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REPORT OF FINDINGS

GRAND PRAIRIE SERVICES— 08-040-9014

HUMAN RIGHTS AUTHORITY— South Suburban Region

[Case Summary — The complaint that a recipient was not provided with adequate care and treatment to prevent further decline in his condition was not substantiated. The HRA substantiated that the agency failed to follow the Code's requirements concerning admonishment of rights. The public record on this case is recorded below; the provider's response is not included in the public record.]

## INTRODUCTION

In December 2007, the Human Rights Authority (HRA) opened an investigation regarding Grand Prairie Services after receiving a complaint of possible rights violations. The complaint alleged that a recipient was not provided with adequate care and treatment during the intake process. If substantiated, this allegation would violate the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.) and the Illinois Administrative Code for Medicaid Community Mental Health Services (59 Ill. Admin. Code 132).

Grand Prairie Services is a community mental health agency that provides comprehensive services to children, adolescents and adults in Southern Cook, Will, Grundy, Kankakee and Livingston Counties. These services include, but are not limited to, medication, counseling, housing, emergency psychiatric services, two developmental training programs, case management and pre-screening for state-operated facilities. Grand Prairie Services has seven sites, and the agency's healthcare network provided services to about 5000 recipients in 2007.

## METHODOLOGY

To investigate the complaint, the Vice President of Corporate Compliance, the Associate Clinical Director, a Licensed Clinical Social Worker and a Crisis Therapist were interviewed. The complaint was discussed with the recipient. The recipient's record was reviewed with written consent. The agency's related policies were also reviewed for this report.

The adult recipient maintains his legal rights.

## COMPLAINT STATEMENT

According to the complaint, a recipient presented to Grand Prairie Services (GPS) on October 22<sup>nd</sup>, 2007 because of anxiety and depression. He became upset because he was not

given adequate time to answer questions during the assessment process. The recipient reportedly told the intake worker that he could get better service if he started killing people. The police were called. The recipient was informed that he would be taken to a local hospital for an evaluation, but his rights information reportedly was not provided.

## FINDINGS

### Information from the record, interviews and program policies

A screening form indicated that the recipient verbally consented to services on October 16<sup>th</sup>, 2007. The recipient reported that he had previously received services from the agency for Adjustment Disorder with Depressed Mood, and that he had been hospitalized for psychiatric reasons. He confirmed having a history of suicidal ideations, but he denied current suicidal or homicidal thoughts. His problems included unemployment, financial concerns and housing issues. The recipient verbalized feelings of helplessness, hopelessness and poor coping skills. According to the form, the recipient met the serious impairment and treatment history criteria for services. The intake worker checked the box that the recipient did not meet the inappropriate dangerous behavior criteria. An appointment for October 22<sup>nd</sup>, 2007 at 11:15 a.m. was scheduled. The recipient reportedly was given information regarding the agency's Emergency Mental Healthcare Center (EMHC) if needed. The agency's EMHC provides short-term therapy, telephone support and a 24-hour crisis adult residential program.

The recipient presented to the agency on October 22<sup>nd</sup> around 11:00 a.m. for further assessment. A copy of GPS' Client Summary of Rights was provided, and his rights were explained orally by a Licensed Clinical Social Worker (LCSW). He reportedly verbalized an understanding of rights and the agency's grievance procedures. The recipient signed on that same day the following forms: 1) Informed Consent for Evaluation and Treatment, 2) Receipt and Acknowledgment of GPS' Notice of Privacy Practices, 3) Coordination of Health Care Services, 4) A Release of Information (for sharing information with three designated family members), and, 5) the Services Fee Agreement.

Documentation indicated that the recipient was petitioned and certified for immediate involuntary hospitalization during the assessment process at GPS. According to the record, the recipient told the LCSW that he might kill everyone if he could not get help immediately, that he carried a knife and a club with him because of frequent conflicts with others and that he verbalized a great deal of paranoid ideation. His mother also reported that he had been threatening others. The LCSW completed a certificate at 12:15 p.m. that mirrored the information recorded above, with the exception of his mother's statement. Also, a petition was completed at 12:20 p.m. by the agency's Associate Clinical Director. According to the petition, the recipient was very agitated and stated that "he feels like hurting others." The petition and the certificate asserted that the recipient was imminently dangerous to himself and others. There was no other information mentioned on the petition regarding the recipient's dangerousness. Additionally, the HRA noticed that the LCSW did not affirm on the certificate that rights were admonished prior to examination.

