



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

RECIPIENT RIGHTS ADVISORY COMMITTEE
MEETING NOTES

March 12, 2020
1:00 PM – 2:15 PM
TELECONFERENCE

PRESENT: Jennifer Gorman, Shaun Thompson, Elizabeth Healy, Margaret Stooksberry, Dr. Robert Lagrou, Tish Watson (all by teleconference)

ABSENT: Price Pullins, Vendella Collins, Basil Scott (unexcused); Norman DeLisle, Elizabeth O'Dell (excused)

STAFF: Jim Klingenberg (teleconference); Raymie Postema, Julie Markham (on-site)

GUEST: Dianne Baker, Public (on-site)

Opening Remarks

- ❖ The meeting was called to order by Jennifer Gorman at 1:07 PM, and a quorum was established.
- ❖ Approval of Agenda: Shaun Thompson motioned to approve; Liz Healy seconded. A roll call vote was taken from the RRAC member participants: Jennifer Gorman Shaun Thompson, Elizabeth Healy, Margaret Stooksberry, Dr. Robert Lagrou and Tish Watson; all approved the agenda.
- ❖ Approval of Meeting Minutes (January 2020): Dr. Robert Lagrou motioned to approve; Tish Watson seconded. A roll call vote was taken from the RRAC member participants: Jennifer Gorman Shaun Thompson, Elizabeth Healy, Margaret Stooksberry, Dr. Robert Lagrou and Tish Watson; all approved the January 2020 meeting minutes with no corrections.

New Business

Jennifer Gorman

- ❖ Committee membership, membership role, recruitment, and how to process applications:
One additional seat on the committee is still available, with Basil Scott's retirement two seats are now open. RRAC bylaws do not spell out the process by which a person applies to become a member of the committee and gets approved to be on the committee. Raymie Postema: Raymie would like to look at the current membership by people and role to follow the MHC composition under section 1756: 12 members broadly based to represent varied perspectives. How many groups do we have? Jennifer Gorman: Currently there are two department staff, four CMH staff, one private provider, two recipients and three recipient interest groups represented on the committee. There is deficiency in government official and attorney representation on the committee. Raymie: The government official was intended to be a connection to the legislative branch. What is the process? Where do applications go? Who approves applications and how? Currently, Julie receives the applications and sends out to all RRAC members and the office director for review. Applications are then voted upon at the next RRAC meeting. Raymie proposes a process as follows: applications received by Julie and reviewed by Raymie to determine if they meet MHC section 1756 criteria; if so, Raymie will recommend review by committee. All RRAC member participants agreed. Jennifer Gorman Shaun Thompson, Elizabeth Healy, Margaret Stooksberry, Dr. Robert Lagrou and Tish Watson approved the new process.
- ❖ Invitation letter to Health Policy and Human Service representatives

Dr. Lagrou: Could we send an attachment with the letter that introduces ORR and the RRAC?

Raymie Postema: Suggested we could include intro from the annual report about ORR and RRAC to be sent with the letter. Dr. Lagrou suggested a correction to the letter to say you **or someone from your office** is invited rather than just the representative. Discussion ensued. Jennifer Gorman, Shaun Thompson, Elizabeth Healy, Margaret Stooksberry, Dr. Robert Lagrou and Tish Watson and RRAC member participants agreed with the correction. It was stated that even if representatives or their office staff don't respond, at least the idea of ORR and the RRAC will be put in their head.

❖ Setting RRAC priorities and next steps.

Jennifer Gorman: How are we getting the word out? Let's get as many people involved as possible. This is a public meeting that can be called into. We could send out an email to all rights advisors and everybody else with date of meetings and call in number and encourage them to become aware of what is going on at the state level and being able to become engaged during public comment. Jim Klingenberg: We could send the letter out statewide to recipient rights advisors, their RRACs and NAMI. This creates the potential to fill vacant seats. Raymie Postema: Also, on the list of who to send to we could ask CMHA to include the information in their Friday Facts dissemination. Townhalls related to Behavioral Transformation are going to be held. Perhaps someone from the state RRAC could be present to talk about the RRAC.

