FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #12-100-9011
Elgin Mental Health Center

In February 2012, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center, Forensic Treatment Program, F Unit. A complaint was received that alleged that a consumer's communication rights are being restricted - he had requested an address and was denied the information because it was contraindicated to his treatment; the consumer denied this assertion. It was also alleged that consumers are not getting enough to eat because the meal portions have decreased; requests for additional food items are ignored; food supplements (Ensure) are no longer provided, and the meal menus are not being followed. If found substantiated, the allegation would be a violation of the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102, 5/2-103).

Consumers 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 consumer's clinical record with written authorization. Interviews with the dietary department and case management staff were conducted to discuss the allegations. The HRA recognizes the full cooperation of Center personnel.

Findings

The complaint reported that a consumer wanted the address of a deceased actress and was told that he would not be able to obtain that information as staff said that that information would feed into the consumer's delusion. The consumer disputes this claim.

According to the clinical record, the consumer was admitted to the Center on November 18, 2011. The Social Worker told the HRA (and documentation confirms) that the consumer has had seven UST admissions since 2000 for misdemeanor charges and that Center personnel are quite familiar with him. Toward the end of January 2012, the Social Worker documented that a clinical team discussion was held regarding the consumer's request for a television news station address and the address of a late actress. The team felt that to approve the request would be feeding into the consumer's long standing delusions.

At the site visit, the Social Worker stated that when communication rights are restricted, the facility must receive a notice from the person receiving the unwanted communication requesting that said communication be stopped. A restriction of rights notice would then be given and the effected parties would be notified.

The Social Worker explained that the consumer's long standing delusions are quite involved and that the actress mentioned is part of that delusion. The Social Worker reiterated what was documented, in that the clinical team decided it would not be clinically beneficial for the consumer to have the address. A restriction of rights notice was not given.

Regarding the dietary concerns, it was stated that the dietary department serves about 392 consumers, 180 of which are on special diets (reasons vary: religious, vegetarian, medical, etc.). It was explained that the consumers receive 2400/2500 calories per day, plus two snacks- for an additional 35-200 calories. It was offered that the Food and Drug Administration recommends a daily allowance of 1800 calories for those persons with a sedentary life style. Center personnel stated that an in-house survey was completed and it was found that ninety-six percent of the consumers at EMHC gain weight during the hospitalization. The weight gain reasons included sedentary life style, number of calories provided by EMHC, availability of vending machines, and outside food brought in by guests. The survey prompted the dietary department to revisit its delivery of services mainly the daily caloric intake was reduced. Should a consumer need any dietary change (increase of portions), this must be ordered by the consumer's physician and the order would be carried-out. However, an order for double portions, for example, is rare. Should a consumer need a food supplement such as Ensure (a product that benefits consumers who have malnutrition, are at nutritional risk, or are experiencing involuntary weight loss), the physician must order the supplement.

According to the consumer's clinical record, the physician ordered the food supplement at the time of admission; admission weight was 135 with an ideal weight of 165. The consumer refused to be weighed weekly. In late December 2011, progress note documentation noted that the consumer was informed repeatedly that "obesity or overweight causes increased mortality and morbidity and that [word illegible] supplementation of diet is not necessarily a safe practice". The food supplement was discontinued. It is noted that in early January 2012, the recipient finally agreed to be weighed and he had gained 16 lbs.

Menus and nutritional information are posted in the units and the menu items do change once or twice a week, usually because vendors providing items refuse delivery due to the State not paying its bills. It was stated however, that substitutions are made - for example, if sausage is not delivered/available a meat substitute would be made. It was stated that ninety percent of the food items are made from scratch.

Regarding the assertion that the meal portions have decreased, the serving trays were changed during the first part of February 2012. The hot food is placed in three compartments which are separated by the flatware slot for the two cold food compartments. The old trays had compartments for a beverage and were overall much larger. However the food compartments are the same size. It was speculated that because of the overall size of the new trays, consumers might perceive that the portions have decreased; the HRA was assured that the portion sizes have not changed. The Dietary Department supplied the HRA with copies of various menus that include the recommended portion, calorie, fat, carbohydrates, cholesterol and sodium intake.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code 5/2-103), "a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. Unimpeded, private and uncensored communication by mail, telephone, and

visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect". The recipient requested that staff obtain an address, this request was denied. The HRA concludes that this denial does not mean that the recipient's communication rights were violated. However, should the consumer obtain this address on his own and a subsequent restriction is given, staff members must ensure that there is supportive data to explain that the restricted communication would prevent harm, harassment or intimidation.

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 HRA recognizes that the consumers might see the meal on the new trays and think that the portions have decreased; we found no evidence to support this claim. Some consumers might feel that they are not getting enough to eat, not because a decrease in food portions, but because of the new tray. Caloric intake has been reduced in keeping with federal guideline and due to weight gains by the majority of facility consumers. Requests for additional food items must be discussed with the physician and an order must be obtained before the dietary department can honor this request. The HRA found that food supplements are being provided and again, this must be ordered by a physician. By admission, meal menus are sometimes not followed due to circumstances beyond the control of this department, however, substitutions are to be made. The HRA does not substantiate the dietary allegations.

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

April 6, 2012

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

Re: HRA #12-100-9011

Dear Ms. Larson:

Thank you for your thorough review of this patient's concern. Elgin Mental Health Center staff strive to provide the highest level of treatment quality. We are glad that this concern was found unsubstantiated.

I would request that this response be included with any public release of your Report of Findings.

Sincerely,

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

PNB/tms

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