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-HUMAN RIGHTS AUTHORITY – METRO EAST REGION
REPORT OF FINDINGS

Case #14-070-9038
Alton Mental Health Center

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations with services at Alton Mental Health Center. The complaints alleged the following:

A recipient's request to change units was denied even though the recipient has conflicts with a peer. The recipient inappropriately lost his job and 3 months of privileges over a misunderstood communication with a peer. And, there are differences in the ways in which the different units impose restrictions and allow access to electronics.

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and the Illinois Administrative Code (59 Ill. Admin. Code 109, 110).

Alton Mental Health Center is a medium security mental health care facility largely populated in a forensic unit, serving 120 patients between the ages of 18 to 55. 110 of the individuals served are in the forensic unit, of which 88 are male and 22 are female. Alton Mental Health Center employs 220 staff members, and ensures that patients are supervised 24/7. The average length of stay is 90 days for individuals who were found unfit to stand trial (UST).

To investigate the allegations, HRA team members met and interviewed members of the Alton Mental Health Center staff and reviewed documents pertinent to the case.

INTERVIEWS

HRA staff interviewed a service consumer by phone who reported that a peer threatened him twice so he requested a unit move; the request was denied even though a peer requested and was granted a unit move for similar reasons. The consumer also reported that he became upset over a provocative television show that peers were watching and about which the peers were making inappropriate comments. He stated that he told the peers the show was "perverted" and one peer claimed the consumer called him a name. After the incident, the consumer stated he lost his pass privileges for 3 months as well as his job in the print shop while a peer who was in a fight only lost pass privileges for a month and was able to maintain his job. The consumer stated that he did try to discuss the issue with his treatment team to no avail. The consumer also reported that consumers on unit A2 appear to get more television time and more access to headphones and other electronics than consumers on unit C2.

An HRA team interviewed facility staff who stated that pass privileges are related to behaviors and reviewed by the treatment team. Ultimately, they are court ordered; the court

order is sent to the central office in Chicago for review and is returned to Alton so they can agree or disagree. Pass privileges are geared to individuals' level of responsibility. If pass privileges are lost, job privileges are also lost per policy. The job programs are extremely small with limited funding and jobs come with no guarantees. The print shop pays minimum wages and staff use caution as to who is allowed to work there because the shop contains sharp objects which would be considered contraband outside of the print shop.

Staff also reported to the HRA team that the facility received a written request for a unit change from the consumer in this case which was delivered to the treatment team. The team determined that a move was not appropriate due to the recipient's aggressive behaviors and the consumer was not at risk of harm from unit peers. No one has shown aggression against the recipient this year; he has been the aggressor as per staff. Regarding the complaint about electronics rules differing between units, staff explained that the policy on electronics is universal across all units.

FINDINGS

Record Review

A complaint form, completed by the recipient, dated 12/22/2013 reads "I [recipient] got in an argument with a patient a year ago about that I owed him \$8.00. But I didn't and he was threatening me. He was saying he was going to fight me and kill me when I get out. Cuz he stays closest to where I stay. And I asked to move the first time he sayed this but they told me to just deal with it. Now it happen again and he threaten me again at first they was saying just deal with it again until I asked to move to a different unit. They told me to write a letter to [illegible]. When I say they I'm talking about case worker [staff] and my Doctor. And then another incident happen with [recipient] on the phone. He say's I said something to his girlfriend. Which I didn't and I ask to move and they still told me to deal with it. I losed my job and my privileges. I asked to move so this wouldn't happen. I'm trying to get out and better my life. Please get me off this unit. Thank you." The response for this complaint reads "Team assessed and privileges given back. Patient met with team and no longer wants moved off the unit."

A progress note, dated 12/23/2013, reads that the recipient "reported to unit RN that he does not feel safe on the unit. Interviewed [recipient] in hallway. Earlier he was observed smiling, laughing, and joking with one of peer. He reported that the peer is threatening him and makes him feel unsafe. He reported that this peer threatened to kill him after he got out. He says he might assault me in bathroom and I will have to defend myself." On 12/24/13 the progress note reads "Reviewed records, discussed with staff and interviewed [recipient] ... Reports that he does want transfer to A unit. Reports that he can be scared to bathroom. Reports 'he threatad to get in bathroom.' Reports that on unit he feels safe, has escape route, can back off and go to staff, but that in bathroom he 'feels cornered.'" Another note on that date restates that the recipient feels unsafe in the bathroom and staff are to escort him into the bathroom. Contained in the progress notes provided to the HRA by the facility, dated 5/28/2014, there is another section of the notes written by the recipient which reads that he was threatened by another patient twice in a year; the peer was going to assault him in the bathroom and when they leave the facility, and then the peer told the recipient that he was going to get him in trouble and accuse him of being

the one who made the threat. The note states "He threaten me twice and they still did not move me to a different unit. Another man had the same problem or issue. They moved him the next day."

