FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT 21-100-9013
CHICAGO BEHAVIORAL HOSPITAL

Introduction

On November 9, 2021 the North Suburban Regional Human Rights Authority (HRA) began an investigation of possible rights violations regarding care for an individual under guardianship who was a recipient of inpatient services at Chicago Behavioral Hospital. The specific complaints under investigation are: the provider did not notify the recipient's guardian upon admission; discharge planning was insufficient resulting in the recipient arriving home without a coat, house keys, or the guardian's phone number; a debit card was returned upon discharge, missing $1500. Substantiated findings would violate rights protected under the Mental Health and Developmental Disabilities Code, including:

- **405 ILCS 5/2-200 (a):** *Upon commencement of services . . . the recipient's guardian or substitute decision maker . . . shall be informed orally and in writing of the rights guaranteed by this Chapter . . . (c)The facility shall ask the adult recipient . . . whether the recipient wants the facility to contact the recipient's spouse, parents, guardian.*

- **405 ILCS 5/2-102 (a)**: A recipient of services shall be provided with adequate and humane care and services . . . pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient . . . and the recipient's guardian.

- **405 ILCS 5/2-105:** *When a recipient is discharged from a service provider, all of his money . . . shall be returned to him.*

Chicago Behavioral Hospital (CBH) is a behavioral treatment hospital in Des Plaines, IL that provides specialized mental health and substance abuse treatment through inpatient programs and outpatient services. Their inpatient unit holds 145 beds.

Method of Investigation

To proceed with this investigation, the HRA reviewed the recipient's clinical record (with authorization) from Chicago Behavioral Hospital and obtained additional case information through an interview with Chicago Behavioral Hospital's (CBH) Director of Risk Management, the current Director of Clinical services, and the current Intake Director. No clinical staff from the time of

services are still employed with CBH. The HRA also reviewed relevant CBH policies provided by the hospital administrator.

Record Summary

The recipient was admitted to Chicago Behavioral Hospital's services in 2021, as a transfer from a different provider. The record indicates that the recipient was originally taken to the transferring provider by local law enforcement after he was found sitting in the middle of traffic, not dressed for the winter weather. The record contains no transfer paperwork nor any notes from the transfer provider, so it is not clear if the transfer provider ever conveyed the recipient's guardianship status to CBH. The Nurse-to-Nurse paperwork in the record documents that a CBH nurse contacted a transfer provider nurse prior to intake, and notes that the recipient's medical history included Traumatic Brain injury and Schizophrenia. There is no mention of guardianship in this Nurse-to-Nurse form.

The record contains a voluntary admission form signed by the recipient and e-signed by a hospital social worker who certified that *". . . the individual has the capacity to consent to voluntary admission."* CBH staff told the HRA that a mental status evaluation was performed upon intake to determine capacity. That documentation was not found in the record, however an "A & R Intake Assessment" from the morning of admission indicates that the recipient's judgement and insight are poor, and that the recipient has been on a *"medical leave"* since June 2018 due to a traumatic brain injury. A psychosocial assessment signed by an LSW on the second day of services indicates that the recipient refused to sign a release of information for CBH to contact his family.

The recipient's CBH record contained no information about his guardianship status, and hospital staff indicated to the HRA during the interview that they were not aware that the recipient had a guardian. CBH staff told the HRA that since the recipient passed the mental status evaluation and told the hospital that he lived alone he probably was never asked directly if he had a guardian.

The record does not contain a discharge plan and CBH staff were unable to describe the recipient's discharge plan. A psychosocial assessment signed by an LSW on the second day of services indicates the recipient's goal for discharge is "*I want N. to come pick me up."* A Master Treatment Plan in the record completed on the day of admission indicates that the *"Patient Goal in Treatment"* is to *"Have N. come pick me up."* CBH was unable to identify N. or their relationship to the recipient. There is no further information in the record about the recipient's discharge plans, apart from a discharge summary form indicating two provider referrals and a psychotropic medication recommendation.

The recipient was discharged about five days after admission and CBH told the HRA that their hospital transport drove the recipient home. CBH staff told the HRA that their practice is to always discharge patients with coats in cold weather, and the hospital collects coat donations for this purpose. CBH staff assured the HRA that the recipient got onto the transport in a coat. CBH staff indicated that this recipient probably was not asked if he had his house keys or someone at home to let him in, since he had previously indicated that he lived alone.

