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Egyptian Regional Human Rights Authority

Chester Mental Health
Report of Findings
Case #24-110-9015
November 15, 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:

Inappropriate Restriction of Rights

If the allegations are substantiated, they would violate protections under The Mental Health and Disabilities Code (405 ILCS 5/2-201, and 405 Ill. Comp. Stat. Ann. 5/2-103).

Complaint Summary: The complaint alleges the facility is not allowing two individuals to use the telephone without supervision. Allegedly, one individual is only allowed to make two 30-minute calls per week. Allegedly, this individual is not allowed to use the unit telephone unsupervised. The complaint alleges another individual is only allowed to use the phone if staff dial the number for him and listen to his telephone conversation.

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 individual #1 was interviewed. The social worker stated individual #1 is allowed to use the telephone but only with his therapist present because of a long list of people who requested he stop calling. Staff needs to know who the individual is dialing when making a phone call to ensure he is not contacting someone on his restricted list. The individual was allowed to make calls on Friday for 30-60 minutes, but he can make arrangements to make calls at other times as needed.

The social worker for individual #2 was interviewed. The social worker stated staff dial the phone for individual #2. Once staff dialed the number for the individual and he hung

up and dialed another number. The individual had the telephone restriction due to making harassing telephone calls. The individual's restriction was lifted a couple of weeks before he was discharged to ensure he could handle the responsibility of making telephone calls once he is discharged from the facility. The individual had access to the telephone with staff present Monday-Friday 8-4pm. If the individual wanted to make a call during the weekend, he could make arrangements to do so. The social worker stated one time individual #2 requested to speak to his dad over the weekend and staff facilitated the call.

Policy Review:

A review of the "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. … Emergency Restriction of Rights: A restriction of a patient's rights should be based on an assessment of the patient and/or the situation affecting the safety of the patient or others by clinical staff on duty who oversees the patient's treatment plan. A Notice Regarding Restricted Rights of Individuals (IL462-2004M) will be issued to temporarily restrict the patient's rights. A progress note will be documented in the patient's record showing justification for the restriction of rights and explanation of actions taken."

The HRA reviewed Chester's "Patient Telephone Calls" policy that states "It is the policy of Chester Mental Health Center (CMHC) that patient rights will not be restricted without cause (i.e., to prevent harm, harassment, or intimidations), and with due process (i.e., restriction of rights). Patients at CMHC will be provided the opportunity to make telephone calls. All units will post scheduled phone times to meet the needs of their patient population. This schedule will list times when the phones will be available,-and when they will be unavailable to encourage treatment participation (i.e. community meeting, mealtimes, active treatment program times, etc.). All Units are equipped with patient phones. Patients will have access to make phone calls 24 hours a day seven days a week. Telephone call duration should be limited to ten minutes. Abuse or misuse of telephone time limits may be referred to the treatment team. … Patients have the right to make and receive phone calls. If the patient's use of the phone presents evidence of harm, harassment, or intimidation, and continued phone communication is clinically contraindicated, the treatment team may restrict a patient's access to outgoing calls, incoming calls, or those to a specific individual after issuing a Notice Regarding Restricted Rights of Individual (IL462-2004M - AMHC version). This will require prior approval from the Hospital Administrator as well as a written request from the requestor if the restriction is being requested from an outside party. The Restriction of Rights will specify the duration of the restriction, and the rationale (i.e., evidence of harm, harassment, or intimidation which makes continued telephone communication clinically contraindicated for safety) for the restriction. Restrictions may be issued until the next business day when the restriction will be reviewed by the team in morning report. If the restriction is continued a new restriction of rights form will be issued indicating the duration of the restriction and the defined behavioral reasons for continuation. Restrictions should not exceed 7 days, unless the circumstances are such that an extended period of restriction is warranted (not to exceed 30 days). A progress note will be entered

by the social worker (or nurse when no social worker is present) into the clinical record documenting the review, and its outcome."

Records Review:

Individual #1:

The HRA reviewed the treatment plan for individual #1. The plan dated 11/8/23 indicates individual #1 has a restriction of rights. The plan states "[Individual #1] has made multiple harassing phone calls and is currently on phone supervision and has been since being on Unit A for the following: DO NOT CALL began 11/2/2023 continued presently." The treatment plan indicates 7 businesses that the individual is not allowed to call. Additionally, on 11/15/23 another business was added to the do not call list. On the 12/4/23 treatment plan another business was placed on the do not call list for a total of 9 business.