A progress report note, dated 11/6/2014 reads "This nurse was just notified that pt. filled out consumer complaint about other peer #828604 ... pt reports peer #828604 is constantly saying things to him that make him angry and it has been reported in the past. Pt reports that matters may have to be taken into clients own hands and someone is going to get hurt or killed per source. [Staff] was called at this time. He states he will come to the unit to speak with this pt." Another note dated 11/7/2014 reads "Reviewed previous note with unit RN and met with [patient] yesterday before lunch and with social worker and examined his consumer complaints. The complaint does not reference any threats but is full of 'F' words. [Patient] was counseled and allowed to vent." Another entry, dated 11/6/2014 reads "Spoke with [patient] responding continuous complaint. He said that he is tired of being harassed by client #828604 and feels we are not doing anything about it. He also said if we don't do something people are going to get sick of dealing with him and he could get hurt by someone or even killed. People can get murdered in here you know if they get sick of stuff and you people don't do anything. But I'm not doing anything, just saying. Ensured [patient] we would keep him safe and deal with the issue immediately. [Patient] also agreed not to harm anyone and to go to staff if feeling unsafe."

The HRA reviewed Alton Mental Health policy titled "Transfer of a Patient" which reads "It is the policy of the Alton Mental Health Center (AMHC) that patients are to be treated in the least-restrictive setting appropriate to their clinical needs and as close to their respective home settings as possible." The policy proceeds to explain that there are two scenarios when a patient may be transferred within the facility, and they are non-emergency and emergency situations. The non-emergency transfer is "... defined by a vacancy on a unit that serves a designated patient population (such as the Not Guilty by Reason of Insanity (NGRI) unit, the dual diagnosis MI/MR unit, the Unfit to Stand Trial (UST) units, and there are no patients on the facility's pending admissions list that have the qualifying criteria to be admitted to the unit where the vacancy is located." The procedure states that when this occurs, the patient's treatment teams will decide whether there are any patients eligible for treatment on the vacated unit and then demonstrates the steps staff are to follow. The emergency unit-to-unit transfer is defined as "... a crisis situation, usually due to a patient's behavior or a change in the patient's legal status." The policy then explains the process followed with an emergency patient transfer. There is a note in the policy which reads "If a patient has a legacy of prior behavioral issues and/or concerns, which might contraindicate transferring the patient back to the unit of origin, or to a unit in which the patient may have contact with another patient with whom he/she had prior problematic behaviors with; a 6 month time frame may be considered to limit that patient's transfer to the designated unit." There is no statement in the policy regarding a patient requesting a transfer. The recipient's treatment plan review/report, dated 4/30/2014 reads "[Recipient] requested a transfer to A unit, however, the clinical nurse manager noted that [recipient] had previously been moved from A unit to C to avoid difficulties on that unit. The other unit is an admissions unit where many of the residents are likely to be less stable and would be more stressful. [Recipient] has a petition for treatment in a less secure setting or conditional Discharge and is awaiting an independent evaluation."

In reviewing a history of unit transfers, the recipient moved 9 times since being admitted in 2007 and has switched between A and C units on several occasions. Most recently, on 9/28/2011 the patient moved from A-1 to C-2, then on 10/23/2012 the patient moved back to C-1 and on 1/4/2013 the patient moved back to C-2. No reasons are given for the move.

The HRA reviewed a Consumer Concern/Complaint Form completed 5/12/2014 which stated that "I asked 2 years ago when a situation happened and I lost my pass. I ask to be move so I won't get in no trouble or loss my pass again. It happen again I lost it. I ask to move they still said no. Another situation happen I lost my pass and my job. They still said no. I was trying to stay out of trouble. But when an older white man had a situation they move him the next day. They gave me all types of reasons like they can't move nobody to different units. But they move him with no problems. That not right that's kind of racist and neglect. The white older man was just complaining about racist situation with [recipient]. My life been threaten [recipient] said he was gone kill me when I get out. He said he was going to shank me in the bathroom. He had a mechanical pencil he could of stab me then. But [staff] just tried to say mines situation is not a big deal in a legitimate way. But the white older man situation a big deal. That not right and you know it." The response section of the complaint form reads "[recipient] has been talked to regarding this complaint. I told him there are a lot of factors that go into moving a patient to another unit. I told him that I couldn't discuss another patient's info with him and that he could write a complaint if he felt strongly about the move." On the same form, it also reads "Patient not in any danger at this time, so movement not an option."

