
**FOR IMMEDIATE RELEASE**

METRO EAST REGIONAL HUMAN RIGHTS AUTHORITY

REPORT OF FINDINGS

HRA CASE # 12-070-9017

ALTON MENTAL HEALTH CENTER

## INTRODUCTION

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of complaints at Alton Mental Health Center (Center), a state-operated mental health facility that has 125 forensic patient beds in Alton. The allegation states that the Center violated a consumer's rights when it did not provide adequate and humane care when administering medication and when restricting rights.

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-102) and Alton Mental Health Center's policies.

Specifically, the allegation states that a Physician authorized the administration of psychotropic medication that resulted in medical problems and that the Center has restricted the consumer for several years from unimpeded visitation.

## METHODOLOGY

To pursue the investigation, an HRA team visited the Center and interviewed a Security Officer, the Medical Director and a Licensed Social Worker (LCSW). The HRA Coordinator shared with HRA members correspondence he had with the consumer.

## STATUTES AND RULES

Pursuant to the Mental Health Code:

> 'Adequate and humane care and services' means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonably calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others. [405 ILCS 5/1-101.2]

> (a) No recipient of services shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the

Constitution of the United States solely on account of the receipt of such services. [405 ILCS 5/2-100]

(a) 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.... In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. (405 ILCS 5/2-102).

Except as provided in this Section, 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....

(c) 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. However, all letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, Guardianship and Advocacy Commission, or the Agency designated pursuant to "An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named", approved September 20, 1985, officers of the Department, or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities.

(d) No facility shall prevent any attorney who represents a recipient or who has been requested to do so by any relative or family member of the recipient, from visiting a recipient during normal business hours, unless that recipient refuses to meet with the attorney. (405 ILCS 5/2-103).

## ALTON MENTAL HEALTH CENTER POLICY/PROCEDURE

The Alton Mental Health Center contraband list states:

...6. Glass and/or glass bottles and plastic bottles greater than one (1) liter....

Alton Mental Health Center Policy Number: 02.06.04.01 states:

Roles of the Treatment Team Members....Review the following:

A. Attending Psychiatrist:

The attending psychiatrist functions as the leader of the treatment team and has the ultimate responsibility for the direction of clinical services that are to be provided to the patient, as well as for monitoring the effectiveness of the treatment modalities. In addition, the psychiatrist is to provide guidance regarding the collection and interpretation of data regarding the patient. The psychiatrist is the leader of the interdisciplinary treatment team and will facilitate the treatment planning/review meetings/process.

The psychiatrist is responsible for evaluating the overall treatment that the patient receives with input from the treating medical physician, the nursing staff, and other team members in order to assure that it is consistent with the overall plan of care written/ordered for the patient. The psychiatrist is responsible for monitoring the use of medications, especially the psychotropic medications, as a treatment modality. The psychiatrist has the ultimate responsibility for approving the treatment modalities that will be administered to the patient by all other clinical staff, along with the ongoing monitoring of their effectiveness.....

D. Patient

The patient will be actively involved to the extent that the current clinical condition will allow. As such, the patient will participate in the Interdisciplinary Treatment Team meeting, and contribute to the defining and prioritizing of the problem areas. In keeping with the PPD 02.06.04.01 in Treatment Planning, the individuals' treatment should respect their choices, support their participation and recognize their right to assume responsibility for their treatment. A goal of the process is collaboration in making decisions that effect the individual and the quality of his/her life. *Treatment Planning* incorporates the values of Recovery and Psychiatric Rehabilitation, including: Choices, Empowerment, Satisfaction, and Hope.

The Social Worker will document how the patient is participating in their Treatment Planning process on Part IV (Section 2) Treatment Planning/Review of the Treatment Plan.

## VISITATION POLICY

...One staff member is to remain with the patient in the visitor's room and one staff member is to process the visitor(s). Patients are NOT allowed to remain in the visitor's room without staff supervision....

....4. The staff member designated to process the visitor(s) will proceed through the double door on the visiting room side, obtain handheld metal detector from foyer area and enter into the main entrance lobby in order to screen the visitor.

