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**Egyptian Regional Human Rights Authority  
Report of Findings  
18-110-9012  
Chester Mental Health Center**

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Chester Mental Health Center:

- 1. A recipient is not being served in the least restrictive environment.**
- 2. A recipient is not receiving adequate care.**

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5 et al.) and facility policies. Chester Mental Health Center is a state-operated mental health facility serving approximately 280 recipients; it is considered the most secure and restrictive state-operated mental health facility in the state. To investigate the allegations, an HRA team interviewed the recipient and the therapist, reviewed the recipient's record, with consent, and examined pertinent policies and mandates.

**Complaint Statement**

The complaint that was presented to the HRA is that the recipient is not being served in the least restrictive environment and no efforts are being made to transfer him to another facility closer to his family. Another allegation is that the facility is refusing to refer the recipient to be fitted for dentures that a dentist said he needed.

**I. Interviews:**

**A. Recipient:** The recipient has been at the facility since May 1994. He informed the HRA that he is told he must take medications to transfer to a less secure facility. However, he said that he does not refuse medications. He was on yellow level at the time of the interview and was scheduled to return to green level a week later. According to the level system policy yellow level is described as “stabilize” and green level is described as “quality of life.” *Activities allowed on yellow level include: church, dining room, gym, on-unit activities, commissary twice per week, cook-outs, treatment mall, yard, inter-unit activity as well as other activities and parties. Activities allowed on green level include all the above plus game room, special monthly activity and increased opportunities for treatment mall activities. Red level is described as “protect from harm” and prohibits off unit activities, commissary only once per week, civil yard etc...* The recipient had not been restrained for quite a while but could not remember exactly

how long. The recipient was also concerned that the facility would not refer him to a hospital to get a “partial” [dentures] which a dentist told him he needed to have.

B. Therapist: The therapist informed the HRA that the last restraint episode for the recipient was approximately 2 months ago and stated that this was the first time he had been in restraints in a few years. His maladaptive behaviors consist mostly of verbal threats and non-compliance with rules. The recipient has issues with water intoxication and when he has too much water he refuses staff direction and becomes verbally threatening. Another trigger for his maladaptive behaviors is telephone use. After he speaks with family, he becomes verbally threatening and non-compliant with staff. When asked about a possible transfer to a less restrictive environment, the therapist stated that they wanted to transfer him to Unit E at the facility, which would have been a “step-down” to prepare him for a transfer to another facility, but the recipient refused to go. During sessions with the recipient, the therapist stated that he mostly wants to discuss telephone use or turning on the water in his room. He refuses to engage in therapeutic conversations regarding his anxiety over moving. When his telephone use is restricted, his behavior improves but that restriction had been lifted at the time of our interview with the Therapist. The current barriers for the recipient to be transferred to a less restrictive facility include lack of progress with water intoxication tendencies and his NGRI (not guilty by reason of insanity) status. His water intoxication tendencies must be taken into consideration because other facilities have water fountains on the units and shared rooms where water cannot be restricted unless it is warranted for all the patients in the room. There are only a few facilities statewide that accept patients who have NGRI status. The recipient was previously at one of those facilities but while there the recipient raped a staff person, so they will not accept him back. The patient also does not wish to return to that facility.

The therapist stated that the recipient has not mentioned any concerns about not receiving proper dental care or obtaining partial dentures.

## **II. Clinical Chart Review:**

A. Treatment Plan Reviews (TPRs): The TPRs documented the recipient’s legal status as NGRI with a thiem date of natural life for aggravated criminal sexual assault. The criteria for separation is listed as *“must exhibit an ability to inhibit any significant impulses of violence toward himself or others including any inappropriate sexual stalking behaviors. He must express a genuine desire for transfer, to be cooperative in his adjustment as exhibited by his statements, the taking of any medications deemed as essential and the making of reasonable plans. If he is able to cooperate with these criteria for at least one year, then a transfer recommendation will be addressed...[recipient] has not been able to meet criteria for transfer recommendation for at least one year since the risk assessment was completed in June 2012. On 11/31/17 the treatment team discussed possible transfer to Unit E with [recipient] reported to the treatment team he did not wish to transfer...At his TPR on 4/5/12 [recipient] was recommended for transfer to a less restrictive facility. However, a risk assessment was performed by a Department of Human Services forensic expert, who is not a member of [recipient’s] treatment team and not a Chester Mental Health Center employee. Based on the risk assessment, the clinical decision was made by administrative staff not to transfer [recipient] to a medium*