Regarding the loss of privilege allegations, this complaint was accepted by the HRA in June 2014 and the HRA reviewed the treatment plan review/reports for 2014. The patient started in January with supervised ground privileges (SGP) and still had them in February 2014. In February, in the treatment plan review, it was also noted that "... he has been attending 100% of his print shop meetings and as such he has been able to maintain employment through that program." The recipient also had SGP at the meeting time of 3/5/2014 and was working towards Unsupervised Grounds Pass (UGP). The treatment plan review dated 4/2/2014 states that "As noted [patient's] SGP pass was dropped to UBP [Unsupervised Building Pass] on 3/6/2014. The team counseled [patient] on the need to avert cursing at staff and refusing redirection as this is both inappropriate and has a negative impact on privileging. The team discussed [patient's] privileges and a new treatment goal was formulated in terms of his need to avert physical aggression and follow redirection from staff as well as the unit rules for three consecutive months to be considered for reinstatement of his SGP ... The treatment plan was updated to include a short-term goal of obtaining his SGP in three months." The 4/2/2014 treatment plan also reads "[Recipient] also indicated interest in obtaining GED and going on to become an electrician at some point in the future." The patient had another treatment plan review on 4/30/2014 which indicated that he was still at the UBP privilege pass level. In the 5/28/2014 review, the patient was still at the UBP level and the treatment plan stated "It is noted that [patient] has not been able to maintain a lack of aggression and compliance with unit expectations for the three consecutive months that were required for him to receive his Supervised Grounds Pass as he had hoped for. [Patient] indicates that he feels that staff are against him." The 6/18/2014 treatment plan indicates that the patient still had UBP privileges and the 7/28/2014 reflects the same privileges and states "[Recipient] was encouraged to avert violating unit rules and avoid conflict in order to be considered by the team for UGP

[Unsupervised Grounds Pass] pass.” In the 8/27/2014 treatment plan, the patient still was under UBP and was asked if he was interested in working towards supervised off grounds privilege and responded “not for real.” In this same treatment plan review, there was a new section titled “Privileges Progress” which reads “On 3/16/2014 it was noted and acknowledged by [recipient] that he had called his peer a ‘pervert’ and a [expletive] in relation to watching a television program involving teenage cheer leaders on the unit. As a result of the incident [recipient] pass level was dropped from SGP to UBP. [Recipient] remains at this privileging level due to continued violations of unit expectations and failure to be redirected.” On 10/29/2014 the treatment plan review indicated that the privilege was dropped from UBP to Supervised Building Pass (SBP) then in 11/2014, it was reinstated back to UBP. The 12/30/2014 meeting had the recipient’s level at Unit Privilege (But another section indicates UBP).

Part of the progress note written by the patient on 5/28/2014 reads “And another issue I had with a patient. They was watching something very inappropriate on TV.” The section proceeds to explain what was on the television and then states that the recipient said what was being viewed was “perverted,” but another recipient misunderstood and thought he was called a name. The recipients had a verbal exchange where an inappropriate sexual question was asked and the recipient told staff about the exchange and claims that his pass was revoked for 3 months because of the name calling accusation. The passage states that another recipient actually was in a physical altercation, and they only lost their pass for a month and kept their job, while he lost the pass for 3 months and lost his job. The patient’s passage also reads “I’m just trying to get to a unit called A-1 so I can privilege my way out and better my life.”

The HRA reviewed the policy titled “Vocational – Enrollment in Vocational Training.” The policy states that “Vocational training programs are available at a variety of levels.” In the policy, there is a section that outlines the entry and maintenance criteria which includes the criteria for enrollment and continued participation in vocational training. There are basic vocational training programs in which forensic patients only need building privilege status and then there is an advanced vocational program that “is designed for patients that will be discharged in the foreseeable future (for example, one year or less)” The description states that supervised grounds privileges need treatment team approval. The policy has a loss of privileges section which reads “If a person loses their supervised grounds privilege (SGP) or their Level 3 program approval they will not be allowed to participate in the Advanced Vocational Program for three (3) working days after they regain SGP status and/or program approval.” The policy proceeds to state that the second time the SGP status is lost, the patient cannot be in the program for 7 days and the third time results in a 6 month absence.

