FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Chester Mental Health Center
Report of Findings
Case # 22-110-9008
March 16, 2023

The Egyptian Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission voted to pursue an investigation of Chester Mental Health Center after receiving the following complaints of possible rights violations:

Complaints: Inadequate Treatment Planning

If the allegations are substantiated, they would violate protections under The Mental Health and Disabilities Code (405 ILCS 5/2-102).

Complaint Summary: The complaint alleges Chester Mental Health abruptly shut down the rehabilitation department including education classes due to low staffing levels. Allegedly, some classes were held on the unit which limited the classes. The complaint alleges the residents of Chester Mental Health did not receive adequate treatment as a result of the shutdown.

Interviews:

On 2/17/22, the HRA met with Chester staff regarding this complaint. It was explained that they typically have 12 staff on a unit during the day shift. In the Rehabilitation/Education Department there are typically 3 educational staff, 4 vocational staff, a librarian and 2 Security Therapy Aides (STA) on a unit.

According to staff, the education classes were shut down on 10/29/2021 by the Hospital Administrator due to staff shortages on the units. Staff stated there was a shortage of STAs on the units, so education staff were used to cover those positions. The Rehab Director set an alternative plan to provide modified course material on the units. Twenty-three additional staff were hired but required 10 weeks of training before they could begin working on the units. Their training was completed December 20th, so the Rehab/Education Department reopened at that time. In December 2021, all units were on quarantine for one month due to a spike in COVID-19 cases. In January 2022 there was a time when 50 staff were unable to come into work due to COVID-19. However, staff stated the rehabilitation unit did not close at that time. There were safety concerns by direct care staff and the union over STAs being pulled from the Rehab Department to cover the units as only 1 STA was left for the Rehab Department. Typically, there are 2 STAs in the Rehab Department and if one gets assigned to the unit, only one would be left to cover the Rehab Department. However, when asked, the HRA was informed that the patient to staff ratio is 12 to 1 throughout the facility. The HRA was informed that most recently, there was a maximum of 12 patients in each Rehab class. The Administrator stated they were short 10-15 staff daily facility-wide, and employees were leaving quicker than they could be replaced. They do not have a specific policy on low staffing levels. However, typically staff are mandated to cover openings on the units if there is a shortage.

According to the Rehabilitation Director, there were some concerns about grant funded classes as those must be held in the Education department. The Director designed a plan for on-unit classes but there were limitations to those. They engaged patients in worksheets such as word searches or informational sheets on cooking, and

priority was given to patients with intellectual disabilities and those 18-22 years old. Staff stated the on-unit classes began around November 8th, 2021. There was about a week when the patients did not receive educational classes between education closing in October and on-unit classes beginning in November. Staff stated that later in November a mobile library was brought in for patients to check out books on the units.

The Administrator stated they limited admissions from December 2021-January 2022. Staff did not notice an increase in behaviors when rehabilitation and education was shut down. In the month of August there were a total of 340 restraint hours, in September 328 hours, in October 446 hours, in November 408 hours and in December 434 hours.

Policy Review:

The HRA reviewed Chester Mental Health Center's procedure titled "Rehabilitation Services Enrollment In Programming" that states "Rehabilitation Services helps a person choose, participate in and perform activities and roles (especially those associated with living, learning, socializing, and/or working) in his preferred environment with the least amount of ongoing professional intervention. When a patient is admitted into Chester Mental Health Center, the Admissions Department notifies the Rehabilitation Department. Upon notification of the admission, the Rehabilitation Services Director assigns a Rehabilitation Services Case Manager to the Patient and notifies qualified screeners to complete the Rehabilitation Services Functional Screening (IL462-0015). The IL462-0015 form will assess Education/Vocational, and Leisure needs and will be initiated by the qualified screener within 10 working days upon receipt, barring protracted clinical instability. The IL462-00015 will be completed no more than twenty-one days post admission…The Rehabilitation Director or qualified designee will schedule the patient for Rehabilitation Orientation, which focuses on: Comprehensive orientation into Rehabilitation Programming; Helping the person to assess one's readiness for rehabilitation, to set goals and evaluate his skills and support strengths and deficits in relation to the goals; Using diagnostic information to formulate a rehabilitation plan that focuses on how to develop the patient's skills and/or support strengths and deficits in relation to the goals; Selecting and using resources to enhance individual growth and development and being implementation of the formulated plan."