The recipient was subsequently transported to a local hospital's emergency room by ambulance, but there was no documentation that the police were called as reported in the complaint. A crisis worker completed the "Uniform Screening and Referral Form" around 4:15 p.m. for admission to a state-operated mental health facility. She documented on the form the same information recorded on the certificate. Additionally, the crisis worker referenced that the recipient complained of having auditory hallucinations, depression and mood swings when interviewed. She also referenced the recipient's assertion that his comment was taken out of context and that he said "she was trying to get me angry— thought about getting up [and] slapping her but I knew I could not." The recipient was quoted as saying, "I should have slapped the [expletive]." According to the form, the recipient was diagnosed with Schizoaffective Disorder with Depressed Mood; he was cooperative with the assessment until informed that he would be hospitalized.

When the complaint was discussed with GPS' staff members, the Vice President of Corporate Compliance said that the recipient in question was self-referred to the agency. The HRA was informed that the recipient was initially screened for services by telephone on October 16<sup>th</sup>. Recipients who meet the agency's criteria for services are then scheduled for a face-to-face interview. The investigation team inquired whether the recipient had previously received services from the agency as he reported during the telephone screening. The LCSW who completed the certificate said that the intake worker usually would verify this issue, but the Vice President of Corporate Compliance reported that the agency's procedures do not include verifying this information.

The LCSW described the recipient as being "very paranoid" when he presented for further assessment on October 22<sup>nd</sup>. He requested help from the agency because of financial and housing issues. She said that a comprehensive assessment was not completed because the recipient threatened to kill everyone while she was explaining forms to him. According to the staff person, the recipient further reported that people were out to harm him and repeatedly said that he was going to hurt someone. The recipient became loud when informed that he would be sent to the hospital for an evaluation. She then went to gather more information from the recipient's mother who had accompanied him to the agency. They stood outside of the room where the recipient was waiting, and they shared information with the room door in question slightly opened. According to the LCSW, the recipient's mother reported that the recipient had been living with a family member, but he was asked to leave because of threats. The LCSW said that the recipient signed a release for sharing information with this mother. This was found in the record.

The LCSW acknowledged that she did not admonish rights prior to preparing the certificate in question. Although the LCSW reportedly is familiar with certificates, she told the investigation team that she never went back in the room with the recipient because of safety reasons previously mentioned. Also the recipient said that "he should have hit her when he had a chance." The Associate Clinical Director confirmed the above threat. According to the LCSW, the recipient was very agitated, loud and cursing after the agency called 911. She said that the police were called again because the paramedics arrived first on the scene. The police were informed during the second call that the recipient might have a weapon, although he was never

asked if he had a weapon because of fear that he would become violent. The agency's security staff person reportedly was not on duty when the incident occurred.

The investigation team was informed that the recipient was sitting in the room with his mother when the police arrived. He was transported by paramedics to a nearby hospital's emergency room for an evaluation. According to the Crisis Therapist who completed the prescreening form, a second petition was prepared by a hospital's staff member because the first petition was incomplete. She said that the recipient had been medically cleared before the pre-screening assessment was done. During the evaluation, the recipient talked about his anger and reported that people were after him.

Grand Prairie Services policy entitled, "Assessing Mentally Ill Applicants for Services," states that all clients applying for mental health treatment will receive an initial screening. The purpose of the screening is to evaluate whether a need for mental health services is present, determine the service level required, and to select the most appropriate program for the development of a service plan. Applicants will be directed to the Access Services Department that will: 1) Conduct an initial screening via fact-to-face or by telephone, 2) Determine the disposition of the applicant and schedule an appointment for further evaluation, 3) Explain methods of payment and fee, 4) Process the required paperwork, and, 5) Schedule an appointment for a comprehensive assessment.

According to GPS' Comprehensive Mental Health Assessment policy, all clients applying for services will receive a comprehensive assessment as assigned by Access Services. Clients will be informed of their rights pursuant to the Code and the agency's client rights summary statement. The clinician will ensure that the right to appeal is understood by any client who may be dissatisfied with the comprehensive assessment's outcome. The client or significant other will receive a copy of Grand Prairie Services' Client Handbook. The clinician conducting the assessment will obtain signatures for all necessary consents, releases, and agreements.

The agency's Code of Ethics policy states that the interdisciplinary team will be sensitive to the client's racial, ethnicity, chronological and developmental age, visual and auditory impairments, language preferences, and degree of disability when selecting the assessment methods and modes of treatment. A summary of the Code of Ethics will be made available to clients during the orientation process, and they will be informed about the grievance process.