A. Staff will direct the visitor(s) to deposit all personal belongings (purses, coats, contents of pockets, etc.) in the lockers located in the main entrance area of AFC. The only exception to this requirement would be approved personal items which are required during the visit (personal papers which must be read by the patient, etc.). The items will be placed in a container and staff will inspect all items the visitor(s) wishes to take into the visitor's room for this purpose, with the exception of legal papers carried by the attorney, which would only be scanned by a metal detector....

....Any personal property items brought for the patient will also be searched as described below. If any prohibited items are found, staff will ask the visitor(s) to place the item(s) in the lockers or take back to their car. Food or beverage items are not allowed to be brought into the facility by family or significant others.

Patients may take sealed unopened items purchased from vending in visitor's room back to their unit.

The visitors will be asked to pull out ("rabbit-ear") any pockets they have.

The visitor will be scanned with the handheld metal detector....

During the visit, staff are to maintain visual surveillance at all times, while respecting the patient's right to privacy to the greatest extent possible.

....At the end of the visiting time, the unit is contacted to come and assist with the return of the patient. The visitor(s) will leave the visiting room first under the supervision of the staff, once the second unit staff person is present to stay with patient.

The patient process continues: The patient will then be escorted to the hallway outside the visiting room, adjacent to the control station.

Staff will then conduct a thorough pat search of the patient before returning to the unit (as described in detail in P/P 2A.03.416 - Search of Patients, Property, and Parcels). If, in staff's opinion, a pat search is not sufficient to address the possible issue of smuggling contraband, then the CNM is to be contacted to consider other security measures.

The patient will return to the unit under escort, via the walk-through metal detector. Any property returning with patient will also be passed through the metal detector. The patient and any property returning with the patient must be searched by a second staff member immediately upon return to the living unit.

Under no circumstances is a patient to be returned to a living unit without being searched.

The visit will not proceed if the visitor does not comply with this procedure. The CNM and security shall be notified if a visit was terminated for this reason.

## FINDINGS

The consumer said that he was admitted to the Center in December 2009 by a court as Unfit to Stand Trial (UST). After admission, a Center Physician declared that he was malingering or faking mental illness. The consumer explained that soon after admission, he was caught with a pill that was given to him by another patient and the staff accused him of obtaining that pill from a visitor. The consumer stated that at about that time another consumer experienced what was called an overdose and that the consumer's Physician blamed the consumer for "allegedly" providing the opiates that caused the overdose.

The consumer explained that after the caffeine pill incident, his treatment team reacted by restricting visits and possession of cosmetics and he is limited to using one electronic device. The consumer said that he is forced to use Center issued toiletries, which are harsh on his skin and that he has to purchase cosmetics from the token store which are not the kind that he prefers and are expensive.

The consumer stated that after these events, the Physician prescribed a high dosage the psychotropic medication Haldol. The consumer stated that immediately he began to decline mentally and physically, his speech became slow, he began to drool and that his motor skills began to deteriorate. According to the consumer after a prolonged period taking a high dosage of Haldol every day, he passed out, fell and was taken to a local emergency room. The consumer said that the emergency room Physician told him that passing out and falling was a result of being over-medicated. The consumer stated that two years later the restrictions are still in place and his treatment team refuses to address these restrictions.

The Medical Director stated that the consumer is considered a high risk to endanger the safety of himself and others and that visits are restricted because it is believed some visitors brought him contraband. The consumer is allowed visitation with a few family members; however, he is not allowed to have personal grooming products because the Center believes he may have received the contraband in those products. According to the Medical Director, the restrictions were, in part, the result of a dangerous situation that took place when the consumer received contraband that may have included a narcotic. He shared that contraband with another consumer who, after taking the drugs that included amphetamines and a narcotic experienced a life threatening situation.

The LCSW said that the consumer has made progress and that some of his restrictions have been lifted or reduced.

When asked about the size of the soda bottle found in the consumer's room he replied that he believed it was a twenty ounce bottle from a vending machine.

## DOCUMENTATION

### Medication Administration Record

The MAR from August 2011 indicates that the consumer was administered Haloperidol 5 milligrams [mg] at noon and 15 mg at 2100 [hours] for a total of 20 mgs per day.

