
**FOR IMMEDIATE RELEASE**

REPORT OF FINDINGS— 21-040-9008
SILVER OAKS BEHAVIORAL HOSPITAL
HUMAN RIGHTS AUTHORITY— South Suburban Region

INTRODUCTION

The Human Rights Authority has completed its investigation into allegations concerning Silver Oaks Behavioral Hospital. The complaint stated as follows: 1) the recipient was not seen by a psychiatrist in a timely manner, 2) the recipient was informed that she would be taken to court if she did not rescind her request to be discharged from the hospital, 3) the recipient had increased anxiety because the hospital's social worker would not help her to get an application for medical leave from her employer, and, 4) the recipient's parent was informed on the discharge day that the recipient would not be allowed to leave the hospital unless her parent paid the remaining $2000.00 of her medical bill. If substantiated, these allegations would be violations of the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.).

Located in New Lenox, this 100-bed hospital provides specialized mental health and substance abuse treatment for adolescents, adults, and senior adults.

METHODOLOGY

To pursue the investigation, the hospital's Director of Risk Management, the Director of Behavioral Health, the Director of Social Services, and two employees from the service provider business office were interviewed, and the hospital's response letter dated April 10th, 2021concerning the complaint was reviewed. The complaint was discussed with the complainant and the recipient's records were reviewed with written consent. Relevant program policies were also reviewed.

COMPLAINT SUMMARY

The complaint specifically stated that the recipient was evaluated by a psychiatrist two days after she was admitted to the behavioral health hospital. The recipient had requested to be discharged from the hospital and the social worker allegedly told her that she would be taken to court and detained for 7 to 10 days longer if she did not rescind her request. The recipient had experienced increased anxiety because the social worker reportedly would not help her to secure paperwork from her employer that requires covered employers to provide employees with job-protected and unpaid leave for qualified medical and family reasons under the Family and Medical Leave Act. Additionally, the complaint stated that the recipient's parent was informed that the recipient would not be discharged from the hospital unless her parent paid the remaining $2000.00 of her medical bill.

Information from the record, interviews, and program policies

The recipient's record documented that the 21-year old recipient was transferred to Silver Oaks Behavioral Health hospital from a nearby hospital's emergency department and was admitted to its hospital on Sunday, February 7th, 2021 around 12:01a.m. She was tearful and cooperative and signed all admission consents forms upon her arrival to the hospital. She reported having a history of depression and anxiety and having taken an overdose of medication on that previous day. Her record contained a petition and certificate prepared by the transferring hospital on February 6th, at 3:00 p.m. and 3:10 p.m., respectively. According to the petition and certificate, the recipient had been transported to the transferring hospital's emergency department for overdosing on medication. She has a history of depression and overdosing on medication. She reported having problems with sleeping and poor appetite and feelings of hopelessness and cutting herself. The petition and the certificate asserted that the recipient needed immediate hospitalization because she was reasonably expected to engage in physical harm to self or others.

The recipient's record contained an Application for Voluntary Admission signed by the recipient on February 7th at 12:10 a. m. which was also signed by a social worker who affirmed that rights under this status were advised and that she gave the recipient or guardian a copy of the form. The voluntary form documented that the recipient had been examined and was found clinically suitable for voluntary admission and had the capacity to consent to admission under this status. The social worker and the recipient signed the form indicating that "Rights of Individuals Receiving Mental Health and Developmental Disabilities Services" were orally explained and given in writing. The initial nursing note documented that the recipient was remorseful for trying to harm herself and had multiple superficial cuts on her arm and reported non-compliancy with medication for the past two weeks. A checklist form indicated that the Patient's Handbook, the behavioral program rules and expectations, the discharge process and other documents were explained or reviewed with the recipient. Her record contained a signed consent form for sharing information with her parent who reported that the recipient has struggled with depression since childhood and was being followed by a private therapist. Her parent reported that the recipient was "smoking" and consuming more alcoholic beverages after breaking up with her boyfriend.

For February 7th, 2021, a psychiatric evaluation report documented that the recipient was seen by a psychiatrist on that same evening and reported having increased panic attacks and feeling overwhelmed because of stressors such as her job. The psychiatrist documented that the recipient had the capacity to make a reasoned decision about treatment. The admitting physician's orders included psychotropic medications as needed. The recipient's "Master Comprehensive Treatment Plan" included problem areas such risk of self harm and substance abuse. She signed her treatment plan on that same day. For February 8th and 9th, 2021, the psychiatry's notes recorded that the recipient was focused on being discharged from the hospital but was not able to contract for her safety. Her judgement and insight were described as poor. She told the clinician that she was feeling less anxious and reported compliancy with her treatment plan. Her record contained a "Request For Discharge" form and a "Withdrawal of Request for Discharge" form signed by the individual on the 9th at 12:09 p.m. and 3:45 p.m., respectively. Her record lacked any documentation of discussions about possible mental health court proceedings if she did not withdraw her request for discharge as stated in the complaint. It was recorded that the recipient's parent's questions about the hospital's behavioral health program, medication and discharge planning were answered on that same day. Her parent was also informed that her phone calls would be returned during office hours between 3:00 p.m. to 4:00 p.m.

