FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Elgin Mental Health Center
Report of Findings
HRA #12-100-9022

Introduction

The North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (hereafter referred to as Center), Forensic Treatment Program, L Unit. A complaint was received that alleged that a consumer was unjustly restricted from going to the trust fund that resulted in an unjust unit restriction. The rights of consumers receiving services at the Center are protected by 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.

Methodology

To pursue this investigation, the HRA conducted a site visit in October 2012, at which time the allegation was discussed with the consumer's Case Manager and his Psychiatrist. The consumer whose rights were alleged to have been violated was interviewed by telephone and in person. Portions of the consumer's clinical record were reviewed with written consent.

Findings

The consumer reported that while signing out for the workshop program, he advised the staff member that he was going to stop at the trust fund before going to the workshop. The staff member said he could not do this, as he was only to make one designation per sign-out. The consumer reported that he has gone to the trust fund on his way to the workshop on many occasions and he never had a problem. The consumer and staff member discussed this, and the staff member eventually refused to give the consumer his pass. The nurse manager and the consumer's social worker were subsequently contacted for input and a decision was made to place the consumer on a 48-hour restriction.

According to progress notes, on April 24, 2012, the consumer became highly agitated because he was not able to go to the workshop from the trust fund. Documentation showed that he became loud, disruptive and verbally abusive, raising his voice while stating - "you are violating my rights and are being disrespectful- I've done this before." The consumer went to his room to retrieve his trust fund transaction, and documentation indicated that he slammed his door as he exited his room. Documentation explained that staff members - his Social Worker, Nurse Manager and a STA (Security Therapy Aide) attempted to talk to him and verbally counsel him but to no

avail. It was documented that he continued to be loud and disruptive; security personnel were subsequently called for a walk through (this is used when it is felt that Security presence may deter or lessen the escalation of a volatile climate or any other situation that may be potentially dangerous to the safety of consumers and staff). The note continues by saying that the consumer's first choice for personal safety was seclusion so he was encouraged to go to his bedroom to calm down. After being argumentative for a few minutes, he went to his room. He received a 48-hour loss of privilege for the verbal abuse and his building pass was held until further notice. A few hours later a Special Staffing was held with the Unit Nurse, the Unit Psychiatrist, the consumer's Social Worker and the STA. The consumer was asked to explain what happened and he stated that he wanted to go to the trust fund and the workshop in one trip. He was informed that policy says that he cannot go to two places in one trip. It was documented that the consumer was saying that he was being disrespected by staff and because of staff stupidity he was not allowed off the unit. The note goes on to say that the consumer was unable to carry-on a rational conversation and he was rigid and fixated on his point of view. He was then placed on frequent observation for unpredictable behavior.

The following day (April 25th) the consumer was evaluated and it was documented that his mood remained very angry and hostile; he became loud and was pointing his finger at the psychiatrist; the restriction remained in effect. Progress notes showed that his Psychiatrist went to the trust fund office on the 25th for the consumer so that the financial business could be completed. The trust fund is open three days a week.

On the 26th, the treatment team met with the consumer; it was written that he continued to be angry about the incident, he would not take any responsibility for his behavior and had "slammed the table" saying he will shut-down the hospital. The consumer was seen by the team 24 hours later and documentation showed that he remained angry, hostile, paranoid and made a threatening statement to his Social Worker. It was then documented that the consumer's behavior was very similar to what he believed his neighbor was doing who was the victim of his NGRI offense - he believed the neighbor lied, disrespected him and set him up. On May 1st, the assessment was conducted and the consumer agreed to work with staff and apologized for raising his voice. It was noted that the consumer's point was validated that some staff members follow unit policies more strictly than others, which some times leads to miscommunication. The consumer finally agreed that if this happens in the future, he will bring the matter to the appropriate staff member to avoid confusion. The frequent observations were discontinued and the consumer was allowed to go off unit with a staff escort. On May 2nd, the consumer's building pass was reinstated; on May 15th he was given a limited on-grounds pass; on May 29th his unsupervised grounds pass was reinstated.

At the site visit, Center personnel stated that per unit policy consumers can only go to one location at a time. When the consumer signs-out, he/she must write down where they are going; in turn, staff then document what the consumer is wearing. The program location (with the exception of the trust fund) is contacted to ensure the safe arrival of the consumer. When the consumer identified in this investigation was told that he could not sign-out for the trust fund and the workshop, his behavior became a concern. The psychiatrist stated that this consumer typically does not display this type of behavior, and because it seemed similar to his crime, they needed to proceed with caution. It was stressed that he was not restricted for trying to go to the two designations during one trip, but the restriction was a result of his unpredictable behavior. And, he was not restricted from access to the trust fund.