An MAR recorded in February 2012 verifies that the dosage of Haloperidol administered each day was 2.5 mg.

The Consent to Psychotropic Medication form dated December 6, 2011, signed by the consumer states:

Haldol 0 - 100 mg per day....

### Hospital Discharge Form

The regional hospital discharge form dated 09/28/11 states:

[The consumer] fell, possibly because he was over-medicated...

### Treatment Plan

The annual treatment plan review conducted 12/06/11 states:

This was [the consumer]'s annual treatment plan review.... [The consumer] was admitted to [the Center] 12/30/09 as unfit to stand trial. There have been no significant changes in clinical condition this period. [The consumer] continues to report symptoms; however, there is no

evidence of theses symptoms, only self reports. [The consumer] is socially withdrawn with minimal interactions with others, particularly professional staff. He has continued to be out of his room more this reporting period. He presents as guarded and paranoid. He continues to verbalize that the court is satanic and has conspired against him.... [The consumer] has consented to medication. He has adhered to the medication schedule. Klonopin was reduced 08/09/11. On 09/28/11, medication was decreased. On 12/06/11 medication was again decreased.

Physical aggression: He has poor impulse control and low frustration tolerance. His insight and judgment are considered impaired. There is a history of physical aggression and violence. He has not engaged in any overt maladaptive behaviors necessitating restraint or seclusion this recording period.

Due to the seriousness of [the consumer]'s behavior, the team reviewed appropriate safety measures. After thorough review and modifications 07/26/11, the following remains in place. 1) All medications remain crushed. 2) Weekly room and pat searches [randomly]. 3) No personal grooming items [only state-issued grooming items] to limit possible access to contraband. 4) He is to use only state-issued bed linen. 5) High risk visitation. The team has approved his mother and daughter only for visitation. This approval continues.

[The consumer] is medically stable. On 09/27/11, [the consumer] was drowsy and unstable on his feet. He fell down on the floor sustaining abrasions to his right flank. He could not remember what happened. He was transported to the ER. No significant findings. He was placed on one-to-one observation and medically unit privilege for monitoring. On 09/28/11, he was removed from one-to-one and placed on frequent observations. On 10/14/11 he was removed from medical unit privilege status. He will report occasional back pain. He received medication for pain management. There have been no serious illnesses or injuries since admission. Medical staff continues to monitor his physical condition....

Problem: Unfit to stand trial. The treatment team continues the opinion that [the consumer] is fit to stand trial at this time and that he is malingering. [The consumer] has refused further testing to rule out or confirm malingering. Reports have been submitted to the court reflecting this opinion. He had a fitness hearing 12/14/10 in [a regional] county court. The court ordered another independent evaluation. He was remanded back to DHS. The independent evaluation was conducted by [a psychiatrist] on 04/15/11. This independent evaluation opined that [the consumer] remained unfit to stand trial. He had a hearing 07/25/11 in [county court]. The court ruled that [the consumer] remained unfit to stand

trial and he was remanded back to DHS for further treatment. His period of treatment was extended two years pursuant to the D1 section of statute....

Short Term Goals: [The consumer] will have zero incidents of possession pills/contraband for six consecutive months

Early in this hospitalization, he was in possession of contraband pills. He gave pills to a peer who took them and required a trip to the hospital for medical treatment. During a previous hospitalization, he was in possession of contraband items, cigarettes, lighters, etc. He has poor impulse control and low frustration tolerance. His insight and judgment are considered impaired. There is a history of physical aggression and violence. He has not engaged in any overt maladaptive behaviors necessitating restraint or seclusion this past year. [The consumer] has consented to medication. He has adhered to the medication schedule. The safety measures in the problem plan have been reviewed and renewed weekly. On 07/26/11 these safety measures were modified. [The consumer] continues to be a threat to the safety of the unit and himself due to his significant history of dangerous behavior. Because he has remained on these safety measures, he has not had contraband of medications or pills in his possession.

Strengths: [The consumer]'s family appears interested in his care and treatment. Is medically stable. He is able to verbalize his needs and wants.

Limitations: He has a significant history of non compliance with treatment. He is refusing treatment at this time. He has a history of substance abuse. He has a history of aggression as well as contraband violations. He has a significant legal history with multiple incarcerations with DOC [Department of Corrections].