For February 10th and 11th, 2021, the psychiatry's and clinical's notes recorded that the recipient was no longer focused on being discharged from the hospital. She told the clinician that her family was a major stressor in her life and that she was not sure if she wanted a family therapy session to be scheduled. The psychiatrist also documented that the recipient's parent had threatened to call the police to help secure the recipient's immediate discharge from the hospital, per the hospital's behavioral social services staff. Another note indicated that the recipient had changed her mind about transferring to a nearby hospital because the Polymerase Chain Reaction Covid testing required for admission to the receiving hospital could take three days, and she was scheduled to be discharged from the hospital on the 15th. However, her parent reportedly was upset about her projected discharge date for the 15th and said "We will be there tomorrow to pick her up. What time can we come?" Her parent was informed that the recipient's projected discharge date was based on her progress and treatment goals and that this issue had already been discussed with the recipient. And, her parent told the staff that "there was no lawyer there when she was admitted [and] said she signed a 5-day and then the social worker made her sign a 7-day." The Authority notes that the discharge process does not include a 7-day request. It was recorded that the Mental Health Code involuntary and the voluntary admission process and the 5-day request for discharge were explained to her parent.

For February 12th thru 14th, 2021, the psychiatry's notes recorded that the recipient's mood had showed improvement and that her anxiety had decreased. She told the clinician that her heart starts to race, and her stomach becomes upset when she thinks about returning to her parent's home. She said that she was benefitting from therapy group sessions and was learning new coping skills to manage stressful situations post-hospital discharge. The psychiatry notes documented that the recipient continued to show symptoms of depression and anxiety and that medication would be adjusted due to symptoms of depression and anxiety. According to a Discharge Summary Report, the recipient was discharged back to her parent's home on February 15th, 2021, and outpatient psychiatric and therapy services were included in her aftercare plan. Her record lacked any documentation of any discussion with her parent about payment for her medical bill.

According to the hospital's response letter to the complaint and the staff interviewed, the recipient was seen by a psychiatrist and a full psychiatric evaluation was completed on the admission day. It was reported that the recipient had signed a request for discharge form on February 9th at 12:11 p.m. The hospital's social worker had a meeting with the recipient to review the mental health law concerning the request for discharge on that same day. The recipient later told the social worker that she wanted to rescind her request for discharge and signed the withdrawal form at 2:45 p.m. The investigation team found no documentation of this meeting in the recipient's record. According to the staff, the recipient was never informed that she would be taken to court if she did not rescind her request to be discharged from the hospital. The staff explained that the request for discharge form is reviewed with recipients upon their requests for discharge. Recipients are informed about how to count the days that the hospital may hold them under the law pending their written request for discharge. Recipients are informed that the hospital is responsible for ensuring their safety and others prior to leaving the hospital. And, recipients are informed that the hospital will file a petition to continue treatment involuntarily with the court within the five days if the hospital's treatment team makes a determination that they cannot be safely released from the hospital. The social worker named in the complaint could not be interviewed because the clinician is no longer employed at the hospital according to the Director of Risk Management.

According to the hospital administration, the hospital had conducted an internal investigation concerning the complaint stating that the social worker would not help the recipient to obtain medical leave paperwork from her employer. The hospital reported that the Director of Social Services, the Advance Practitioner of Psychiatric Nursing and the social worker involved with the recipient did not remember her asking for any help concerning this issue. The hospital told the investigation team that there was no documentation in the recipient's record about this complaint issue. According to the staff interviewed, the social worker would have helped the recipient to obtain the necessary paperwork upon her request and a signed release of authorization form. The investigation team was informed that the hospital has received many signed releases for disclosing and obtaining information concerning paperwork for the Family and Medical Leave Act.

The hospital administration reported that the complaint about the recipient's medical bill was discussed with the hospital's business department. The HRA was informed that the hospital's business department employee involved with the recipient and her parent on the discharge day had denied telling the parent that the recipient would not be allowed to leave the hospital unless the remaining $2,000.00 of her medical bill was paid. The hospital reported that a recipient's medical bill is reviewed with the individual or representative when all the discharge paperwork has been completed. The hospital's business department does not determine a recipient's appropriateness for discharge and recipients have never been prevented from leaving the hospital because of a billing issue. The HRA was informed that the hospital's standard discharge process is as follows: 1) the recipient is clinically appropriate, 2) the recipient's treatment plan and post discharge medication are reviewed with the individual and family members, and, 3) a representative from the business office will meet with the recipient to review benefits and any outstanding monetary balances and available payment options. The recipient is provided with a copy of their medical bill and contact information for a payment plan and a financial worksheet if needed. The hospital's business office employees told the investigation team that recipients are aware of their medical health insurance benefits. Medical benefits are discussed with recipients during the intake process, after they are admitted to the hospital and on the discharge day. An employee from the hospital business office employee said that she had a quick meeting with the recipient's parent on the discharge day and that she would never threaten a parent or recipient about payment for the person's medical bill. She said that the parent might have misunderstood something that she said during the meeting.