The HRA reviewed Chester Mental Health Center's procedure titled "Active Treatment-Group Progress Notes" that states "Group Progress Notes will be utilized to ensure timely and clinically relevant documentation of the patient's attendance and participation in Active Treatment…Clinical Group Progress Notes: A clinical group progress note shall be completed for each patient and for each group program attended…In the event that a patient refuses their scheduled program, the Group Facilitator will consult with the Security Therapy Aid (STA) to document why the patient refused the group and what alternative activity was offered…Security Therapy Aid (STA) Weekly Group Progress Note: Attendance Participation Record-STA Group Form CMHC-209 are to be completed with the patient's name, problem addressed and group name by a designated staff at the beginning of every week. The form will be placed in the front of the binder containing the group curriculum and will be locked on the unit stem…Rehabilitation Weekly Group Progress Note: The Rehab Services Weekly Class Progress Note (CMHC-459) shall be completed for each patient, for each class, regarding their participation in Rehabilitation Services. Each group/class will be documented on the form…The designated Class Facilitator will sign with title, date and time the Weekly Class Progress Note. The weekly class progress notes shall be filed in the Active Treatment section of the medical record by the designated staff."

The HRA reviewed Chester Mental Health Center's procedure titled "Rehabilitation Services Documentation of Services Provided" that states "To provide quality patient care, the Rehabilitation Services Department will provide a monthly report which includes measurable goals and objectives, procedures for delivery of services, patient progress review, patient's behavior review, program/activity modifications (if any) and recommendations for the upcoming 30-day reporting period. This monthly review process is implemented to monitor and evaluate each patient's progress…On a monthly cycle, each education staff member will complete a monthly progress report of instructional services for each patient enrolled in his/her respective program. The Treatment Plan Review summary must include the following information: Patient's name, unit; date of

treatment plan review meeting; contributing member and discipline; problem table with goals, interventions, starting date and status; and progress report for this reporting period. The Treatment Plan Review summaries will be retained by the assigned case manager, and copy will be electronically forwarded to the Unit."

The HRA reviewed Chester Mental Health Center's procedure titled "Rehabilitation Services Modification of Provided Services" that states "…Certain situations may require modification in a patient's educational or vocational programming. Age eligible refers to those patients aged 18 to 22 years old what have not obtained a High School Diploma or General Equivalency Diploma… Mastery of Adult Educational/Vocational Programming: If it is determined that program modification is necessary due to a patient successfully mastering all program's phases, the instructor notifies the Rehabilitation Services Director, and the patient is removed from the program. A report is sent to the Treatment Team specifying this modification and subsequent programming is based upon assessment results and the patient's interests and ability levels. Presenting Problems…All presenting problems involving modification of programing must be reviewed by the Education Department Case Manager and patient's therapist. All incidents of inappropriate behavior of a serious nature, must be communicated to the therapist and documented on an Incident Report (CMHC-207). The original and 2 copies are sent to the Unit. One copy is filed in the Rehabilitation Services file, Lesser behavioral concerns should be noted on a Behavior Data Report and sent to the therapist…Guidelines for Modification of Programming: When reviewing all presenting problems with the therapist, the Education Case Manager must adhere to the following guidelines: An age eligible or intellectually disabled patient cannot be unilaterally removed totally (expulsion) from programing as a result of a presenting problem…In the event that all steps of the procedure have been implemented and the presenting problem has not been resolved, the Director of Rehabilitation Services in consultation with the Therapist and Treatment Team will make the final determination regarding any program medication. Modification for Special Education (Administrative Code 226) by federal and state regulations, age-eligible patients are to be afforded not less than 5 hours of education/vocation programming in the least restrictive environment per week. Any deviation of fewer hours of services must follow specific regulations and must be reviewed by the Treatment Team and the Rehabilitation Services Director."

The HRA reviewed Chester's "Treatment Plan" policy that states "…Once the patient is assessed with the Rehabilitation Functional Screening, it will be copied to the patient's education folder then submitted to the therapist for inclusion in the Treatment Plan CMHC-811B as an assessment. This assessment will be initiated within 5 calendar days of admission and completed within ten calendar days or as soon as clinical stability permits. The functional screening and other assessment shall be utilized to incorporate interventions indicated by patient preference and demonstrated need into the Treatment Plan (CMHC-811B). Every 30 days of rehabilitation enrollment, each patient's progress for each class is summarized on the Rehabilitation Treatment Plan Review Note CMHC-811I within the patient's education folder for inclusion into the Treatment Plan Review (CMHC-811B) …".