The Center's Grounds Pass Privileges policy states (in part) that patients who desire to use their "Grounds Pass Privileges for treatment related activities including activities at the Rehab Building Workshop, FTP Workshop and Program Building for education cases, work or horticulture, must comply with the following procedures:

1) the individual must sign-out on the unit on the appropriate sheet designated for this purpose.

2) the sign-in, sign-out sheet will contain the following information:

(a) name of the patient and ID.
(b) destination.
(c) time out (initialed by staff).
(d) time in (initiated by staff).

Following completion of the sign-in, sign-out sheet and upon leaving the unit, the patient must go directly to his/her designated activity. When a patient leaves the unit, the STA will contact the staff responsible for the designated activity which the patient will be attending to inform them of (a) the name of the patient, (b) the time the patient left the unit and (c) the specific activity he/she will be attending".

The policy also states that the "Grounds Pass, being a contingent privilege, may be temporarily revoked at any time by a certified staff member or the Clinical Treatment Team. The reasons for temporarily revoking a Grounds Pass are to be based on any of the following: current clinical condition, current behavior, violation of Facility, Program or Unit Rules, Failure to Comply with Specific Stipulations of the Patient's Treatment Plan, Failure to Handle Pass Privileges in a Behaviorally Appropriate Manner. Once a Grounds Pass has been temporarily revoked, the rationale for that decision is to be clearly explained to the patient. In addition, that decision and its rational are to be documented in the Progress Notes by the staff involved in the decision. A decision to temporarily revoke grounds privileges is to be reviewed by the unit clinical staff on the next regularly working day, or sooner. This review process may take place in either of the following manner: 1) it may be reviewed in a Interdisciplinary Treatment Staff meeting or Special Incident Staffing with the Psychiatrist/Physician reviewing the decision before final approval is given. 2) It may be reviewed in a clinical meeting which includes the patient's caseworker, a nurse and the psychiatrist/physician.

Should the consumer not have a grounds pass, the consumer would access the trust fund with staff escort. The Center's Off-Unit Supervision of Forensic Patients policy states (in part) that the Center is a medium security program and specific procedures must be in place when escorting consumers without grounds pass privileges off the unit and within the fenced perimeter of the FTP complex. The policy indicates four levels of supervision needed whenever a consumer is taken off the unit, but not off grounds. The four levels include: 0 means two staff must provide an escort; 1 means one staff to one consumer; 5 indicates one staff member to five consumers; 10 means one staff member to ten consumers; P means that the consumer has a Pass for unsupervised on-grounds privileges. The policy states that prior to leaving the unit, the consumer shall be screened to determine 1) if they present an unauthorized absence risk; 2) if their clinical condition is appropriate as it relates to being in the areas; 3) if they are considered a behavior management problem; 4) if they have complied with the facility program and/or unit rules and regulations. The policy states that a review of the consumer's status is to be completed on a weekly basis.

The Illinois Department of Human Services Special Observation Program Directive states that a safe and therapeutic environment entails providing a level of observation for each individual served that is appropriate to the individual's clinical needs. In some instances, an individual's clinical condition requires enhanced levels of observation/ Frequent Observation is a special observation where individuals are observed and monitored by staff every 15 minutes. The Directive states that individuals on special observation are restricted to the unit except for medical tests, court visits, or as ordered by the facility medical director or his or her physician designee. A daily face-to-face assessment of the individual's continuing need for and response to special observation will be made by the physician.

The Center's FTP Cashless System policy states that it is the policy of the "Forensic Treatment Program that a cashless system be the mode of operation for business dealing and

financial transactions requiring purchases, payments, etc., for patient services, etc., and the use of cash by patients will be limited to specified programs which will require prior and special approval from the Program Director." The policy goes on to stated that patients must have unlimited access to their Trust Fund account unless it is clinically determined that some restrictive measures must be imposed.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code Section 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 consumer received a loss of privilege (grounds pass) and he was placed on frequent observations due his clinical condition. The HRA concludes that the consumer was not unjustly restricted from the trust fund that resulted in an unjust unit restriction; the allegation is unsubstantiated.

RESPONSE

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

at Quinn, *Governor*

Illinois Department of Human Services

Michelle R.B. Saddler, *Secretary*

Division of Mental Health - Region 2
Elgin Mental Health Center

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

December 26, 2012

Ms. Kori Larson - Chairperson
North Suburban Regional Human Rights Authority
1511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Re: HRA #12-100-9022

Dear Ms Larson:

Thank you for your thorough review of this matter. I note that none of the allegations were substantiated. The patient's loss of privileges was related to a deterioration in his clinical condition that was clearly documented in his chart as is our facility policy. The staff at the Elgin Mental Health Center strives to provide the best possible care and treatment for our consumers. As always, we will continue to work to quickly resolve any consumer concerns.

Please include our response with any public release of your Report of Findings.

Sincerely,

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

PNB/JP/lf

570 E. State St. Elgin, IL 60123-7692 Voice (847) 742-1040 TTY (847) 742-1073