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|---|------------------|----------------------------------|-------------------|-------|
|  | <b>Seclusion</b> |                                  |                   |       |
|   | <b>Chapter:</b>  | Recipient Rights                 | <b>Policy #</b>   | 5-2-5 |
|   | <b>Section:</b>  | Recipient Rights in CMH Programs | <b>Revision #</b> | 1     |

- I. **PURPOSE:** To establish policy and procedures for restricting the use of seclusion in the provision of services to CMH service recipients.
- II. **APPLICATION:** All CMH programs operated by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Michigan Department of Health and Human Services Administrative Rule 330.7243, Act 258, Public Acts of 1974, as amended, being MCL 330.1700, 3001.1742, 330.1752, 330.1755. Act No. 116 of the Public Acts of 1973, being MCL 722.111 to 722.128. Code of Federal Regulations 42 CFR 482.13
- IV. **DEFINITIONS:**  
  
Seclusion: Temporary placement of a service recipient in a room, alone, where egress is prevented by any means.
- V. **POLICY:** West Michigan Community Mental Health strictly prohibits an employee, volunteer or agent of a contract provider to place a recipient in seclusion except in the circumstances and under the expressed conditions permitted by applicable state/federal statutes and agency policy. The WMCMH Rights Office shall review seclusion policies of contracted providers of inpatient services and child caring institutions to assure compliance with applicable state and federal standards.
- VI. **PROCEDURES:** Not applicable.
- VII. **SUPPORTING DOCUMENTS:** Not applicable.
- VIII. **POLICY/PROCEDURE REVIEW:**

| REV#                                   | APPROVED BY | Policy/Procedure | DATE      |
|--|-------------|------------------|-----------|
| 1                                      |             |                  | 09/2006   |
| 1                                      |             |                  | 06/2016   |
| 1                                      | COC         | Annual Review    | 11/2019   |
| 1                                      | COC         | Annual Review    | 11/2020   |
| 1                                      | COC         | Annual Review    | 1/24/2022 |
|  |             |                  |           |
|  |             |                  |           |
| <b>Board Approval Date: 02/20/1996</b> |             |                  |           |

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 5-2-5, Revision #1

CEO: Lisa A. Williams Approval Signature: \_\_\_\_\_