❖ Senator Jim Ananich (D-Flint) introduced Senate Bill 813.

This bill requires LARA to investigate all psychiatric deaths where the cause is deemed a suicide or unknown. Discussion ensued.

❖ Rep. Phil Green (R-Millington) introduced bill (5615).

This bill would make even more drastic changes, moving authority from LARA to the Department of Health and Human Services. Discussion ensued.

ORR Updates and Reports

Raymie Postema

❖ Review of minutes from previous RRAC meeting.

❖ Coronavirus

Plans at breakneck speed for coverage at state hospitals. There will be emergency limitations to what people would normally have access to, following CDC recommendations. What will we do for assessments and training? Will we train remotely? What would a remote world look like? What can we do and not do? Working with Dr. Reid and Dr. Mellos on hospital plans and will keep everyone posted. Operations may be a little different for a while.

❖ Mediation

Bill passed and became a CMH function, separated from the rights system. Meeting next week to create an implementation plan. Plan wasn't fully ready to implement but went into immediate effect. Section 788 was rescinded so Recipient Rights isn't involved but bill requires appropriations. By the end of next week should have more info.

❖ LARA MOU

A proposal went through to LARA with indication for ORR resource, needs to be completed. Will have another meeting.

❖ Behavioral Health Transformation

Met with Sara Estey's staff and Nancy Miller (project manager) to talk about what Recipient Rights might look like in the system. They currently don't have ideas but want input; Nancy is coming to RROAM in May to take input. Provided recommendations made with 298.

- ❖ Budget Issues
The Recipient Rights 2020 budget plan shows all monies spent (except for staffing) in the first quarter. Met with Chief Deputy Hertel and talked about the budget. There is potential in the budget for another rights specialist position. Depending on what happens with LARA will determine what that position looks like; have been asking for position in Training Unit for years. Will keep committee posted.
- ❖ Future agenda
How does RRAC review the budget and to what end? Will talk at future meeting about how RRAC can be helpful to ORR. AG assigned to ORR. Talked about what issues go to AG – not agreeing with department in something related to a rights issue. Most legal questions will deal with MDHHS Legal Dept.
- ❖ BHDDA
The Behavioral Health and Developmental Disability Administration has been split between BHDD and State Hospital Administration. Cindy Kelly's position was abolished and the whole bureau has become an equal administration, with Dr. Mellos leading the State Hospital Administration and Alan Jansen overseeing BHDD. Raymie has meeting with Mr. Jansen next week.
- ❖ Discriminatory Harassment
Looking to rewrite hospital discrimination and harassment policies to align with Recipient Rights discrimination and harassment policy. Raymie will submit to HR and Dr. Mellos for review. Needed by hospital staff who feel threatened for participating in Recipient Rights investigations.
- ❖ Annual Report
ORR is finishing this up; needs to be out by March 30th.
- ❖ OAG
The Office of Auditor General is auditing ORR in April 2020. Last time ORR had an audit was in 2014. At that time, ORR had a couple of material conditions (had to fix right away); one related to initiation of Abuse and Neglect complaints (initiated immediately) and death reviews. Created new processes that are currently in place to take care of these issues.
- ❖ State Hospital Data
Data is usually given out every other month, and since it was provided at the January meeting, data will be provided at the next meeting in May.
- ❖ Introduction
Raymie, as the new director for ORR, answers directly to Chief Deputy Elizabeth Hertel. Director Gordon came to All-Staff Meeting to introduce himself to ORR staff and answer any questions. Gordon is supportive with harassment and retaliation policy changes.
- ❖ ETU
The Education and Training Unit report is self-explanatory. Assessors start assessment next week; however, ORR is evaluating assessment process to do things differently. Raymie will know more about process changes by Monday.