The HRA reviewed a policy titled “Privileges: Requesting Increased Court Approved Privileges, Including Conditional Release of Forensic Patients” which reads “Court-ordered privileges may be granted and, as necessary, suspended based on the treatment team’s ongoing, clinical evaluation of the patient’s behavior ... Any on/off grounds privilege grants by jurisdictional court may be suspended by the treatment team for an indefinite period of time in response to changes in the patient’s clinical condition. Suspension of these privileges will be documented in the patient’s clinical record.”

A policy titled "Privileges: Forensic Patient Privileging – AFC [Alton Forensic Unit] (On/Off Grounds Privileges/Building Privileges)" defines unsupervised building privileges as follows: "Patients with unsupervised building privileges can leave the living unit and access the main street area within the AFC building without staff supervision. The unsupervised building privilege card specifies the times that the patient may access the main street area." Supervised grounds privileges are defined as privileges that allow the patient to go outside the building but the patient must remain within Alton Mental Health Center grounds without security devices while under direct supervision of forensic staff. The policy states that "Any privilege may be suspended by the treating psychiatrist for an indefinite period of time in response to changes in the patient's clinical condition. Such changes may include deterioration clinically to the point that the patient poses a threat of harm to himself or others, or that the patient has stopped meeting designated treatment goals necessary to sustain the privilege (i.e., is not attending programming that was necessary to maintain progress in treatment that allowed for the specified privilege level) or that his/her presence in activities off the unit will be disruptive to others patients in attendance, or has attempted to bring confirmed dangerous contraband onto the living unit, or has consume or is in the possession of drugs not prescribed by the treating Psychiatrist, Medical Physician, or MOD. **At no time should privileges be suspended as a punishment for behaviors unrelated to safety**, interference with treatment of other patients or progress in treatment directly related to sustaining privileges as written in the treatment plan."

The HRA found some progress note examples of the recipient using electronics. On 6/14/2014, a passage in the progress notes reads "Today Security asked this writer to give [recipient] his red RCA MP3 player that was in personal property and this writer did so." Another note on 1/11/2014 indicates that the client received another set of headphones, the older set of headphones went into personal property and the new set of headphones went with the client. A note on 8/23/2014 reads "This writer at 1900 was doing face checks and heard very loud laughing on the unit. Laugh was continuous. Went to see what was going on and heard [recipient] in comfort room with headphones on laughing uncontrollably." The passage proceeds to state that the recipient was asked to lower his voice and complied. Another passage on 6/18/2014 reads that the recipient received 3 pair of headphones that the recipient wanted the staff to review so that he could keep a pair and send another pair to personal property because the older pair did not work. The HRA saw no passages regarding a client being restricted from using electronics.

Another complaint form that was completed by the patient reads "I wish you would let us get our laptops back because I would like to study for my GED and go to college on my laptop to go further with my education to better my life. And it should not be a problem with porn sex on the laptop cuz we are grown. If they did have something on the laptop that's inappropriate somebody could go through it and check it out. Movies would not be a problem neither. A lot of people would stay out of other people way cause they would be in their room and if a person did have inappropriate things on their laptop just take the laptop from them not everybody And plus it's so boring on the unit. It would better a lot of people just please bring the laptops back please. I'm begging please." The response reads "Informed patient that until the new media policy is written he will not be allowed to have a laptop." There is no mention in the patient's record of the recipient complaining that patients on another unit receive more TV or media privileges.

The HRA also reviewed a "Withdrawal of Patient's Personal Property" form which states that "I [patient] request permission to personally withdraw the articles listed below to have in my possession." The article was an MP3 player and the request was approved but there was a note that states "Can't have info scratched out." There was an email which reads "[Patient] is asking for a red and black MP3 player from p/p (personal property), which he has in p/p but the problem is the engraved info that was on it has been scratched out. Therefore he can't have until discharge." The facility also provided pictures of electronic items provided that were not allowed because they have a USB port.

The patient rights statement that is to be read and provided to each recipient states that patients are "... entitled to receive, possess, and use personal property unless it is determined that certain items are harmful to you or others. When you are discharged, all lawful property must be returned to you." The form also states that "You are entitled to adequate and humane care and services in the least restrictive environment and to an individual services plan."

Alton Mental Health Center policy also addresses privilege levels and states that "Patients with this privilege level or higher [Unsupervised Building Privileges] who are enrolled in school and approved by the team, may during designated times use the computer lab located off the visitors room near control. The patients will be face checked every thirty minutes by control staff utilizing the Computer Lab Privilege Record."

