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**THE SENATE  
STATE OF MICHIGAN**

**COMMITTEES:**  
HEALTH POLICY,  
MINORITY VICE CHAIR  
ECONOMIC AND  
COMMUNITY DEVELOPMENT  
REGULATORY AFFAIRS

Feb. 19, 2026

Elizabeth Hertel, Director  
Michigan Department of Health and Human Services  
333 S. Grand Ave.  
P.O. Box 30195  
Lansing, MI 48909

Dear Director Hertel,

Last September, the Office of the Auditor General confirmed that the Michigan Department of Health and Human Services is failing to protect the rights of mental health patients in state care. The findings were serious, and your department agreed that corrective action was necessary.

The audit found widespread failures in how complaints are collected, addressed and investigated, as well as in how patient rights staff are trained. Nearly 30% of complaints alleging abuse, neglect, serious injury or death were not retrieved or acted on for two to 12 days after being filed. Delays of that length are unacceptable and put vulnerable people at risk. When allegations of harm are raised, time matters.

On Jan. 9, your department released its final corrective action plan in response to the audit's findings. While the plan outlines intended and implemented changes, paperwork alone does not protect patients. It will require departmental leadership to overhaul our recipient rights system.

Your corrective action plan repeatedly states that written procedures have been developed, systems have been improved and tracking mechanisms have been implemented, including:

**Finding Number 1:** Improvement needed in collecting alleged rights violation complaints.

*Department Response:* A written procedure was also developed to ensure timely notification of allegations of abuse and neglect.

**Finding Number 2:** Improved timeliness needed in responding to complaints and carrying out investigations and interventions.

*Department Response:* A written procedure was also developed to ensure timely notification of allegations of abuse and neglect.

**Finding Number 3:** Improvement needed in the Office of Recipient Rights' monitoring activities to help minimize the potential risks of harm to recipients' well-being and/or rights.

*Department Response:* ORR initiated a work intake request and is actively transitioning from a paper-based filing system to an electronic system.

**Finding Number 5:** Improved communication of recipient guaranteed rights and ORR contact information needed in state psychiatric hospitals (SPHs).

*Department Response:* ORR will continue to work with State Hospital Administration (SHA) to ensure contact information is added to each rights information booklet prior to distribution. ORR will continue to work with the SHA to ensure signage is secure and less easily removed by staff or patients.

**Finding Number 6:** Improvement needed in the timely provision and monitoring of ORR and SPH employee training.

*Department Response:* ORR, MPHI, MDHHS Office of Human Resources and MDHHS Workforce Transformation implemented a robust process to track all MDHHS employees' date of hire and ORR training date of completion, effective January 2025. ORR has developed a new process with this employee group as well to ensure this training is being tracked appropriately.

**Finding Number 7:** Improved Appeals Committee training and education practices needed.

*Department Response:* ORR will document the distribution of training materials to new members going forward and will document any trainings held.

**Finding Number 8:** Improvements needed in Siebel CRM user access controls.

*Department Response:* MDHHS will enhance the current process to ensure the MDHHS CRM Administrator receives timely notification when users' access should be modified or disabled. Also, the MDHHS CRM has been established within the Database Security Application (DSA), which will document user access requests and approvals in a standardized access form that will include authorized roles and appropriate authorized requestor information.

Given the gravity of the audit's findings, I'm requesting the written procedures, documentation and supporting materials demonstrating that these changes are being implemented or are currently in use.

Transparency is essential to restoring confidence and ensuring accountability, especially when the state is responsible for the care of vulnerable individuals.

I'm prepared to work collaboratively to strengthen these protections for patients in state care, but that effort depends on clear evidence that reforms are being enforced as described.

I hope that your team now realizes that the current state of our recipient rights system cannot stand as is. I am focused on restoring trust in this complaint system to protect our kids and adults from future abuse.

I appreciate your prompt attention to this matter and look forward to your response.

Respectfully,



Michael Webber  
State Senator  
District 9

cc: Raymi Postema, Director, MDHHS Office of Recipient Rights

Sen. Sylvia Santana, Chair, Senate Appropriations Subcommittee on DHHS

Sen. Kevin Hertel, Chair, Senate Committee on Health Policy

Sen. Rick Outman, Minority Vice Chair, Senate Appropriations Subcommittee on DHHS

Rep. Jay DeBoyer, Chair, House Committee on Oversight

Rep. Luke Meerman, Chair, House Oversight Subcommittee on Child Welfare System

Rep. Matthew Bierlein, Chair, House Oversight Subcommittee on Public Health and Food Security