*security facility at the time of the risk assessment in June 2012 [recipient] has had continuing acts of aggression since that time.”*

The 2/5/18 TPR documented that the recipient participated in his TPR along with family attendance via telephone. He requested to be transferred to a community hospital and the treatment team explained that due to his legal status of NGRI he is required to stay within the Department of Human Services. He then became argumentative. The problems to address are listed as Psychosis with Aggression, and these are to be addressed by psychotropic medication, meeting with his therapist weekly to recognize anger cues, and developing coping skills to replace aggressive behaviors. Predatory Sexual Behavior is also listed which is to be addressed by meeting with the therapist weekly to encourage behaviors that are socially appropriate. The TPR also lists excessive fluid intake but notes that he is “asymptomatic” for water intoxication. Weight checks due to the fluid intake had been discontinued and he was not on water protocol “due to improved behavior.” The need for services section documents “recent evidence of agitated and threatening behaviors” and lists incidents from March-May 2014, August and September of 2015, one incident in March of 2016 and one incident in January 2017 when the recipient was either in restraints, had aggressive behavior or agitation. The extent to which benefitting from treatment section documents no significant changes in the recipient’s clinical condition and noted that he remains “argumentative, loud, disruptive and verbally threatening...has had no acts of physical aggression and remains compliant with medication.”

The 5/3/18 TPR noted the recipient’s family participated via telephone in the TPR. The recipient had been in restraints this period due to aggression towards staff because of excessive water intake. His water was turned off in his room per physician’s order. It was documented that the recipient received “*numerous BDRs [behavior data reports] due to noncompliant with rules, arguing with staff and verbal aggression. Most of these incidents are trigger [sic] by telephone use on the module.*” It was also documented that the recipient continued to be disruptive on his living unit over telephone use and will invade peer’s personal space when waiting to use the phone. He is also noncompliant with staff when told telephone time is over. In March 2018 the recipient also had an incident of sexually inappropriate behavior towards staff. In April 2018 he was placed in restraints due to becoming aggressive towards staff after a water intoxication incident.

B. Progress Notes: a progress note/UST fitness assessment dated 2/20/18 documented that the recipient “*continues to be argumentative with both staff and peers. He is frequently loud, disruptive and becomes verbally threatening when he does not get his way. He has had no physical aggression...continue to work towards increasing coping skills to decrease frustration...he is medication compliant and attends activities...Plan: continue to monitor symptoms and behaviors. Work towards transfer to less secure facility.*” A 12/11/17 therapist note documented that the recipient received several BDRs (behavioral data reports) for being argumentative with staff noting he becomes angry, loud, disruptive and makes verbal threats. It was noted he asks to be released and has little insight into his NGRI status. On 12/15/17 a nursing note documented that the recipient was requesting to see a dentist stating his wisdom teeth were bothering him and he wanted a partial plate for missing teeth. The nurse informed him that the facility did not have a dentist at that time but noted that a referral was sent. Progress notes from February through early April 2018 were reviewed. Over that time period, the

recipient had 3 incidents of aggressive behavior, 1 restraint episode and 1 incident of sexually inappropriate behavior towards staff. As a result, was placed on unit restriction. It was also documented that he requested the quiet room 4 times.

C. Medical Information: Dentist Referral dated 12/15/17 documented that the recipient stated his wisdom teeth were bothering him and requested to be examined for a partial plate for his missing teeth. The report section stated that the recipient was seen by a dentist on 8/24/16 for the same request and per that dentist's progress note "*not a good candidate for dentures due to severe occlusion.*" It was noted that there were no signs of abscess and that a mechanical soft diet was offered to the recipient which he declined. It was also documented that "*currently no dentist on staff. Will refer to dentist when available.*"

D. Utilization Reviews: The 6/1/17 form documented that the recipient was delusional, paranoid, and argumentative and continued to require maximum security placement due to ongoing aggression. The progress made section documented that there had been no significant changes in his clinical condition. He frequently becomes argumentative with staff and noncompliant with module rules. However, his water had been on in his room since April with no major problems of water intoxication noted. The treatment team was recommending him for a transfer to Unit E which was considered a type of "step down" unit. The 11/2/17 form documented in the progress made section that the recipient was still argumentative, does not follow directions and can be disruptive to the unit. He had not been physically aggressive, but it was noted that he frequently "acts out" with verbal aggression and threatens others with physical harm. It was documented that the treatment team met with him about transferring to Unit E but the recipient stated he did not want to transfer at that time. The recommended changes were to work on his coping skills. The 5/3/18 form documented in the progress made section that there had been no significant changes in his clinical condition. He "*continues to display problematic behaviors and can be disruptive to his living unit. He is often uncooperative and argumentative with staff. At times he becomes verbally threatening. His sporadically utilizes the quite [sic] room to calm down.*" It was noted that he required restraints on 4/9/18 and the water to his room was turned off due to excessive water intake. The recommended changes were to continue to work on coping skills and ongoing aggression.

