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Egyptian Regional Human Rights Authority
Chester Mental Health
Report of Findings
Case #24-110-9001
May 30, 2024

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:

Lack of treatment for fitness attainment

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

Complaint Summary: The complaint stated the facility is failing to provide treatment to the recipient to assist the recipient in attaining fitness to stand trial.

Investigation:

The HRA proceeded with the investigation after having received proper consent. To pursue the matter, the HRA met with staff and the program representatives were interviewed. Relevant practices, policies and sections of the consumer's record were reviewed.

Interviews:

The social worker for the individual was interviewed. The social worker stated the individual had punched his therapist several times in September 2023 causing the therapist a neck injury. The individual attacked the therapist because he was fixated on the need to go to court but there was not a court date scheduled. Since September, a new therapist has been working with the individual on attaining fitness 2-3 days a week. On some weeks, the therapist will meet with the individual daily. The individual also attends group therapy occasionally, but he has trouble staying focused on tasks, so he benefits more from 1 on 1 therapy. The individual is compliant with his medication, however, when the facility attempts to increase his medications, the individual will disagree and argue with staff. The physician conducted an exploratory test to see if the individual has an autism diagnosis. However, the testing was not complete because the individual would not calm. The social worker stated that based on the notes, the physician believed the individual had an autism diagnosis.

Policy Review:

The HRA received a copy of Chester Mental Health Centers "Guidelines for the Treatment of Patients with Severe Maladaptive Behaviors" which stated "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 … The treatment team, patient and family members when appropriate, will be involved

in the development of the treatment plan. This plan is initially developed within three days of admission, with a review at 21 days and 30 days thereafter. Any unwanted or maladaptive behavior will be considered a critical treatment issue … the patient will be offered alternative ways to cope with situations that result in the unwanted or maladaptive behavior. These skills may be taught in individual or group therapies, rehabilitation classes or activity therapies."

The HRA reviewed Chester's "Treatment plan" policy that states "Treatment planning is an ongoing process in which problem 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 review, progress notes and other documentation. Treatment Plan Development: within 8 hours the admitting nurse and physician identify problems, goals, objectives, interventions, and discharge recommendations for the patient, based upon the initial assessments, the pre-placement evaluation, and referral documents from previous placement. The nurse completes the admission treatment plan within 8 hours. A copy of the patient's initial core schedule of groups and activities is given to the patient by the nurse during intake, after the admission treatment plan is completed … The treatment plan coordinator develops the multi-disciplinary treatment plan for a 72-hour review based upon the nursing, psychiatric, and social services assessments, and recommendations from the team, and in collaboration with the patient. This 72-hour treatment plan must be entered into the record within 2 working days of the meeting. Treatment plan reviews 21 days: The treatment plan is to be completed 21 days after the deployment of the 72 hours treatment plan along with the treatment plan review and filed in the chart within 7 working days … Monthly: a treatment plan review is to be completed using a minimum of every 30 days beginning at the 21-day review and filed in the chart within 7 working days … Each person attending the treatment plan review will sign in with signature and title on the treatment plan/review attendance record … It is the responsibility of all disciplines to participate in the development of a multidisciplinary treatment plan. It is the responsibility of the primary therapist to serve as the coordinator of the treatment plan, ensuring the following: treatment plan meetings happen within all the required time frames. All discipline input is gathered and utilized for treatment plan reviews. The plan is comprehensive and individualized based upon the assessment of the individual's clinical needs, strengths and limitations and is written in behaviorally defined and measurable terms. The treatment plan reflects current treatment. The patient is given a daily schedule of assigned groups and activities based on the interventions assigned in the treatment plan… If the patient has a guardian, the therapist will notify the guardian of all scheduled meetings and this will be documented in a progress note, and a copy of the treatment plan will be mailed to the guardian. Individuals are encouraged to involve their family or support system to participate in treatment planning …".

