

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

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Page 1

CHAPTER Recipient Rights		CHAPTER 05	SECTION 003	SUBJECT 0040
SECTION Individual Rights		SUBJECT Freedom of Movement		
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I. APPLICATION:

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

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) supports that recipients shall not have their freedom of movement modified more than is necessary for the delivery of mental health services.

III. DEFINITIONS:

- A. Recipient: Means an individual who receives mental health services, either in person or through telemedicine, from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility or from a provider that is under contract with the MDHHS or a community mental health services program.

IV. STANDARDS:

- A. All community mental health (CMH) recipients have the right to the least restrictive conditions necessary to achieve the purposes of treatment and habilitation with due safeguards for safety of persons and property. Modifications to a recipient's right to freedom of movement will be documented in accordance with the Michigan Mental Health Code, MCL 330.1744, and MDHHS Administrative Rule R 330.7199.
- B. Staff shall make every attempt to provide maximum freedom within the facility/program grounds, outside the facility/program grounds, and to facilitate movement from:
1. More to less structured living.
 2. Larger to smaller facilities.
 3. Larger to smaller units.
 4. Segregation from the community to integrated community living.

CHAPTER Recipient Rights		CHAPTER 05	SECTION 003	SUBJECT 0040
SECTION Individual Rights		SUBJECT Freedom of Movement		

- C. The freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to him or her, to prevent injury to him, her, or others, or to prevent substantial property damage, except that security precautions appropriate to the condition and circumstances of a recipient admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution may be taken.
- D. A recipient shall have the right to freedom of movement on the grounds and in the buildings and areas within the facility/program suitable for and designated for recreational activities, vocational activities, and social interactions. Freedom of movement may be limited based on reasonable and lawful criteria. SCCCMHA policies and procedures may require a short period of limited freedom of movement or no freedom of movement after initial admission to a facility/program.
- E. Any limitation to a recipient's freedom of movement shall be clinically justified, time-limited, and clearly documented in the recipient's Individual Plan of Service. Documentation shall be included that describes the attempts that have been made to avoid limitations, as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the limitation in the future. Before a limitation may be included in a recipient's Individual Plan of Service and implemented in their residential /program setting, the limitation must be reviewed and approved by St. Clair County Community Mental Health Authority's Behavior Treatment Plan Review Committee.
- F. A recipient shall be informed of their right to freedom of movement, and the recipient/recipient's guardian shall be informed and approve of all treatment team decisions.

V. **PROCEDURES:**

Case Holder

1. Ensures all provisions of the Mental Health Code and MDHHS Administrative Rules are provided to recipients of community mental health services.
2. Submits requests to modify a recipient's right to freedom of movement to the SCCCMHA Behavior Treatment Plan Review Committee.
3. Ensures requested documentation is forwarded to the SCCCMHA Behavior Treatment Plan Review Committee to assist in their review of the recommendation to modify a recipient's right to freedom of movement.
4. Ensures Special Consent is obtained from the recipient/guardian, if a limitation is approved by the SCCCMHA Behavior Treatment Plan Review Committee.
5. Ensures limitations approved by the SCCCMHA Behavior Treatment Plan Review Committee are added to the recipient's Individual Plan of Services.
6. Ensures support staff are trained on how to carry out the interventions included in the limitation approved by the SCCCMHA Behavior Treatment Plan Review Committee.

CHAPTER Recipient Rights		CHAPTER 05	SECTION 003	SUBJECT 0040
SECTION Individual Rights		SUBJECT Freedom of Movement		

7. Documents the effectiveness of the limitation on a Periodic Review Sheet, Form #0124, as directed by the SCCCMHA Behavior Treatment Plan Review Committee.
8. Attends SCCCMHA Behavior Treatment Plan Review Committee meetings in compliance with the review schedule for the limitation to the recipient's freedom of movement.

VI. REFERENCES:

- A. Michigan Mental Health Code, Section 330.1744
- B. MDHHS Administrative Rules R 330.7199

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued: 01/91, 05/93, 04/96, 08/98, 09/00, 08/02, 08/04, 08/06, 08/08, 08/10, 05/12, 11/13, 11/14, 11/15, 11/16, 03/18, 03/19, 03/21, 05/22.