The facility also has a Contraband policy stating that "Alton Mental Health Center administration will develop a list of items (or classes of items) of personal property that will be prohibited on the living units. This list of prohibited items will be given to each patient or their correspondent at the time of admission. This list will also be posted on each living unit on the official bulletin board and in the visitor's room. Patients will have access to this list in the Patient Handbook. Listed contraband will also be reviewed with visitors in their visitor's packet before a visit can take place." The contraband list includes "Computers and electronics with audio/video recording devices, built in wireless cards, modems and video with playback capabilities (refer to electronic device policy), or wireless access points (WAP)."

The patient handbook states that "It is the policy of the Alton Mental Health Center (AMHC) to allow only personal electronic equipment and media approved by the Information Technology Department on the units. In addition, to possess electronics, you must meet certain guidelines as approved by your treatment team. You must also meet specific criteria on an ongoing basis in order to maintain the electronic equipment. **Certain electronic equipment/devices are not allowed.**" The policy includes a section regarding television which states that "Televisions are provided on the units for the enjoyment of all individuals. **Television hours & rules are posted on each unit.** If a conflict arises and cannot be resolved, unit staff may turn off the television." The facility personal property policy reads "Any media/electrical equipment that is received by the patient through direct purchase via mail or from family/friends will be sent to security. The information technology department will examine the merchandise to ensure compliance with policy and procedure for DHS [Illinois Department of Human Services] and AMHC. If deemed appropriate and approved by the treatment team, the media/electrical equipment will be recorded on the Personal Property Receipt form and engraved with the patient's initials prior to being allowed on the living unit and given to the patient. If the

item is found to be inappropriate, it will be placed in the patient's personal property. The treatment team has the right, at all times, to confiscate items from patients if a patient is deemed unsafe to keep an item, or if a patient's mental or physical condition is deteriorating as a result of inappropriate use of items. The patient will receive a copy of the personal property receipt."

The HRA reviewed the facility policy on media, last revised on 2/24/12, which mirrors the above statement from the personal property policy. The policy also states that recipients must meet guidelines to have electronics in their rooms and AFC patients are allowed to have 3 different electronic items in their rooms at any given time. The policy illustrates the guidelines that enable the patients to have electronics in their rooms. The policy states the type of items patients can have in their room and computers are not on that list of items. Some examples are Walkman radios with headphones, pre-loaded MP3 players without recording or video playback capabilities, headphone radios, etc. The policy does differentiate between Alton Forensic Center patients and Locust Civil Unit patients, in what they are allowed, but both are allowed headphones, MP3 players and neither are allowed computers. The difference between forensic and civil units is that AFC recipients are allowed clock radios and small table radios. Also Locust recipients have a timeframe during which electronics can be used. The policy proceeds to discuss access to media items such as MP3 players, hand held electronic games, and media carts as well as television. The rules regarding televisions state "Televisions are available on the living units for recreational and educational purposes. Recreational television viewing is limited to non-program hours." Another rule states "During regular program times, one unit television will be tuned to an education or informational channel as selected by the unit. The other unit television will be available for educational viewing as determined on a daily basis. Televisions will follow this schedule Monday through Friday, 8:00am to 4:30pm, excluding weekends and holidays. Educational video tapes and DVDs may be checked out by unit staff from the Activity Therapy Department." The third rule states "Patients may watch recreational television during non-program times. Television times are selected by the patient daily via a sign-up sheet at 8:00am." And finally "Televisions will be used for group sporting event viewing, movies (DVD), etc. as determined by the individual units."

The HRA was provided a document that reads "C-1 TV Sign-Up" and the document has timeframes and initials of individuals who signed up and the timeframes for which they are signed up. At the bottom of the document, it states "TV Signup - C-2 signs up in the AM C-1 signs up in the evening." The HRA also reviewed another TV Channel Lineup document which reads "On days that REHAB holds classes (Monday - Friday) between the hours of (9:30am - 4:00pm, one TV will be turned on to one of the channels with an "*". On evenings, weekends, and Holidays, a daily TV sign up will be used to determine the viewing channel." The HRA did not receive any sign-up sheets or rules regarding television viewing for unit A-1.

An additional section of the progress notes reads, on 6/28/2014 "... observed [client] eating chips and drinking soda. He not supposed to eat in day light during Ramadan." Another passage on 7/4/2014 reads "Today he ate a candy bar, chips, cake, drank bottle of tea. He was asked about he was doing Ramadan religious he said he practice his own way."