Chester's "Utilization Review" policy states "the facility will oversee a review process to ensure that the patient is receiving proper care and that any barriers to discharge/transfer are being addressed. The Utilization Review Committee will consist minimally of the Facility Director, Assistant Hospital Administrator, Administrative Assistant, Quality Manager, a Psychiatrist, Director of Nursing, Chief Social Worker, and Clinical Director. The Utilization Review Committee has established the following number of days considered acceptable as a length of stay [LOS] based upon legal status: Civil Patients LOS > 9 months; UST Patients LOS > 5 months; NGRI/UST-G2/UST Extended LOS > 12 months. The Utilization Review (UR) Committee will meet monthly to review any patient whose length of stay exceeds the number of days established by the Committee. Pertinent members of the patient's treatment team will present clinical justification for the patient's continued need for treatment to the members of the Utilization Review Committee. The patients' unit treatment team will complete the Utilization Review Form CMHC-715 and bring to the UR meeting. After the initial Utilization Review meeting, the patient's progress towards achieving treatment goals for Civil and UST Patients will be reviewed every three (3) months until patient is considered treatment refractory, NGRI/UST-G2/USTET and treatment refractory patients will be reviewed every six (6) months until discharged/transferred and documented on the Follow-Up Utilization Review Form CMHC-715c. Any patient who is Unfit to Stand Trial [UST] will also have the UST Addendum CMHC-715b completed for the initial meeting ... The Utilization Review Committee will indicate any follow-up recommendations made by the committee on the UR [Utilization Review] form. A Psychopharmacology Review may be indicated as a result of the Utilization Review ... If indicated, the unit

treatment team will be responsible for initiating the referral for the psychopharmacological review and submitting it to the Pharmacy Director."

Records Review:

The HRA reviewed the individual's treatment plan dated 6/19/23. The plan states "[Individual] was found Unfit to Stand Trial [UST] on 2/1/23 and remanded to DHS [Department of Human Services] for fitness restoration. [Individual] was interviewed on 3/2/23, at which time he presented manic, and highly agitated. His speech was loud, tangential, and robotic, and pressured much of what he said was unaccountable … [Individual] has limited insight into the seriousness of his mental illness, and is refusing to use recommended medication, and rather demands Cannabis … [Individual] has a history of acting out behaviors, as well as a history of UST placement, and restoration attainment in 2021. With medication he can achieve a standard of fitness. At this time, he is refusing medication management … According to the psychiatric evaluation done on 1/17/23 … I believe [Individual] currently does not meet criteria for fitness to stand trial. [Individual] presented with persistent persecutory delusions and disorganized speech which caused him to be unable to coherently demonstrate rational understanding of court proceedings." The "short term objectives" for the individual Unfit to Stand Trial diagnosis state "[Individual] will be able to identify individuals and their roles in the courtroom, [Individual] will be able to verbalize his crime and the possible penalties for his crime. He will also demonstrate an ability to work appropriately with his attorney at 100% accuracy for 3 consecutive months. [Individual] will demonstrate his willingness to cooperate by taking the fitness examination 2x monthly at 100% accuracy for 3 consecutive months. Intervention: Therapist will provide UST group one time per week … therapist will provide [Individual] with the opportunity to take the fitness exam 2x monthly so that progress towards fitness can be monitored. Progress: [Individual] was able to identify the judge, states attorney and the defense attorney and their roles in the court room for 1 month. [Individual] was unable to state his charges at this time for one month. [Individual] is not very stable at the moment and has only been able to work with this therapist for a limited time during each of our meetings. [Individual] has been unable to work appropriately with this therapist at this time for one month. [Individual] took fitness test on 6/13/23 scoring a 92%."

The treatment plan dated 1/31/24 lists the short-term objectives for the individual's Unfit to Stand Trial as "[Individual] will be able to identify individuals and their roles in the courtroom. [Individual] will be able to verbalize his changes and possible penalties. He will demonstrate an ability to work appropriately with his attorney and a willingness to cooperate with fitness restoration and examination with at least 90% accuracy. Intervention: Therapist will provide UST group one time per week … Progress: [Individual] has been active in participating in fitness restoration group and demonstrated improvement in completing testing: 11/01 (70%) and 12/15 (80%). Testing format is given in written form with open-ended responses. Will continue to practice and review. [Individual] took a multiple-choice Fitness test on: 6/13/23 scoring 92%, 6/28/23 scoring 75%, 7/10/23 scoring 76%, 7/19/23 scoring 96%."