The hospital's rights statement includes the right to be evaluated and treated in the least restrictive environment, to participate in all decisions involving the person's care, to be treated with respect and dignity, and to be free of abuse and neglect.

The Silver Oaks Behavioral Health Hospital "Admission, Discharge And Continued Stay Criteria" policy ensures that each patient is treated in the least restrictive environment that will allow them to attain an optimal functional level. The hospital's "Discharge Criteria" policy states the hospital's treatment team will make a determination about a recipient's appropriateness for discharge and that the Attending Psychiatrist must approve the discharge decision. According to the hospital's Director of Risk Management, the hospital does not have a specific policy on voluntary recipients who request to be discharged from the hospital.

The hospital's "Front End Collections" policy state that the business office staff should have verified the patient's medical health insurance prior to the admission day. The hospital's admission staff shall notify its business office of the patient's availability to discuss any deductibles or copays

based upon prior insurance verification data. All patients should be delivered to the business office area upon the patient's discharge from the hospital. Patients may request a financial packet for disclosing information that might qualify them for reduced self pay deductibles at any time prior to discharge.

CONCLUSION

Section 5/2-102 (a) of the Code states that 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.

Section 5/3-400 of the Mental Health Code states that,

> (a) Any person 16 or older may be admitted to a mental health facility as a voluntary recipient for treatment of a mental illness upon the filing of an application with the facility director of the facility if the facility director determines and documents in the recipient's medical record that the person (1) is clinically suitable for admission as a voluntary recipient and (2) has the capacity to consent to voluntary admission.
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> (b) A person has the capacity to consent to voluntary admission if the facility director or his or her designee determines that the person is able to understand that: 1) he or she is being admitted to a mental health facility, and, 2) he or she may request discharge at any time. The request must be in writing, and discharge is not automatic.

Section 5/3-403 states that,

> A voluntary recipient shall be allowed to be discharged from the facility at the earliest appropriate time, not to exceed 5 days, excluding Saturdays, Sundays and holidays, after he gives any treatment staff person written notice of his desire to be discharged unless he either withdraws the notice in writing or unless within the 5 day period a petition and 2 certificates … are filed with the court.

Section 5/3-610 states that,

> As soon as possible but not later than 24 hours, excluding Saturdays, Sundays and holidays, after admission of a respondent pursuant to this Article, the respondent shall be personally examined by a psychiatrist…. If the respondent is not examined or if the psychiatrist, physician, clinical psychologist, advanced practice psychiatric nurse, or qualified examiner does not execute a certificate pursuant to Section 3-602, the respondent shall be released forthwith.

The Authority does not substantiate the complaint as follows: 1) the recipient was not seen by a psychiatrist in a timely manner, 2) the recipient had increased anxiety because the hospital's social worker would not help her to get an application for medical leave from her employer, 3) the recipient was informed that she would be taken to court if she did not rescind her request to be discharged from the hospital, and, 4) the recipient's parent was informed on the discharge day that the recipient would not be allowed to leave the hospital unless her parent paid the remaining $2000.00 of her medical bill. According to the record, the recipient was admitted to Silver Oaks Behavioral Health Hospital on February 7th, 2021, and she was seen by a psychiatrist who completed a full psychiatric evaluation on the admission day. Her record indicated that she was routinely seen by the psychiatrist or designee during her hospital stay. Her record lacked any documentation of her request for help with obtaining paperwork for medical leave from her employer. The hospital administration reported that many recipients have been provided with help concerning this issue after they have signed a release of authorization.

The recipient's record contained a "Request For Discharge" form and a "Withdrawal of Request for Discharge" form signed by the recipient on February 9th at 12:09 p.m. and 3:45 p.m., respectively. According to the hospital administration, recipients who request discharge are informed that the hospital is responsible for ensuring their safety and others. Also, they are informed that the hospital will file a petition for the continuation of treatment with the court within the five days allowed under the law if the hospital's treatment team determines that they cannot be safely released from the hospital. The Authority found no supportive evidence that the recipient was threatened with mental health court proceedings if she did not rescind her request for discharge as stated in the complaint. However, the HRA must caution the hospital that the mention of possible court-ordered involuntary treatment might sound threatening to recipients. Additionally, the investigation team found no evidence that the recipient's parent was informed that she would have to pay the remaining $2000.00 of the recipient's medical bill before she could be discharged from the hospital. The Authority finds no violations of the Code's Sections 5/2-102 (a), 5/3-400, 5/3-403 or 5/3-610 or the program policies.

SUGGESTIONS

1. The hospital should consider developing a policy on recipients who request to be discharged from the hospital.

2. Document any discussions concerning 5-day requests for discharge in the recipient records.