The HRA reviewed multiple "Notice Regarding Restricted Rights of Individuals" for individual #1. The notices indicate the individual was making harassing phone calls to multiple businesses and individuals, so individual #1 was restricted from contacting these businesses and people. The HRA reviewed several letters and emails sent from various businesses and people to Chester requesting individual #1 stop calling, harassing and threatening them. One of the notifications dated from 11/2/23 to 12/1/23 indicates the individual's calls were to be monitored and logged by staff. Another notice is dated 11/15/23-11/26/23 and includes a list of businesses and numbers the individual is not to call. A third notice is dated 11/21/23 to 12/21/23 and again provides a list of businesses and numbers the individual is not to call.

The HRA reviewed progress notes for individual #1. The note dated 12/6/23 states "[Individual #1] continues to remain manic, speech is rapid pressured, and thoughts are very paranoid he believes people are out to get him and everyone is working with those people. On 11/8/23, he was transferred from Unit A to Unit E. On 11/15/23, there was notification that he needed to stop calling [Law office], this was added to his already extensive list of 'DO NOT CALL' numbers. Then on 12/1/23 [employee] forward us an email he had received from [Another business] to add to the 'DO NOT CALL'. STA's [Security Therapy Aides] had also reported seeing him hang up the call they had dialed for him while he was on phone supervision and dialing another # when they went to do rounds. So on 12/01/23 [Individual #1] was notified that he will be only allowed to make phone calls when social workers on. Unit Director due to his ongoing phone related issues. … This therapist then did his scheduled phone calls w/him. The first person he called was [State Politician]. They called and asked to be put on the DO NOT call list. This therapist did that and [Individual #1] was notified. He became irritable. On 12/6/23 at 10:30am this therapist received a phone call during morning meeting regarding [Individual #1] from [art therapist]. She reported that he was down in her class making threatening comments about this therapist. She said she would write it up. This therapist then placed him on loss of off Unit privileges. When treatment team attempted to notifying [sic] him by calling him into the conference room he refused. So we went to

notify him on the Unit in private he refused. So we notified him at the pool table. Plan: Review all Restriction of Rights every Thur [Thursday] till we can make reductions."

Individual #2:

The HRA reviewed a letter sent to Chester regarding individual #2. The letter states "I am requesting to have a phone restriction placed on [Individual #2] to the [Local law office]. [Individual #2] has been making excessive calls to this law firm which have been disruptive and insistent, while he is not a client of this firm, and they will not be taking on his case."

The HRA reviewed an email sent to Individual #2's social worker. The email states "A women contacted the office and stated that [Individual #2] repeatedly calls her. … She stated that he wants to place an ad for a psychiatrist to see him here. She is requesting he stop calling her." Another email was sent to the individual's social worker, the email states "An officer from [local police department] called and respectfully requested that [Individual #2] not call there anymore. [Individual #2] has called numerous times regarding a Freedom of Information form that he sent, and they have repeatedly told him they have not received it."

The HRA reviewed "Notice Regarding Restricted Rights of Individuals" for individual #2. The notice indicates the individual was not allowed to make calls to a local law office and another company due to the businesses sending letters requesting the individual stop calling them. The restriction was put in place from 10/27/23 to 11/27/23. The notice stated the individual was still allowed to call the HRA, Office of Inspector General, and Equip for Equality as needed. Another "Notice Regarding Restricted Rights of Individuals" was reviewed. The restriction is from 2/15/24 to 3/15/24. The notice states the restriction is "Due to patient continuing to call individuals/companies/entities he is not supposed to be calling."

The HRA reviewed progress notes for individual #2. The progress note dated 10/4/23 states "This writer received a call from admin office that patient had called VA crisis line at some point today. Message was for patient to call an [VA employee] tomorrow 10/5/23 between 1-2pm. Given phone number. This writer wrote down all information and gave it to patient. Also verbalized instructions to him. Pt (Patient) verbalized understanding and stated, 'Thank you'. This writer assessed patient for HI/SI (homicidal ideations/suicidal ideations) and he stated 'no, I don't feel suicidal or homicidal at all. I called the VA to check and see if they can provide me a VA psychiatrist.' No other issues at this time."

