reporting person's name	Report Code (see above)	15a. Name of reporting organization (school, hospital, etc.)			
15b. Address (No. & Street)		15c. City	15d. State	15e. Zip Code	15f. Phone No.
16. Reporting person's name	Report Code (see above)	16a. Name of reporting organization (school, hospital, etc.)			
16b. Address (No. & Street)		16c. City	16d. State	16e. Zip Code	16f. Phone No.
17. Reporting person's name	Report Code (see above)	17a. Name of reporting organization (school, hospital, etc.)			
17b. Address (No. & Street)		17c. City	17d. State	17e. Zip Code	17f. Phone No.
18. Reporting person's name	Report Code (see above)	18a. Name of reporting organization (school, hospital, etc.)			
18b. Address (No. & Street)		18c. City	18d. State	18e. Zip Code	18f. Phone No.
19. Reporting person's name	Report Code (see above)	19a. Name of reporting organization (school, hospital, etc.)			
19b. Address (No. & Street)		19c. City	19d. State	19e. Zip Code	19f. Phone No.

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

20. Summary report and conclusions of physical examination (Attach Medical Documentation)

21. Laboratory report

22. X-Ray

23. Other (specify)

24. History or physical signs of previous abuse/neglect

☐ YES☐ NO

25. Prior hospitalization or medical examination for this child

DATES

PLACES

26. Physician's Signature

27. Date

28. Hospital (if applicable)

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: P.A. 238 of 1975.
 COMPLETION: Mandatory.
 PENALTY: None.

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into DHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:

Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

OR

Fax this form to 616-977-1154 or 616-977-1158

Or email this form to DHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
- 5.-7. Child(ren)'s address – Enter the address of the child(ren).
8. Phone – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

Note: If abuse or neglect is suspected in a hospital, also check hospital.

DHS Facility – Refers to any group home, shelter home, halfway house or institution operated by the Department of Human Services.

DCH Facility – Refers to any institution or facility operated by the Department of Community Health.

15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

St. Clair County Community Mental Health Authority
OFFICE OF RECIPIENT RIGHTS
INCIDENT REPORT FORM

Recipient's Initials: _____	Case Number: _____
Incident Date: _____	Incident Time: _____
Location of Incident: Street Address: _____ City: _____ State: _____ Zip Code: _____	Responsible Provider Agency: _____ Responsible Staff #1: _____ Responsible Staff #2: _____ Responsible Staff #3: _____ Supervisor of Responsible Staff: _____

CHECK TYPE OF INCIDENT & PROVIDE ADDITIONAL INFORMATION, if requested

- | | |
|---|---|
| <input type="checkbox"/> A. Abuse or Neglect (Apparent or Suspected)
<input type="checkbox"/> B. Arrest or Incarceration
<input type="checkbox"/> C. Assaulted by Peer/Other
<input type="checkbox"/> D. Death of Recipient
<input type="checkbox"/> E. Elopement
<input type="checkbox"/> F. Emergency Medical Treatment
<input type="checkbox"/> G. Fall/Accident
<input type="checkbox"/> H. Hospitalization due to Illness
<input type="checkbox"/> I. Hospitalization due to Injury
<input type="checkbox"/> J. Hospitalization due to Medication Error
<input type="checkbox"/> K. Hospitalization due to Psychiatric Concern
<input type="checkbox"/> L. Law Enforcement Involvement
<input type="checkbox"/> M. Physical Aggression, Behavior with Injury to Self/Other, Behavior with Property Destruction
<input type="checkbox"/> N. Physical Management
<input type="checkbox"/> O. PRN Medication
<input type="checkbox"/> P. Program Suspension
<input type="checkbox"/> Q. Suicidal Ideation/Threat/Action
<input type="checkbox"/> R. Unknown Injury/Bruise
<input type="checkbox"/> S. Verbal Aggression, Inappropriate Comments, Swearing, Threatening Language
<input type="checkbox"/> T. Other: _____ | Staff must submit a Recipient Rights Complaint to the Office of Recipient Rights
Charge/Length of Incarceration/Facility: _____
If injury occurred, provide injury detail: _____
Cause of Death: _____
Law Enforcement Contacted by: _____
Treatment Provided By: _____
If injury occurred, provide injury detail: _____
Facility & Diagnosis: _____
Facility & Diagnosis: _____
Facility & Diagnosis: _____
Name of LPH/U: _____
Contacted by: _____
Technique: _____ Length of Time: _____
Name of Medication Administered: _____
Violation/Length of Suspension: _____
Immediately notify your supervisor and the recipient's Case Holder
Describe injury/bruise: _____
_____ |
|---|---|

EXPLAIN WHAT HAPPENED & ACTION TAKEN BY STAFF/TREATMENT GIVEN:

PERSONS NOTIFIED:

Reporting Staff Signature: _____

Date Report Completed: _____ Time Report Completed: _____

Supervisor Signature: _____

Date of Supervisor Review: _____ Time of Supervisor Review: _____

Supervisor Comment: _____

OFFICE OF RECIPIENT RIGHTS REVIEW of INCIDENT REPORT

Staff Initials: _____ Date: _____ Time: _____

Additional Action Required: _____

REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse) To the MDHHS, CMHSP, or Hospital OFFICE OF RECIPIENT RIGHTS A list of local rights offices can be found at: http://tinyurl.com/oroffices	Public Act 238 of 1975 (Child Protection Law) To the MDHHS Office of Children's Protective Services ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911	Public Act 519 of 1982 (Adult Protective Services Law) To the MDHHS Office of Adult Protective Services	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse) To the Michigan State Police, Local Sheriff or Local Police Department MSP 517-332-2521
WHERE is the report made?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
WHAT must be reported?	All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals or Units	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education social, or other human services, law enforcement officers and child care providers.	All employees, contract employees of: Michigan Department of Health and Human Services Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals or Units; All mental health professionals.
WHO is required to report?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it.
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of oral report (330.1723)
TO WHOM are reports made?	To your immediate supervisor and to the Recipient Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made. In the case of a school, hospital or agency, one report is adequate.	Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report? YES	Disciplinary action may be taken and you may be held civilly liable.	You may be held civilly liable. Failure to report is also a criminal misdemeanor.	You may be held civilly liable and have to pay a \$500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency? YES	Each of these laws requires that the designated agency be contacted, if an allegation suspected to have occurred, falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility to report to other agencies, as statutorily required.			
Are there other agencies to which a report can be made?	The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 1-800-882-6006 The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL 24 hour HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/ 1-800-242-2873 The LARA AEC/HFA Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems (LARA) COMPLAINT INTAKE UNIT 1-866-856-0126			
YES				