According to the Illinois Administrative Code (59 Ill. Admin. Code 132.142 [d] [5]) and the agency's client rights statement #16, recipients have the right to present grievances up to and including the provider's executive director or comparable position.

A GPS form entitled, "What If I Don't Like How I Am Treated"— explains the agency's grievance procedures including appeal rights. The recipient involved in the complaint signed this form. The Vice President of Corporate Compliance said that the recipient did not file a grievance with the agency.

CONCLUSION

The Illinois Administrative Code (59 Ill. Admin. Code 132.145 [d] [1]) states that, prior to the initiation of mental health services, the provider shall obtain written or oral consent from the client.

According to the Mental Health Code, a recipient of services shall be provided with adequate and humane care and services, which are defined as those reasonably calculated to prevent a recipient's decline and potential for harm (405 ILCS 5/2-102 [a] and 5/1-101.2). Petitions and certificates may be completed whenever it becomes necessary to hold a recipient involuntarily for a full evaluation for hospitalization:

(b) The petition shall include a detailed statement of the reason for the assertion that the respondent is subject to involuntary admission, including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence. (405 ILCS 5/3-60]).

The petition shall be accompanied by a certificate [and] ... shall indicate that the physician, qualified examiner, or clinical psychologist personally examined the respondent not more than 72 hours prior to admission. It shall also contain the physician, qualified examiner's...clinical observations, other factual information relied upon in reaching a diagnosis, and a statement as to whether the respondent was advised of his rights under Section 3-208. (405 ILCS 5/3-602).

Whenever a petition has been executed ..., and prior to this examination for the purpose of certification of a person 12 or over, the person conducting this examination shall inform the person being examined in a simple comprehensible manner of the purpose of the examination; that he does not have to talk to the examiner; and that any statement he makes may be disclosed at a court hearing on the issue of whether he is subject to involuntary admission. (405 ILCS 5/3-208).

According to the record, the recipient verbally consented by telephone to an initial screening on October 16<sup>th</sup>, 2007. He was found to be eligible for services, and a face-to-face interview was scheduled for October 22<sup>nd</sup>. A copy of his rights including the agency's grievance procedures were provided and orally explained on the scheduled assessment date. He reportedly understood them and gave written consent for services. According to the agency's LCSW, a comprehensive assessment was never completed because the recipient was petitioned and certified for immediate involuntary hospitalization shortly after he arrived at the agency.

The agency's Associate Clinical Director prepared the petition that the law requires for detaining a person for evaluation and possible involuntary admission. The petition referenced

that the recipient was very agitated and that he felt like hurting others. Although the petition should have included a more thorough assertion regarding the recipient's threats and symptoms, the document included a statement of observed threatening behavior as required under Section 5/3-601 (b), and we believe that staff members were ensuring adequate and humane care by petitioning their client to avoid potential harm.

The certificate prepared by a qualified examiner under Section 5/1-122 (a) of the Code documented that the recipient threatened to kill everyone at the agency. He admitted to carrying weapons with him because of frequent conflicts with others. The recipient was also described as being very paranoid. The certificate's contents fulfill the statutory requirements of Section 5/3-602, but his right to be admonished of what might be happening to him, before an evaluation determination was made, was violated under Section 5/3-208. The LCSW who completed the certificate acknowledged that rights were not admonished prior to examination because of the recipient's threats to inflict bodily harm.

The Authority finds that the agency was trying to keep the recipient safe or at least prevent further decline in his condition. No violations of the 59 Ill. Admin. Code 132.142 (d), 132.145 (d) (1), Section 5/2-102 (a) of the Code or the agency's policies were found in that effort. Since the recipient was not admonished of his rights as a potential involuntary admittee during the process, a violation of the Code's Section 5/3-208 is substantiated.

#### RECOMMENDATION

1. Discuss recipients' rights concerning certification exams with the appropriate staff members and insist that admonishments are always provided before each exam begins per the Code (405 ILCS 5/3-208). The HRA requests documentation that this is completed.

#### SUGGESTION

1. All facility personnel who may be petitioners should also be re-trained on completing petitions thoroughly. This one was left rather vague and should have incorporated more required details surrounding the individual's circumstances and presenting condition. There should also have been witnesses listed, if any, and a description of how or whether attempts at reaching his family or friends were handled (405 ILCS 5/3-600 et seq.).