### **Facility Policies**

RI.01.01.02.01 Patient Rights policy states "*A patient shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual treatment plan.*"

TX .07.00.00.01 Guidelines for the Treatment of Patients with Severe Maladaptive Behaviors policy states that "*Chester Mental Health Center provides treatment for patients exhibiting severe maladaptive behaviors. Treatment will focus on the replacement of maladaptive behaviors with more socially acceptable behaviors. The treatment program will teach adaptive replacement behaviors as well as provide the environment to practice these skills. The level system helps establish guidelines for both patients and staff regarding the type of behavior that is required in order to engage in specific activities within the treatment program. This will establish an environment that fosters improved social functioning and positive outcomes for the*

*performance of adaptive behaviors...Severe behavior management issues may be characterized by the following:*

- 1. Unwanted or maladaptive behaviors which result in serious injury of self or another person.*
- 2. The patient's behaviors warrant placement in restraints with consideration being given to ambulatory restraints.*
- 3. The patient's behaviors are impeding his ability to achieve goals established for treatment as indicated by repeated episodes of seclusion or restraint.*

*When a patient's behavior meets one or more of the above criteria, a referral may be sent from the treatment team to the Clinical Director, or designee, who will review the case. The Clinical Director or designee may then recommend a psychologist to evaluate the patient. The purpose of the evaluation is to determine those factors which underlie the onset and maintenance of the maladaptive behaviors and may include a number of assessment instruments/methods including functional behavior assessment.*

*The functional behavior assessment will include an operational definition of each targeted behavior, factors that may influence the target behavior, factors related to the function of the target behavior, defining events and situations that predict occurrences of the target behavior, and a summary listing precipitating events/settings or triggers and the possible function of the target behavior.*

*In the event that behavior problems persist following the implementation of a behavior plan based on functional assessment, a psychological evaluation will be completed. The unit director of the patient's assigned unit will ensure a referral is sent to the Clinical Director or designee, who will ensure the need for an evaluation is assigned for completion"*

CC.01.02.00.02 Transfer Recommendation of Behavior Management Patients policy ensures that *"All transfers of behavior management recipients from the Chester Mental Health Center are effected in accordance with the Mental Health and Developmental Disabilities Code which mandates that treatment occur in the least restrictive alternative appropriate to that recipient. The recipient's treatment team must evaluate on an ongoing basis the recipient's continuing need for a maximum-security environment. At such time the treatment team determines the recipient is clinically suitable for transfer to a less secure facility...the psychiatrist is to prepare a transfer recommendation."* The remainder of the policy outlines the specific steps to be followed when transferring a patient to a less secure environment.

IM.03.01.01.03 Treatment Plan policy requires that the facility *"shall ensure that each individual is receiving active treatment to address problem areas which precipitated hospitalization. Treatment planning is an ongoing process in which problems, goals, objectives and interventions are identified and monitored. The multi-disciplinary treatment planning process is to be documented upon admission and throughout a patient's stay via assessments, treatment plan, treatment plan reviews, progress notes and other documentation."*

RI .02.00.03.02 Access to Dental Services policy states that *“A schedule is created each day to allow patients to receive dental care in a timely manner and to ensure every patient is provided with the opportunity of quality dental care by licensed dental professionals.*

**PROCEDURE**

- I. *Appointments are scheduled daily by the Dental Hygienist.*
- II. *The security staff of Medical Diagnostic makes the unit contacts through each charge aide (STA II) calling for those patients on the dental list. Unit security staff and/or medical diagnostics staff escort patients between the dental office and the home unit.*
- III. *All patients are scheduled to be seen annually for a dental exam. After their annual exam, orders for preventative and restorative procedures are scheduled if indicated.*
- IV. *If the patient refuses new admission exams, annual exams, preventative or restorative treatment two times, a memorandum is sent to the supervising nurse by the dental hygienist as per policy PI .03.06.00.01.*
- V. *Data is provided as part of the monthly service area report and incorporated into the quality assurance program”*

