
	<b>Sterilization, Abortion and Contraception</b>			
	<b>Chapter:</b>	Recipient Rights	<b>Policy #</b>	5-2-3
	<b>Section:</b>	Recipient Rights in all CMH Settings	<b>Revision #</b>	2

- I. **PURPOSE:** To establish policy and procedures concerning situations that involve sterilization, abortion, and contraception rights of service recipients.
  
- II. **APPLICATION:** All CMH programs and services operated by the West Michigan Community Mental Health Governing Body.
  
- III. **REQUIRED BY:** Michigan Department of Health and Human Services Administrative Rule 330.7029.
  
- IV. **DEFINITIONS:**
  1. **Abortion:** The termination of pregnancy before the stage of viability, induced or performed purposely, as by a surgeon.
  
  2. **Adoption:** Means the judicial process by which birth parent(s) relinquish the legal rights to raise their child with the intent that the child be raised by another individual.
  
  3. **Contraception:** The prevention of conception by chemical or mechanical means, not to include surgical sterilization.
  
  4. **Service Recipient:** A person who receives mental health services from the West Michigan Community Mental Health.
  
  5. **Sterilization:** Surgical removal of testes or ovaries, or inactivation by irradiation, or by tying off or removal of a portion of the reproductive ducts.
  
  6. **Therapeutic:** Having medicinal or healing properties. A governing body shall not consider mental illness, mental retardation, or other developmental disability as an illness or injury for which a therapeutic procedure is deemed necessary.
  
- V. **POLICY:** It is the policy of West Michigan Community Mental Health that the CMH individual with primary responsibility for the coordination of services or supports to the consumer shall provide the consumer, their guardians and parents of minor consumers 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 family planning or health information services.
  
- VI. **PROCEDURES:**
  1. Upon request, CMH will provide the service recipient or his/her guardian with referral information pertaining to:
    - 1.1 Family planning service agencies;
  
    - 1.2 Agencies offering non-therapeutic abortions;

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1.3 Agencies offering sterilization procedures; and

1.4 Obtaining contraception.

2. The above information shall be documented in the progress note section of the clinical record. The progress note shall also indicate that receiving mental health services are not contingent upon receiving family planning services.

Contraception and Sterilization

1. Information on contraception and sterilization shall be available to consumers.
2. Information needs to be based upon the desires, capacity, and ability of the individual consumer.
3. Individuals requesting counseling and/or choosing a contraceptive alternative or sterilization shall be referred to the community resource of the consumer's choice.
4. **CMH SHALL NOT** provide family planning counseling which assists the consumer in making contraception and sterilization choices.
5. An individual may be assisted in obtaining contraceptive alternatives of his/her choice under the following conditions:
  - a. The contraceptive alternative has been prescribed by a physician; or
  - b. There is documentation that the individual has received or is receiving contraceptive/family planning counseling and the contraceptive alternative is consistent with the counselor's recommendation.
6. Sterilization is considered an "extraordinary procedure" (Section 330.1629 Michigan Mental Health Code) and is a surgery. CMH may only make a referral to those referrals in Section VI. 1. under the following conditions:
  - a. The consumer is 18 years of age or older and does not have a guardian for medical purposes, **or**
  - b. The guardian of the consumer if the guardian is legally empowered to execute a consent for the surgery, **or**
  - c. The parent of the consumer who has legal and physical custody of the consumer if the consumer is under 18 years of age and consents to the surgery, **and**
  - d. The consumer or guardian empowered to execute the consent chooses to act after medical consultation has been provided by the consumer's physician,

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and


- e. There is documentation that the individual has received medical consultation and that the procedure is consistent with the physician’s recommendation.

Abortion and Adoption

1. The legal rights of consumers related to pregnancy and its choices, shall be protected and supported.
2. The CMH role is to support the consumer’s choice and assist in accessing the necessary services related to that choice.
3. **CMH SHALL NOT** provide family planning counseling which assists the consumer in making abortion and adoption choices.
4. Abortion is a legal medical procedure, and as such, shall be treated as a medical condition requiring the services of a physician.
5. Applicable laws and administrative rulings including, but not limited to, child welfare and legal custody shall be applied and respected.
6. If the consumer decides to have an abortion, CMH shall identify and assist the consumer in obtaining follow-up services which may include medical services, counseling, etc.
7. If the consumer decides to place the child for adoption, the CMH shall advocate for the consumer to ensure the consumer’s requests related to open adoption, etc., are considered.

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- b. The guardian of the consumer if the guardian is legally empowered to execute a consent for the surgery, **or**
- c. The parent of the consumer who has legal and physical custody of the consumer, if the consumer is under 18 years of age, consents to the surgery, **and**
- d. the consumer or guardian empowered to execute the consent chooses to act after the consultation has been provided by the consumer's physician, **and**

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- e. there is documentation that the consumer has received medical consultation and that the procedure is consistent with the physician's recommendation.

VII. **SUPPORTING DOCUMENTS:** Not applicable.

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
1	Unknown		12/2004
1	Unknown		06/2016
1	Unknown		08/2017
1	COC	Annual Review	11/2019
2	COC	Procedure	11/2020
2	COC	Annual Review	1/24/22
<b>Board Approval Date: 03/19/1996</b>			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 5-2-3 Revision # 2.

CEO: Lisa A. Williams

Approval Signature: \_\_\_\_\_