**Progress Notes:**

02/03/12: Treatment team reviewed [the consumer]'s high risk visits on this date due to his request for visit to commence with [name of potential visitor]. [Visitor's name] added to high risk visit list/approval form, signed by treating psychiatrist and social worker per policy. Independent Clinical Review [ICR] recommendations reviewed. It was recommended in ICR that [the consumer] have one month of no contraband prior to visits taking place. Last episode of contraband was on 01/05/12 [a soda bottle was found in room], thus visits can take place at regular visiting hours as of Saturday 02/04/12 and should commence per policy. Copy of high risk visitor approval form provided to Clinical Nurse Manager to take to Control staff. Treatment team review visits on 02/06/12 during morning report

Assistant Director will follow-up with any concerns at that time. Written by a Social Worker.

02/03/12: As described in the Social Worker's note about an additional name was added to high risk visitor list. We discussed the possibility of having security monitor the initial visit, but decided that [the consumer]'s restrictions of grooming items and additional searches were sufficient safeguards against contraband. Patient does still require restriction of high risk visits....Written by the Psychiatrist.

**Psychiatric review of progress:**

The Psychiatric Review of progress states....Other treatment issues or consultation reports/medical trips over reported treatment period: continue on modified safety restrictions: 1) High risk visits. 2) Weekly room and pat searches [randomly]. 3) No personal grooming items. 4) He is to use only state issued bed linen.

These safety measures are required due to [the consumer]'s history of smuggling items into the hospital, including tablets which then led to another patient's requiring a trip to the emergency room. During previous hospitalizations, [the consumer] has hidden contraband in grooming items, and he has received contraband from visitors. Hence, high risk visits and only state issued grooming items. His personal bed linens have a hem which would also allow more space for concealing items. No less restrictive measures are appropriate. In May, 2010 and again in July 2011 his restrictions were relaxed. He earned a UBP [unsupervised building pass] but lost it after he was found with a soda bottle in his room in January, 2012.

**Notice Regarding Restricted Rights of Individuals**

The HRA reviewed numerous notices regarding restrictions that have been issued weekly. The Notices routinely stated that the consumer had restrictions placed on certain rights, including, the right to 1) refuse weekly room and pat searches, 2) high risk visits 3) no personal grooming items...for protection of self and others due to past possession of contraband.

## CONCLUSION

According to the Code, adequate and humane care means services reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonably calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or

others. Additionally, 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, which is formulated with the recipient's participation to the extent feasible (405 ILCS 5/2-102

The allegation that the Center violated a consumer's rights when it did not provide adequate and humane care when administering medication is not substantiated. That is, the HRA cannot verify that the administration of 20 mg of Haloperidol may be considered inadequate treatment.

The HRA notes that the dosage of Haloperidol was reduced from 20 mg to 2.5 mgs per day after his visit to the hospital in August 2011. However, there are concerns that the record documents that the Center believes the consumer is malingering, a medical term that refers to fabricating or exaggerating the symptoms of mental or physical disorders for a variety of "secondary gain" motives and yet it administers psychotropic medication.

## SUGGESTION

The HRA suggests that the Center review this case and, if it continues to conclude the consumer is malingering, take action to review and adjust his treatment plan appropriately.

## CONCLUSION

Regarding the allegation that the Center violated the consumer's rights when it has imposed restrictions for the past year is substantiated. The HRA notes that the restrictions are based on accusations that the consumer received and shared contraband and has a history of inappropriate behavior. The exact date of the contraband incident was not determined by record review; however, it is documented that the incident occurred prior to May 2010. According to the record, the Center did not confirm or deny that the consumer was responsible for another consumer's overdose.

Also, documentation states that the consumer has "not engaged in any overt maladaptive behaviors necessitating restraint or seclusion [between September 2011 and the present]."

The Center visitation policy calls for visitors and consumers to consent to search after visitation.

## RECOMMENDATION

The HRA recommends that the Center convene the treatment team and review the recipient's progress on goals related to contraband and visitation. Consider the continued need for restrictions based on progress and, if restrictions continue to be needed, document specific and measureable objectives to be met in order to lift the restrictions.