**Statutes**

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) states *“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. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. 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.”*

The Code (405 ILCS 5/3-209) requires that *“Within three days of admission under this Chapter, a treatment plan shall be prepared for each recipient of service and entered into his or her record. The plan shall include an assessment of the recipient's treatment needs, a description of the services recommended for treatment, the goals of each type of element of service, an anticipated timetable for the accomplishment of the goals, and a designation of the qualified professional responsible for the implementation of the plan. The plan shall include a written assessment of whether or not the recipient is in need of psychotropic medications. The plan shall be reviewed and updated as the clinical condition warrants, but not less than every 30 days.”*

Regarding transfers between state-operated facilities, the Code (405 ILCS 5/3-908) states *“The facility director of any Department facility may transfer a recipient to another Department facility if he determines the transfer to be clinically advisable and consistent with the treatment needs of the recipient.”*

**Conclusion**

The first allegation is that the recipient is not being served in the least restrictive environment. Although the recipient has been at the facility since 1994, there was documentation that he still exhibits maladaptive behaviors of verbal aggression, physical aggression requiring restraints and sexually inappropriate behavior as recently as April 2018. The transfer criteria listed in his TPR states that he must be aggression free for a year before he can be transferred to a less restrictive environment. The recipient has been unable to meet that criteria. Upon chart review, it was discovered that in October 2017 when he consistently showed several months of aggression free behavior and the treatment team attempted a transfer to a less secure unit at Chester, but the recipient refused to transfer at that time. In early 2018 the recipient showed an increase in noncompliance, verbal threats, sexually inappropriate behavior and aggression towards staff which prevented transfer to a less restrictive environments. Therefore, this allegation is unsubstantiated with regard to the Code's least restriction requirement and the facility transfer policy. However, it was noted in the treatment plans that the recipient has not been able to meet criteria for transfer recommendation for at least one year since the risk assessment was completed in June 2012. Facility policy *TX .07.00.00.01 Guidelines for the Treatment of Patients with Severe Maladaptive Behaviors* states that severe behavior management issues may be characterized as *"the patient's behaviors are impeding his ability to achieve goals established for treatment as indicated by repeated episodes of seclusion or restraint."* When a patient's behavior meets these criteria, the policy states that a referral can be sent from the treatment team to the Clinical Director who will review the case. The Clinical Director may then recommend that a psychologist evaluates the patient. The purpose of the evaluation is to determine those factors which underlie the onset and maintenance of the maladaptive behaviors and may include several assessment instruments/methods including functional behavior assessment. However, the HRA found no such referral or assessments. **Therefore, the HRA finds a violation of the facility's policy guidelines** on treating patients with maladaptive behaviors especially since the recipient's behaviors continue to impede his goal to transfer to a less restrictive placement. Therefore, the HRA **recommends** the following:

- 1. A referral be made to have a behavioral assessment completed and possibly have a behavior intervention plan developed to help this recipient reach the goal of being transferred to a less restrictive environment.**

The second allegation is that the recipient is not receiving adequate care. This was based on an allegation that the recipient had been denied a request to see a dentist regarding obtaining partial dentures. The HRA found documentation of his request to see a dentist about a partial as well as complaints of pain from wisdom teeth. There was a referral form completed by staff but it was noted that the facility did not have a dentist at that time, so he would be referred once the facility had a dentist available. The HRA made inquiries and discovered that, at the time of this report, the facility did have a dentist on staff but the HRA found no documentation of a dental visit since the dentist had been hired. The last documented dental visit occurred in 2016. Therefore, this allegation is **substantiated**. The following **recommendations** are made:

- 1. The recipient should be referred to the recently hired dentist to ensure adequate and humane care and treatment as required by the Mental Health Code (405 ILCS 5/2-102) as well as facility policy which requires that patients receive dental care in a timely manner.**

- 2. Facility policy *02.00.03.02 Access to Dental Services* states that patients will be seen annually by the dentist and that the facility will ensure every patient is provided with the opportunity of quality dental care by licensed dental professionals. The HRA was concerned that because the facility did not have a dentist on staff at the time of the patient's complaint for pain, which was also more than a year since his last dental exam, that the patient had no recourse for treatment. The facility needs to assure adequate dental care, in compliance with facility policy, even in the absence of a facility dentist.**