The record contains a "Patient Belongings Upon Admission" form that indicates the recipient was admitted to the hospital with a hoodie, hat, shoes, shorts, and a shirt. A jacket or coat are absent from this list, and hospital staff confirmed that the recipient did not have a coat upon admission. This form is signed by the recipient and also indicates that a wallet containing an ID and other cards was stored in the valuables room. CBH administration told the HRA that the wallet would have been sealed in a plastic bag and kept in a locked administrator's office.

Policy Review

Chicago Behavioral Hospital Administration provided the HRA with their Pre/Entry/Pre-Admissions policy regarding transfer admissions. The Policy states that the *I*ntake counselor shall gather *"all available information from patients, physicians, clinicians, significant others and any other relevant information sources prior to the patient's imminent arrival."*

The HRA also reviewed CBH's Discharge policy and procedures which state that a signed discharge plan should be placed in the client's chart and that: *"The discharge plan includes . . . Assistance needed to resolve obstacles to effective transition back into the community."* Furthermore, the CBH discharge policy states that CBH staff shall contact the recipient within 72 hours of discharge to determine if other referrals are necessary.

Case Findings

This investigation found the complaint that Chicago Behavioral Hospital violated the Mental Health and Developmental Disabilities Code regarding notifying the guardian upon intake (405 ILCS 5/2-200) to be ***substantiated***. This investigation also found the complaint that discharge planning was insufficient to be ***substantiated.*** The complaints that the provider discharged the recipient without a coat and that the hospital was responsible for the alleged missing $1500 from the recipient's debit account are both ***unsubstantiated***

Analysis

This investigation found that by not notifying the recipient's guardian upon intake or discharge, Chicago Behavioral Hospital violated relevant sections of the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/2-200). This investigation did *not* find evidence (either from the record or the staff interview) that CBH was aware of the guardianship status of the recipient. Whether or not the transferring provider indicated the guardianship status in the transfer paperwork or in conversation with the CBH nurse, appropriate efforts should have been taken (and documented) to find out this information. This is also a violation of CBH's intake policy for transfer admissions stating that states that before intake the *counselor shall gather "all available information from patients, physicians, clinicians, significant others and any other relevant information sources prior to the patient's imminent arrival."*

As a hospital specializing in mental health, CBH should not reasonably assume that a recipient does not have a guardian if that information is not self-disclosed. The recipient's record lacked a

capacity determination but showed that the recipient was assessed as having poor judgement and insight. That assessment plus a record of being on disability leave for Traumatic Brain Injury since 2018 should have been a red flag for the provider to attempt to seek out guardianship information and document such attempts.

This investigation found that discharge planning did not rise to the standard set by the Mental Health Code (405 ILCS 5/2-102 (a)) which states that an individual services plan (which extends to a discharge plan) shall be formulated and reviewed with the participation of the recipient's guardian. The HRA found that CBH also violated its own procedures regarding discharge: The recipient's chart did not contain a discharge plan that included information about: *"Assistance needed to resolve obstacles to effective transition back into the community*." There is no documentation in the record that CBH staff contacted the recipient within 72 hours of discharge, in keeping with CBH's discharge policy. The recipient allegedly returned home without the ability to get into his house or contact his guardian. The record should have contained documentation about attempts to determine any possible "*obstacles to effective transition back into the community."* In this case, such an attempt might have further identified that the recipient did not possess keys, a phone or any written phone numbers and therefore additional planning might be necessary to help him transition safely back to the community.

The inventory paperwork shows that the recipient signed off on his wallet and cards being placed in a sealed bag and locked in the administrator's office. This was confirmed by the CBH administrator. It is highly unlikely that a debit card could have been removed from the sealed bag and locked office, used, and then replaced/resealed. The inventory paperwork shows that the recipient was not admitted to the hospital with a coat on, and CBH administrators demonstrated to the HRA that the recipient was most likely provided with a coat upon leaving the hospital.

Recommendations

1) Update Chicago Behavioral Hospital's Pre/Entry/Pre Admissions policy to include conducting and documenting efforts to find out about guardianship status for all intakes.
    - Provide revised policy to HRA.

2) Train relevant staff on discharge planning under 405 ILCS 5/2-102 (a) and CBH's own discharge policy, emphasizing how to identify barriers to *"effective transition back into the community"*
    a. Provide proof of training to the HRA