Another progress note states "On 10/13/23 a restriction of rights was initiated for telephone supervision. Due to patient continuing to call individuals/companies/ entities he is not supposed to be calling, he will only be able to make phone calls with his therapist. Patient may not call [Law office] due to the facility received a letter requesting he not contact them anymore; he may not call [local business] due to the facility received a phone call requesting he not contact them anymore; he may not call the [local police department] after the facility received a phone call requesting, he [sic]. Patient may

continue to contact HRA, OIG, Equip for Equality, etc., as necessary. He will continue to receive the restriction of rights listed above. Each week during 1:1 therapy sessions, this writer educates this patient about his current maladaptive behaviors and how they attribute to him continuing to receive the restriction of rights. This writer also educates this patient each week about socially appropriate replacement behaviors he can utilize that will help him reduce/extinguish his current behaviors and in turn, help him work towards the discontinuation of his restriction of rights in a timely manner. This patient also continues to receive praise each week for progress made towards the elimination of his restriction of rights. Each week this patient's treatment team consults separately from the patient to discuss his restriction of rights and the progress he had made towards his goal of restriction of rights termination. Should this patient's restriction of right's last longer than one month, it is also discussed with him and his treatment team again during his monthly treatment plan meeting." This progress note was repeated on 12/20/23, 12/27/23, 1/9/24, 1/23/24, 2/6/24, and 2/20/24.

Conclusion:

Complaint 1: Inappropriate Restriction of Rights

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-201) states that "(a) Whenever any rights of a recipient of services that are specified in this Chapter are restricted, the professional responsible for overseeing the implementation of the recipient's services plan shall be responsible for promptly giving notice of the restriction or use of restraint or seclusion and the reason therefor to: (1) The recipient and, if such recipient is a minor or under guardianship, his parent or guardian; (2) A person designated under subsection (b) of Section 2-200 upon commencement of services or at any later time to receive such notice; (3) The facility director; (4) the Guardianship and Advocacy Commission, or the agency designated under 'An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named', approved September 20, 1985,1 if either is so designated; and (5) The recipient's substitute decision maker, if any."

The Mental Health and Developmental Disabilities Code (405 Ill. Comp. Stat. Ann. 5/2-103) states "Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. (a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items. (b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director. (c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall

advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect."

The complaint alleges two individuals at Chester had their rights inappropriately restricted. Allegedly, both individuals were only allowed to make phone calls with their therapist present. The HRA reviewed multiple "Notice Regarding Restricted Rights of Individuals" provided to both individuals indicating the individuals were having their telephone communication rights restricted. Individual #1 had a list of at least 9 business and people he was no longer allowed to contact due to threatening and harassing behaviors. Individual #2 had 3 businesses contact Chester requesting the individual stop calling and harassing them. Both individuals were allowed to make phone calls, but staff needed to monitor the calls to ensure they did not contact businesses on their restricted list. Individual #1 was allowed to make phone calls with his therapist on Fridays. However, arrangements could be made if the individual wanted to make calls on other days. Individual #2 was allowed to make calls Monday-Friday from 8-4pm. Additionally, the individual could make arrangements for calls with staff on the weekends if needed. Both individuals were allowed to call HRA, OIG and Equip for Equality and needed. 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 HRA **suggests** Chester ensure the social worker or staff are available upon a patient's request to make a phone call if the patient has a telephone restriction in place.

The HRA **suggests** Chester ensure both individuals' harassing behaviors be addressed in behavior plans to limit restriction time.
The HRA **suggests** Chester review and revise the Patient Telephone Policy restrictions section to clarify the sentence which says "Restrictions should not exceed 7 days, unless the circumstances are such that an extended period of restriction is warranted (not to exceed 30 days)." It was unclear if this meant 30 days is the longest any restriction can last or if this meant that at least every 30 days a new restriction of rights must be completed with justification for the continued restriction. If so, in this case, both patients had phone restrictions for longer than 30 days which would violate agency policy.

RESPONSE

Notice: The following page(s) contain the provider

response. Due to technical requirements, provider responses appear verbatim in retyped format.