Old Business

Committee

- ❖ Behavioral Health Transformation Meetings
Norman DeLisle not present to give update.
- ❖ How to make recommendations for MHC revisions
Dr. Lagrou: What is next step to get started? Raymie Postema: Mental Health Code (MHC) has been picked apart little by little. Restraint and Seclusion bill has been introduced by Representative Anthony. Raymie feels the code will be ripped wide open soon based on the Behavioral Health Transformation agenda, and the most important part having is having ORR at the table. We will talk about issues of rights that are identified in chapter 7. Do they still make sense and are they relevant? For suitable services, should ORR be its keeper, or should we dig down into it? We will keep an ear to the ground. If we identify problems in current delivery system will talk with Legislature. ORR needs to discover what people want changed in MHC. Legislature introduced language to get chemical restraint defined -changed language to what ORR wanted- and added PAs and nurse practitioners to get in more in line with CMS regs. Currently, rights follow who is providing service rather than following the recipient. What if there are private plans? What if they contract with outsiders to community health agencies? How do we ensure rights go with the recipient and are not based on where they receive services at? Can we get examples of best practices from other states? Current

system is ineffective for private mental health plans. Not a lot of states have right systems like Michigan.

❖ Contacting BHDD Leadership, to talk about relationship with ORR

Raymie Postema: There is the potential to invite to meetings; listen to what they are working on and engage administration. Jennifer Gorman: Can we get a visitor or two to a RRAC meeting to speak on what great things are happening in state hospitals? Raymie will broach the subject with Dr. Mellos and Alan Jansen and get back with Jennifer.

Additional Business

Committee

❖ Recipients right to vote

Dr. Lagrou: with the upcoming elections we should push out information regarding voting rights of recipients. Raymie Postema: M&PA has a pretty robust program for getting information out about it. There is a process in all state hospitals for absentee ballots. If anyone needs resources MP&A has been working with League of Women Voters. **Send out a reminder to give people resources.** MDHHS Legal is working on census information. Staff can hand recipients phone to talk with census taker. Steer people to rights office to make sure people have access to respond. Margaret Stooksberry: I voted absentee ballot; if a recipient needs someone else to help with voting, all they have to say is someone is assisting them. Tish Watson: What if a group wants to come in and interview patients and get information from patients? Raymie Postema: Census taker will only get demographic information without access to patient but check with your corporate counsel.

Public Comment

❖ Dianne Baker

Nice meeting; received a lot of information. It appears Dianne's application for the appeals committee has fallen thru the cracks. Raymie will check with Kim. Dianne could apply for RRAC as an attorney to fill that requirement. There is a lot of work to be done by ORR.

❖ Jim Klingenberg

MDHHS is giving guidance to the state facilities. Once facilities put their plan in place the hospital plan may become public information.

Additional Items for Next Meeting

Committee

Raymie Postema: with the coronavirus issue, do we need a timeline for the next meeting in person? May have to have another teleconference. Jennifer Gorman: We can make a determination two weeks before the next meeting. Dr. Lagrou: need update on Basil's status. Raymie confirmed that Basil did retire. He is absent without notice, so a letter will need to be sent removing him from the RRAC committee if he continues to be absent from meetings.

Adjournment

Committee

Margaret motioned for adjournment. Liz seconded. Roll call taken to adjourn meeting. Jennifer Gorman Shaun Thompson, Elizabeth Healy, Margaret Stooksberry, Dr. Robert Lagrou and Tish Watson agreed to adjourn the meeting at 2:15 pm.

Anyone interested in serving on the RRAC committee please fill out an application and have returned to Julie Markham at MarkhamJ@Michigan.gov as soon as possible.

Anyone interested in serving on the Appeals Committee please fill out an application and have returned to Kimberly Saterlee-Fink at SaterleeK@Michigan.gov as soon as possible.

FOR THOSE OF YOU WHO WOULD LIKE TO ATTEND VIA CONFERENCE CALL, PLEASE DIAL

1-877-873-8018, ACCESS CODE 5062210