FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 09-030-9018
COMMUNITY COUNSELING CENTERS OF CHICAGO

Case summary: The HRA did not substantiate the complaint that the facility discharged a recipient without notice.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at the Community Counseling Centers of Chicago (C-4 Clark site). It was alleged that the facility did not follow Code procedures when it discharged a recipient without notice. If substantiated, this allegation would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and the Illinois Administrative Code for Medicaid Community Mental Health Services (59 Ill. Admin. Code 132.150).

Community Counseling Centers of Chicago (C-4) is a community based service provider for people with mental illness, emotional trauma, substance abuse, and issues resulting from sexual assault. The agency has six locations throughout the Chicago area, serving over 7,000 clients annually. The Center at C-4 Clark is an outpatient treatment center providing mental health, substance abuse and related counseling.

To review these complaints, the HRA conducted a site visit and interviewed the Site Supervisor, the case manager, and the Director of the clinical records department. Agency policies were reviewed and the recipient's clinical record was reviewed with written consent.

COMPLAINT SUMMARY

The complaint alleges that the recipient, who had been a client at the C-4 clinic for approximately one year, arrived at the facility in March, 2009 for her regular appointment and was told that she was dropped as a client. The complaint alleges that she contacted her case manager and he said that due to a lack of funding, nothing could be done for her. The complaint alleges that she then spoke with a crisis manager who told her that she would have to go through Intake again and that this could take up to 10 weeks. Because the recipient was in need of medication, she then went to a nearby hospital to get her medication.

FINDINGS

The record (Individual Progress Notes) indicates that the recipient was hospitalized at a state mental health facility in January, 2008. While a patient there, the recipient was connected to the C-4 Linkage Team, a case management linkage program where C-4 staff meet with clients while they are still hospitalized to transition them to outpatient services with C-4. On 1/18/08 the client began services with the Linkage team utilizing the assessment and treatment plan of the hospital clinician. On 4/03/08 the recipient was assessed for outpatient treatment at C-4 with a course of treatment to extend for approximately one year. The recipient had been prescribed Haldol 15 mg daily, Cogentin 10 mg daily, and and Klonapin 0.25 mg twice daily, which were continued at C-4 Clark. The Case Formulation section of the Closing Staff Interaction Note states that the recipient was seeking assistance for symptoms of self reported Bipolar Disorder: history of severe insomnia, mania, poor concentration, poor impulse control, history of being physically aggressive, crying spells, severe depression, auditory hallucinations and self-medicating with drugs and alcohol.

The recipient's treatment plan was developed on 5/08/08 to include individual psychiatric counseling along with advocacy services during psychiatric sessions, individual therapeutic counseling, psychotropic medication monitoring, and individual community support counseling. Agency representatives indicated that the recipient's attendance over her course of treatment had been "sporadic". The record shows that in February 2009 the recipient had not been present for her meetings with her case manager for two months when he called her to check on her status. Staff reported that she then told her case manager that she had started a new job which conflicted with her appointments. She also reported that she had a new doctor who was prescribing her medications. An Individual Progress Notes entry prepared on 2/20/09 states in the Presenting Problem section: "Lack of attendance. Client stated on finding a job that conflicted with keeping appointment with C-4, found a private psychiatrist that has late hours, medication being prescribed and is compliant. Client stated on relationship/family issues. Client stated that services with C-4 are no longer needed." In the Intervention section of the same note it states: "Clinician phones client to monitor mental status, for [suicidal/homicidal ideation], substance use, life stresses and reasons for not coming in for services. Recommend closing of case and provided information to call center if she felt she wanted to return for services." The Client Response section states, "Doing well and no longer needing treatment services from C-4."

The case "Closing Summary" completed 3/17/09 states, "Reason for closing: Withdrawal from treatment- Client requested case closure." The Summary indicates that outreach was made to the recipient through phone contact. For Discharge Instructions it states, "Instructions provided to the client and/or family regarding the client's care after discharge."

On 3/17/09 an Individual Progress Notes entry indicates that the case was closed. A Physician's Progress Note, made on 4/13/09, indicates that the recipient was seen for a follow-up visit. It states, "…She is compliant with meds. Her mood is stable, [no] anxiety. She will be starting a new job…."