The HRA reviewed Chester's "Progress Note/ UST Fitness Assessment" dated 6/2/23. The assessment states "On 6/1/2023 [Individual] was placed on frequent observation due to a recent suicide attempt while in jail. He had poor insight and judgement and does not think he has any problems. He refused to consent to any medications at this time. He stated, 'I don't like pills, and this is a stubborn fight, if someone tries to make me angry.' … The treatment teamed [sic] agreed he needs medication as soon as possible because he is a risk to himself and others. He will be emergency enforced and a petition for court enforced medication will be started. Intervention: [Individual] will attend his treatment plan reviews for 3 consecutive months. [Individual] will be able to name is mental illness at 100% accuracy for 3 consecutive months. [Individual] will be able to make his medications at 100% accuracy for 3 consecutive months … [Individual] will demonstrate his willingness to cooperate by taking the fitness examination 2x monthly at 100% accuracy for 3 consecutive months … Plan: This therapist will continue to work with [Individual] to accomplish his treatment plan goals, and to encourage to be an active participant in his treatment. This social worker continues to try and encourage [Individual] to take the fitness text twice month [sic] and to participate in groups. This social worker will continue to work with [Individual] on answering the UST questions verbally to prepare him for court."

The Fitness Assessment dated 6/27/23 states "Behavior … He has poor insight and judgment and does not think he has any problems. He was on Emergency Enforced Medication 6/6/23-6/21/23 until he went to court for Court Enforced Medication … Response: [Individual] attended his 3-day TPR on 6/2/23 and his 21-day TPR on 6/19/23. [Individual] stated he had previously diagnosed with Schizophrenia. His current diagnosis is Schizoaffective Disorder Bipolar Type. He was unable to name his mental illness with 100% accuracy for 1consecutive month. [Individual] was unable to name his medications at 100% accuracy for 1 consecutive month … [Individual] took a fitness test on 6/13/23 scoring a 92%. [Individual] has been unable to meet this goal for 1 month. [Individual] is not very stable now and has only been able to work with this therapist for a limited time during each of our meetings. [Individual] has been unable to work appropriately with this therapist currently for 1 month."

Another Fitness Assessment dated 7/17/23 states "Response: [Individual] attended his 3-day TPR on 6/2/23 and his 21-day TPR on 6/19/23 and this TPR on 7/17/2. This goal was met at this time and will be discontinued at his next TPR. [Individual] stated his diagnosis is Schizoaffective Disorder Bipolar Type. He was able to name his mental illness at 100% accuracy for 1 consecutive month. [Individual] was able to name all of his medications at 100% accuracy for 1 consecutive month … [Individual] is currently on court enforced medication. [Individual] was unable to meet this goal with 100% accuracy for 1 month. [Individual] took a Fitness test on 6/13/23 scoring 92%, 6/28/23 scoring 75%, 7/10/23 scoring 76%. [Individual] has been able to meet this goal for 1 month."

The Fitness Assessment dated 8/14/23 states "Response: [Individual] attended his 3-day TPR on 6/2/23 and his 21-day TPR on 6/19/23, a TPR on 7/17/23, and this TPR. This goal was discontinued at this TPR. [Individual] stated his diagnosis is Schizoaffective Disorder Bipolar Type. He was able to name his mental illness at 100% accuracy for 2 consecutive months. [Individual] was able to name all of his medications at 100% accuracy for 2 consecutive months … [Individual] is currently on court enforced medication. [Individual] was unable to meet this goal with 100% accuracy for 1 month. [Individual] took a Fitness test on 6/13/23 scoring 92%, 6/28/23 scoring 75%, 7/10/23 scoring 76%, 7/19/23 scoring 96%. [Individual] has been able to meet this goal for 2 months."