Mandates

The Illinois Administrative Code reads “1) The facility director shall be responsible for implementing this Part. He or she may restrict the possession or use of computers, peripherals, modems, CDs, disks, software, or other equipment used with the computer for all individuals in a facility, when necessary to protect an individual or others from harm, provided that notice of such restriction shall be given to all individuals upon admission. If it becomes necessary to restrict individuals who did not receive notice of the restriction upon admission, the professional responsible for overseeing implementation of an individual's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect the individual or others from harm” (59 Il Admin Code 109.30) The Illinois Administrative Code also reads “1) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission so long as the restriction does not otherwise conflict with the rights provided in this Section ... D) Media and media storage devices, including but not limited to print media, tapes, DVDs, CDs, video games and digital music players (MP3 players, Ipods, etc.) and related items, shall be considered personal property and are subject to this Section, except as noted in subsection (c). E) Computers, peripherals and related items are covered by 59 Ill. Adm. Code 109.” (59 IL Admin Code 110.30) The Mental Health and Developmental Disabilities Code also reads “(a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission” (405 ILCS 5/2-104).

The Code also states that “Every recipient of services in a mental health or developmental disability facility shall be free from abuse and neglect” (405 ILCS 5/2-112) and “(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 and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient” (405 ILCS 5/2-102).

Conclusion

The HRA found evidence that a unit transfer was discussed by the treatment team in April 2014 and it was determined that the patient was moved from A to C unit already because of difficulties on that unit, so a move back would not be appropriate. Also, over the years, the recipient had been moved on several occasions. The transfer policy indicates conformity of treatment within the recipient population. The HRA could not find a discrepancy in applying the transfer policy among patients. Through reviewing the records, the HRA found that the recipient had privileges in place that allowed him to work through the beginning of the year, and then the privileges were dropped due to his cursing at staff and refusing redirection according to the treatment plan. The August 2014 treatment plan indicated that the privilege reduction was directly due to the name calling incident and subsequent behaviors by the recipient. The treatment plan also presented a plan that if physical aggression was averted and the patient followed redirection, then privileges could possibly be reinstated, but the privilege levels still remained at UBP for various reasons.

The treatment plan indicated that there was discussion with the team regarding the privileges. The HRA reviewed the records regarding the recipient not receiving access to the same media as recipients on the A2 unit and found that the policies showed no significant differences between units regarding media access; the civil unit appears to be denied access to a radio that forensic units are afforded, and the television policy only references the forensic unit. The handbook indicated that all the policies were the same. Based on its findings, the HRA finds these complaints to be **unsubstantiated rights violations** but offers the following **suggestions for the facility's consideration**:

- The HRA did not see a section in the transfer policies concerning actions taken when a patient requests a transfer, and the HRA suggests the facility address this in its policy.
- The HRA suggests that the facility ensures that there is a consistency in the application of the media policy across the facility. There are also minor electronic policy differences for the forensic and civil units with regard to access to radios, time frames for access to electronics and the TV section of the electronics policy which only references the forensic unit. The HRA suggests evaluating these minor discrepancies.
- Additionally, the HRA saw where staff mentioned twice in the progress notes that the patient was eating during Ramadan and the HRA questions the reasons why that would be mentioned in the progress notes or why the staff would bring this up to the recipient.
- The April 2, 2014 treatment plan review indicates that on 3/6/2014 the patient's privileges were dropped a level due to the need to avert cursing at staff and refusing redirections, but in the August 27, 2014 treatment plan, it was indicated that the levels were dropped on 3/16/2014 due to an altercation regarding television. The HRA suggests that documented incidents and rationale for reducing privileges be clear, consistent and accurate. Also, the HRA suggests that the goals needed to be accomplished by the recipient to graduate levels be reviewed as well.
- In the December 2014 treatment plan, it is uncertain whether the recipient is at Unit Privilege level or Unsupervised Building Pass level; this also needs reviewed for clarification.
- Part of the April 2014 treatment plan documents the recipient's desire to attend school but there is no other mention of this in more recent treatment plans. The HRA suggests re-visiting that idea with the recipient. Also the statement made that the recipient will not receive a laptop until there is a new policy is misleading because the patient appears to be at the appropriate level for education.
- Finally, the HRA suggests that the facility follow through on media policy revisions as referenced in documents and educate recipients and staff accordingly. In addition, periodically review with recipients and staff alike the parameters of property access since this is a frequent source of complaints.

The HRA acknowledges the full cooperation of the facility during this investigation.