FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #11-100-9017
Elgin Mental Health Center

In June 2011, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center, Forensic Treatment Program, Hartman Unit. A complaint was received that alleged that a recipient's repeated requests for a new psychiatrist had been denied and that the recipient was also being denied a transfer to another unit because of his complaints and filing grievances. If found substantiated, the allegation would be a violation of the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102).

Recipients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

To pursue this investigation, the HRA reviewed relevant portions of the recipient's clinical record with written authorization. A site visit was conducted in August 2011, at which time the allegation was discussed with the recipient's psychiatrist and his case manager.

Findings

The complaint reported that a recipient has made repeated requests for a new psychiatrist and that the requests have been denied. And, that the recipient has not been allowed to move to the MISA (Mental Illness and Substance Abuse) unit because he has made numerous complaints to outside sources.

The MISA unit is an intensive treatment program located within the Forensic Treatment building and anticipated completion in this program is about six months. Once completed, the recipient returns to his original unit. It is then that the recipient would contact the court for court-approved privileges such as a grounds pass.

A review of the clinical record revealed data on a male recipient admitted in June 2010 after being found NGRI on the charge of aggravated arson. The Axis I diagnosis included alcohol dependence and marijuana abuse.

The treatment plan indicated that staff members were to encourage the recipient to participate in the on-unit substance abuse programs. During about the first seven months of the hospitalization, documentation showed that the recipient attended groups, he had individual therapy twice a week and he attended AA (Alcoholic Anonymous) and advanced MISA groups. In December 2010, the recipient asked about the process for a pass privilege and he was advised that

he would first be expected to attend the MISA program. In March 2011, documentation showed that the recipient was questioning his substance abuse diagnosis and it was noted that he did not appear ready to address his addiction.

At the site visit it was explained that a recipient with a substance abuse diagnosis would be expected to attend the MISA program. Although participation in the program is not mandatory, it works in the recipient's favor to show successful completion of this program when being considered for discharge. Center personnel did say that the recipient did not address moving to this unit/program with either one of them. It was stated that the recipient presented with many issues, but this was not one of them. And, it was further stated that the recipient would often vacillate between recognizing/denying a substance abuse problem, thus the MISA program was not in the forefront. There was nothing in the documentation to indicate that the recipient discussed this matter with anyone in his treatment team. It was offered that filing grievances would not prevent the treatment team from moving a recipient through a recommended treatment course.

Regarding the allegation that the recipient's repeated requests for a new psychiatrist were denied, it was stated there is one full-time and two part-time psychiatrists to serve the 47-bed unit. Individual requests for a change in a psychiatrist are typically not granted unless there is a good clinical basis because to build a trusting relationship, the recipient and physician must work together for some time. And, it was stated that often a request for a change in psychiatrist is made when the recipient is simply not happy with what the psychiatrist has to say about the treatment course. If requests of this nature were granted, changes would be made all the time and there would be no therapeutic benefits. The psychiatrist did say that sometimes he will ask another psychiatrist to evaluate a recipient to see if that psychiatrist agrees with the treatment course. And, the psychiatrists do meet to discuss certain cases for input and feedback. It was stated that the recipient filed a complaint with an outside agency about wanting a change in psychiatrist and that was when the psychiatrist learned about the recipient wanting a change. This was the only complaint, to the Center staff members' recollection, that was filed with an outside agency. As stated above, the recipient presented many issues, but this was not one of them. About two months ago, another recipient's clinical needs required that he/she be treated by another psychiatrist. It was at this time that the recipient (identified in this case) was moved to another psychiatrist. There was nothing in the chart to show that the recipient asked for a new psychiatrist.

The Center's grievance policy states that the recipient, the guardian and other interested parties are informed about the grievance process through the patient handbook and that the recipient's social worker and primary nurse provide education on reporting complaints. The policy shows how complaints are to be directed, both in-house and outside sources.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 5/2-102, "a recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. " Based on the information obtained, the allegations that a recipient's repeated requests for a new psychiatrist have been denied and that the recipient is also being denied a transfer to another unit because of his complaints and filing grievances are unsubstantiated.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

Pat Quinn, *Governor* **Michelle R.B. Saddler**, *Secretary*

Division of Mental Health - Region 2

Elgin Mental Health Center ▬ Singer Mental Health Center

RECOVERY IS OUR VISION
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

September 19, 2011

Ms. Kori Larson, Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Re: HRA #11-100-9017

Dear Ms. Larson:

Thank you for your recent review. As usual, it was very thorough. We are glad to hear that this allegation was unsubstantiated. Making the correct treatment decisions and recommendations for the patient's best interest is something staff at Elgin Mental Health Center strive for.

Please include our response in any publically released report.

Sincerely,

Paul N. Brock, M.P.A., M.H.A.
Hospital Administrator

PNB/JP/aw

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