Progress Report Review:

The HRA reviewed a progress note dated 6/12/23 that states "[Individual] was seen by the treatment team, he appears to be calmer and is beginning to be able to hold a better conversation. He asked to be in regular clothes. Treatment team discontinued safety smok [sic] and safety blankets. He said he was sleeping fine and his appetite was fine. Tx [treatment] team will continue to monitor closely."

On 7/27/23 the note states "Therapist Note: [Individual] and this therapist have met everyday that his therapist has been at work Wed, Thurs, and Friday. On 7/27/23 [Individual] was brought back early from dining for screaming. When we talk [sic] Thursday as this therapist was leaving, he said he believes they are poisoning his food and then commented on feeling his head swelling. Today we discussed it again and it seems to be brought on by stress. Plan to follow up with this next week."

On 9/21/23 the notes states "Therapist Note: Therapist spoke with [staff] to discuss concerns about patient remaining on unit E after patient punched his therapist multiple times about the head and face. It is the treatment team's recommendation patient be moved to the max side for the safety of all involved." Another note on 9/21/23 states "Therapist spoke with [medical director] about patient's current clinical condition, current medications, and past and current acts of aggression. Treatment team members expressed concern for patient to remain on unit E and requested patient be transferred to the max side at Chester Mental Health Center for the safety of all involved." The last note on 9/21/23 states "… release and transferred to unit A."

The note on 10/25/23 states “Pt in to be seen [sic] provider and treatment team … The pt is able to be verbally redirected but continues to be [sic] increased anxiety while in the meeting. Pt has had no disruptive behaviors since arriving to unit A. Pt continues to state he does not want to go to the dining room due to increase anxiety situations.”

Conclusion:

Complaint: Lack of treatment for fitness attainment

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. 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 recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan.”

The Code (405 ILCS 5/2-107) provides that “the recipient and the recipient’s guardian or substitute decision maker shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication or electroconvulsive therapy. If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available … Psychotropic medication or electroconvulsive therapy may be administered under this Section for up to 24 hours only if the circumstances leading up to the need for emergency treatment are set forth in writing in the recipient’s record. (c) Administration of medication or electroconvulsive therapy may not be continued unless the need for such treatment is redetermined at least every 24 hours based upon a personal examination of the recipient by a physician or a nurse under the supervision of a physician and the circumstances demonstrating that need are set forth in writing in the recipient’s record. (d) Neither psychotropic medication nor electroconvulsive therapy may be administered under this Section for a period in excess of 72 hours, excluding Saturdays, Sundays, and holidays, unless a petition is filed under Section 2-107.1 [405 ILCS 5/2-107.1] and the treatment continues to be necessary under subsection (a) of this Section. Once the petition has been filed, treatment may continue in compliance with subsections (a), (b), and (c) of this Section until the final outcome of the hearing on the petition.”

The complaint stated the facility is failing to provide treatment to the recipient to attain fitness to stand trial. Staff stated in September 2023, the individual attacked his therapist. Since the attack the individual has been working with a new therapist on attaining fitness 2-3 days a week. Additionally, the individual is encouraged to attend group therapy, but the individual does better with 1 on 1 therapy. The individual’s treatment plan addresses the goals and staff intervention that need to be accomplished for the individual to attain fitness. Additionally, the treatment plan lists the progress the individual makes towards attaining fitness. The individual has taken numerous fitness tests with his scores ranging from 75%-96%. Based on the findings above as documented in the individual’s record, the Egyptian Human Rights Authority concludes that the consumer’s rights were not violated, and the complaint is **unsubstantiated.**

The Fitness Assessment dated 6/27/23 states “He was on Emergency Enforced Medication 6/6/23-6/21/23 until he went to court for Court Enforced Medication.” The HRA is concerned the individual was on emergency enforced medication for 16 days which does not align with The Mental Health and Developmental Disabilities code (405 ILCS 5/2-107) which states “Neither psychotropic medication nor electroconvulsive therapy may be administered under this Section for a period in excess of 72 hours, excluding Saturdays, Sundays, and holidays,

unless a petition is filed …". The HRA **strongly suggests** Chester Mental Health ensure a petition is filed in a timely manner and that each time emergency medication is given, rationale is documented, and a restriction of rights is given.