

Good morning,

My name is Cynthia Kelly. I am the Director of the DCH Bureau of Hospital, Center and Forensic Mental Health, which oversees the five (5) state-operated inpatient psychiatric facilities.

On behalf of the DCH hospitals and centers, we support this bill and strongly believe that having access to video surveillance has significantly improved patient safety and the culture of quality and safety in our facilities.

This bill does not change or weaken the responsibility of the treating discipline to obtain prior written consent from the recipient of mental health services or his/her legal representative before fingerprinting, photographing (including still pictures, motion pictures and videotapes), audiotaping or using 1-way glass in the process or provision of therapy or other services for the individual. If a clinician needs to speak with a patient in a manner that would clearly be defined as a therapy session, it will continue to occur in a private area.

The use of video surveillance is an effective and recognized practice that significantly enhances the facility's ability to provide services to patients in a safe, sanitary and humane treatment environment – as required by section 708(2) of the Michigan Mental Health Code.

Video surveillance is a positive, objective tool to ensure patient, staff and visitor safety – but also as an ability to ensure a fair and appropriate substantiation and/or not substantiated rights violation, such as abuse and neglect on behalf of the patients, as well as the involved staff.

All precautions are taken to assure patient confidentiality. Patients are informed about video surveillance upon admission. To my knowledge, none of the facilities have received complaints from patients or family members regarding the use of the cameras.

The cameras do not have audio capability. They are used to monitor common areas of the facilities, such as hallways, congregate areas, some selected parking

areas, pharmacies, entrances to the facilities, nursing station areas, social activity areas, etc.

They are not used in:

- Patient sleeping areas.
- Bathrooms.
- Meeting rooms.
- Doctors' office.
- Treatment rooms.

Video surveillance has been used in the state facilities for several years. As funding becomes available, additional common areas are reviewed for potential use.

When an incident occurs, selected staff within the facility have the ability to review the video, which allows them to improve overall operational processes, enhance training, etc. based on what actually occurred – rather than having to rely on the recollections of patients and staff.

Access to video by the DCH Office of Recipient Rights has benefitted both patients and staff in an ORR investigation.

The use of video surveillance in the state facilities is not for treatment or therapeutic purposes – but rather for the purpose of health care operations, health oversight activities, and for the purposes of safety, security and performance improvement.

Video recordings are automatically deleted unless specific footage is necessary to be maintained due to a high risk incident, a potential sentinel event, or other incident that may involve additional review, such as law enforcement.

If recordings are retained, they are retained on a CD or other application for viewing on computers that have special programs installed for viewing purposes.

All steps are taken to ensure that any access to the recordings is secure, documented and properly stored.

Thank you.