The HRA reviewed "Patient Education" policy for Chester that states "At the time of admission, and on an ongoing basis, the educational needs of each patient will be assessed. Upon the interest of the patient and/or the recommendation of the Treatment Team, a referral for Academic assessments will be initiated by the Rehabilitation Services Case Manager for each new patient. The Test of Adult Basic Education will be administered every three years to patients 22 years of age and older. The Test of Adult Basic Education will be administered every year to patients 22 years of age and younger. The Rehabilitation Services Director or designee will administer the Test of Adult Basic Education. The staff will consider all factors that will influence the teaching and learning process including age, culture, previous lifestyles, ability and readiness to learn. Education will be provided based on the patient's needs as indicated by multi-disciplinary assessments and referrals from clinicians. Education will be provided on a 1:1 basis or in small groups no larger than 4. Length of education sessions will be appropriate to the content area being addressed and sessions will be held at least weekly until content area is mastered…Printed and audiovisual materials will be used to reinforce information and as an adjunct to induvial or group instruction. Educational programs are developed and implemented by

individual disciplines as appropriate to address patient need and may be done individually or in small group settings."

Records Review:

The HRA reviewed Chester's staffing numbers that were provided for November 2021. Chester was budgeted for 234 Security Therapy Aide (STA) staff but had 256 filled STA positions. In November 36.5% of staff were on scheduled benefit time, 23.01% called off and 12.43% were on family medical leave. According to documentation provided 78% of **STA** staff were working during the month of November. Chester was budgeted for 483.2 **total** staff and had 468.2 total staff positions filled. Chester had 66.2% of staff members off on approved benefit time, 37.79% called off and 18.23% were off utilizing FMLA. Overall, Chester total staff was at 72% in November 2021.

The HRA reviewed an email the Director of Rehabilitation Services sent to staff on November 5, 2021, that states "…The expectation is you will spend each class period on the Unit either conducting a scheduled class, assisting with a scheduled class or conducting an impromptu social skills class. To help you get started on Monday, November 8, 2021, unit A is the designated Unit for the day…Unit delivery of educational services. There will be no changes to the database. Scheduling of patients will remain the same. The Rotating, Segregated Unit schedule will apply. Execute your classes on the designated Unit for that day and class period. If you do not have classes scheduled for the designated day and time on the Rotating schedule, you will be dispatched to the designated unit to assist other Education staff. If you have patients scheduled on other units (and not on the designated Unit for that day and time), conduct your classes on the unit where the majority are scheduled. Consult the Conference Room availability schedule. Conference Room use can be negotiated with the Unit Directors and module (Round Tables) use can be negotiated with the charge Aides. This is because of the dynamic nature of the living units and security needs. This will require flexibility on everyone's part initially. Class content and materials will be determined by the Education professionals. Educators, please use CMHC attendance sheets. Only take attendance for the grant while on the Units if you feel your content maintains fidelity to the grant course for which you are certified. Please complete Education progress notes, CMHC-459 as usual. Patients not enrolled (scheduled) may attend class, but the Unit staff will have to record their attendance on their Community sheet. Classes are still; 8:45am, 9:45am, 10:45am, 2:00pm, and 3:15pm. Some classes (e.g. cooking, computers) may not fully translate to a Unit setting. If text, video or worksheet material is not available, you may conduct a class of your choice. Please indicate this deviation on the CMHC-459…A mobile library may be initiated at a later date. To my knowledge nothing to this scale has been attempted on the living units. Your best efforts to execute this plan are appreciated. Unit Directors and Security staff have been alerted to the increased traffic and patient movement within the living units."

The HRA reviewed a masked list that showed only three patients at Chester are under the age of 21 years old. Two of the patients have less than a high school diploma. The third patient's education level was unknown.