Facility representatives were interviewed regarding the recipient's notice of termination. They stated that in this case the recipient was not discharged but discontinued treatment voluntarily. In instances where clients are discharged it is a treatment team decision that is clinically driven to specifically address the needs of the client and would include a number of meetings with the client, as well as referral and outreach follow-up. For instance if the client left after a successful course of treatment, she would have been counseled over a period of time to determine her functionality and discharge planning would occur along with follow-up interviews. If the client left because the agency was not able to address her issues, this would also follow a clinical process involving the client and would result in a referral to another form of treatment. The agency assured the HRA that clients are directly involved in the process of discharge.

The facility representatives reported that they had no record of a request from the recipient to re-start her clinical services, or obtain prescriptions for medication after she was discharged. Facility representatives reported that all calls that are made to the Call Center must be assigned an Intake Disposition after an initial screening process. If they determine there is an emergency a crisis manager would assess them and determine their disposition, thus if the recipient had spoken to a crisis manager it would have been recorded. If the recipient had called the front desk instead of the Call Center, she would have been asked to either call the Call Center or she would have been referred to the site Supervisor who would record the call. In the event that the recipient had arrived at the front desk requesting to see her counselor or requesting a prescription, as a former client she would probably not have to repeat the entire Intake process again, but would be referred to the site Supervisor for further evaluation. Facility representatives felt very sure that if the recipient had requested help, the call would have been recorded and referred to a staff person or crisis worker.

STATUTES

The Mental Health Code describes a "mental health facility" as "…any licensed private hospital, institution, or facility or section thereof, and any facility, or section thereof, operated by the State or a political subdivision thereof for the treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons" (405 ILCS 5/1-114).

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment, pursuant to an individual services plan. The plan is to be formulated and periodically reviewed with the participation of the recipient and in consideration of the views of the recipient (405 ILCS 5/2-102 a). Adequate and humane care is defined as "services reasonably calculated to prevent further decline in the condition of a recipient of services so that he or she does not present an imminent danger to self or others." (5/1-101.2).

The Illinois Administrative Code for Medicaid Community Mental Health Services (Section 132.150) mandates that service termination criteria shall include the determination that the client's symptomatology has improved and the improvement can be maintained, or that the level of role functioning has deteriorated to the degree where referral or transfer is indicated, or "Documentation in the client's record that the client terminated participation in the program."

The American Counseling Association Code of Ethics Section A.11a. states, "Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination." Also, if counselors determine they are unable to assist their clients, "Counselors are knowledgeable about….clinically appropriate referral resources and suggest these alternatives" (A.11b.).

AGENCY POLICY

The Community Counseling Centers of Chicago provided their policy and procedure for case closure (Policy 16). This document, a formal Closing Summary tool, contains the summary of the condition of the client at admission, the treatment problems/needs, the client's response to treatment, and the condition of the client at closing. The Case Disposition section prompts the writer to indicate the status of the client at closing and generates outreach for those clients who have been non-compliant with treatment. The documentation of outreach for efforts is described in this policy: "If the client has withdrawn from treatment, any outreach attempt(s) to re-engage the client must be documented by the clinician within 72 hours of the outreach attempt(s). The types of outreach (e.g., phone calls, letters, home visits, etc.) that were done and the client's response to the outreach attempt(s) must be part of the documentation…."

CONCLUSION

The record demonstrates, in clinician progress notes, psychiatric progress notes, and in documentation of outreach efforts, that the recipient was contacted regarding her non-participation in treatment plan objectives and that she told staff members that she was unable to attend clinical sessions due to conflicts with her new employment. Additionally, she informed staff that she had a new psychiatrist from whom she was receiving her prescriptions and that she was compliant with her medications. The record also indicates that the recipient's clinician informed her of the plan to close the file, which, according to the documentation, was accepted by the recipient. The recipient also took part in a follow-up visit on 4/13/09 when she met with her physician and reported that she was "doing fine." The record indicates that the recipient was not discharged from the program but withdrew from treatment due to conflicts with her employment. Additionally there is no record of her contact to request the restart of her treatment or a request for medication. The HRA does not substantiate the complaint that the facility did not follow Code procedures when it discharged a recipient without notice.