The HRA reviewed a masked treatment plan for an individual at Chester that states "[Individual] will attend ID [intellectual disabilities] groups 3 times a week in the Rehab department or on the unit should he not be able to attend Rehab in order to improve self-care deficits, build independent social skills and living skills…[Individual] would attend all classes that he has the opportunity to but due to covid restrictions it has delayed this." Another individual's masked treatment plan was reviewed that states "[Individual] will participate in rehabilitation programming to enhance maladaptive behavioral to appropriate social behaviors." A third individual's masked record showed that he attended 1 of 8 classes due to Covid-19 restrictions. It was noted he refused one class and opted to return to the unit instead.

The HRA reviewed "Treatment Plan Review Note: Rehabilitation Services" dated 11/29/21 for an individual that states "He only had one opportunity to attend classes this reporting period due to COVID quarantines. I attempted to hold a group with him on the unit since our rehab unit is currently closed down, but he refused to

see me." Another note dated 11/22/21 for another individual states "[Individual] did not attend classes in the Rehab dept due to the safety protocols of COVID-19 and the shortage of security staff…".

Conclusions

Complaint 1. Inadequate treatment planning

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) states "(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. 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."

The complaint alleges Chester Mental Health Center abruptly shut down educational classes due to staff shortages. The HRA reviewed masked treatment plans for individuals which stated the individuals are to receive rehabilitation services. It was discovered that on 10/29/21 Chester shut down the rehabilitation unit including education classes due to staff shortages. The classes started back up on 11/8/21, however, the classes were provided on the living units instead of on the rehabilitation unit. Staff stated the classes are not designed to be performed on the living units. However, due to staff shortages, they thought providing the education classes on the units was the only option instead of patients not getting the classes at all. The HRA understands Chester Mental Health Center was dealing with staffing shortages and made the difficult decision to shut down the rehabilitation unit as a result. However, the individuals at Chester still need to receive their services. If changes need to occur due to staffing shortages, Chester needs to address these modifications in treatment plans. Staff stated they engaged patients in worksheets such as word searches and informational sheets on cooking. Staff stated the rehabilitation unit stayed shut down until December 20th, 2021, when new staff were trained. Chester's "Patient Education" policy states "Education will be provided on a 1:1 basis or in small groups no larger than 4. Length of education sessions will be appropriate to the content area being addressed and sessions will be held at least weekly until content area is mastered." However, residents did not receive any education sessions for 10 days while the rehabilitation unit was shut down. Additionally, when education classes were held on the units, patients were given worksheets and not always provided individual or group instruction. However, Chester's "Patient Education" policy states "Printed and audiovisual materials will be used to reinforce information and as an adjunct to individual or group instruction." Furthermore, the "Rehabilitation Services Modification of Provided Services" policy states age-eligible patients are to receive "not less than 5 hours of education/vocation programming in the least restrictive environment per week." Therefore, the Egyptian Human Rights Authority concludes that the consumer's rights were violated and, therefore, the complaint of inadequate treatment planning is **substantiated.**

The Human Rights Authority makes the following **recommendations**:

1. **Chester Mental Health Center follow their "Patient Education" policy by ensuring education sessions are held at least weekly. Additionally, patients should receive individual or group instruction not just worksheets. Provide the HRA proof that this is now occurring via rehabilitation case notes or other documentation.**

2. **Chester Mental Health Center follow their "Rehabilitation Services Modification of Provided Services" policy by ensuring all age-eligible patients receive "not less than 5 hours of education/vocation programming in the least restrictive environment per week." Provide the HRA proof that this is now occurring via masked records or rehabilitation documentation.**

3. **Chester Mental Health Center follow The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) by following and providing all services listed in patients' treatment plans. If services provided in treatment plans need to be altered (ie held on unit rather than education department), an addendum should be added to each person's treatment plan.**

4. **Chester Mental Health Center re-train staff on their "Patient Education", "Rehabilitation Services Modification of Provided Services" policy and The Code (405 ILCS 5/2-102). Please provide the HRA with evidence of the training.**

The HRA **strongly suggests** Chester Mental Health Center develop a plan on how to address the staffing issue to avoid the closure of the rehabilitation unit in the future. Consider ways that virtual learning could be provided rather than worksheets. The HRA **strongly suggests** Administration review the Rehabilitation Services Modification of Provided Services policy and consider including a requirement that an addendum be added to the individual's treatment plan when any modifications to the plan are made such as change in location where class is provided, class changes, discontinuation etc.