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SPRINGFIELD REGIONAL HUMAN RIGHTS AUTHORITY

REPORT OF FINDINGS

HRA CASE 09-050-9004

LINCOLN PRAIRIE BEHAVIORAL CENTER

January 27, 2009

Case Summary: The HRA substantiated the allegation that the Lincoln Prairie Behavioral Center did not adhere to the rules of admission is substantiated. The HRA's public record on this case is provided below; the provider's response immediately follows the report.

INTRODUCTION

The Springfield Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of an alleged rights violation at Lincoln Prairie Behavioral Center (Lincoln Prairie) in Springfield. The private psychiatric hospital provides 24-hour assessment and referral and has 80 inpatient beds for youth ages 3-17. The allegation being investigated is that the hospital did not adhere to admission rules when admitting a person who is 16 years old.

If substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/3-502 and 503).

Specifically, the complaint states that a child was inappropriately forced into inpatient treatment at Lincoln Prairie. The staff reportedly threatened the parent when they told her that they would "contact the Illinois Department of Children and Family Services (DCFS) and report neglect, which may result in arrest and charges of child endangerment" if they attempted to leave the hospital with the child.

METHODOLOGY

To pursue this investigation, the HRA conducted a site visit and interviewed the Chief Officer of Quality Control (Chief) and the Director of Assessment and Referral. Program policies were reviewed and relevant sections of a patient's clinical record were reviewed with the written consent of the parent. The HRA Coordinator shared with the HRA, portions of correspondence he had with the patient's parent.

FINDINGS

The mother explained that an incident occurred at school that left her son upset after school. During a moment of frustration, he left the family and walked on railroad tracks toward an oncoming train. The mother said that although her son was never in imminent danger of being struck by the train, she was upset and called the family Physician who directed her to take the child to a nearby hospital emergency room. Upon arrival at that hospital, the parent and child were separated and a staff member from a local community mental health provider interviewed the child. The mother stated that she was never allowed direct contact with a Physician; however, upon discharge, the community mental health staff offered the family three choices for follow up treatment, including the option of contacting Lincoln Prairie the following day for assessment and treatment. The mother said that the family agreed to an appointment the next afternoon and upon arrival at Lincoln Prairie, they were confronted by staff who were threatening, had aggressive tones, and told the mother that she had no choice regarding admission; she had to leave her son at the hospital for inpatient treatment or she could face imprisonment. The family pleaded that the child was not seeking inpatient treatment and that he was not a danger to himself or others. The mother explained that her son had been safe in the family's custody after the initial incident the previous day. Also, the mother pointed out that the discharge papers from the emergency room visit the previous evening ordered follow-up counseling with their family Physician, not inpatient treatment. When the family suggested that they did not choose inpatient treatment at Lincoln Prairie, two security guards were summoned and again, the parent was told that if the family attempted to leave, the mother would be charged with child endangerment and jailed.

The parent concluded that she noticed a video camera in the room where the family was interviewed and the tape would verify her statements regarding the threatening position that the Center staff took against her family. According to the mother, she was forced to sign involuntary admission papers for her child.

The Chief stated that during the emergency room assessment on September 30, 2008 and upon discharge from that hospital emergency room, the family was offered options, including further assessment at Lincoln Prairie, admission to a residential facility in another city and outpatient treatment. The parent indicated that the family would follow up with assessment at Lincoln Prairie set for October 1.

According to the Chief, during the assessment, the child became agitated after it was suggested that he required admission and inpatient treatment and he directed his anger toward his mother. The hospital staff concluded that because of the child's hostile attitude toward his mother, she may have been afraid to pursue admission.

The Chief said that on October 1, 2008 the Screening Assessment and Support Services (SASS) representative, not the parent, signed the involuntary admission form.

She explained that the parent signed consents to release information and a 5-day request for discharge form.

The Chief explained that the intake/assessment room was equipped with a video camera; however, no audio is recorded. According to the Chief the Corporation that owned the hospital installed the camera to protect its staff and the recordings were not available to viewers outside the corporation.

The Director explained that hospital staff did not threaten to have the patient's mother arrested if she did not cooperate with admission; however, the family was advised of the hospital procedures that included reporting events of neglect to the DCFS to ensure the patient's safety.

The Director said that late in the morning on October 1, 2008 he had telephone contact with the patient's mother regarding the scheduled assessment and during that conversation she stated that she had packed a bag for the patient, indicating that the family was prepared for admission. The Director stated that when the family arrived for assessment and the option of hospital admission was discussed, the child became aggravated and directed his anger toward his mother. The Director said that the mother offered some objection to the idea of admission; however, he believed it was an effort to dispel her son's anger toward her.

According to the Director, the patient exhibited that he was a danger to himself on September 30, 2008 when he narrowly escaped being hit by a passing train and that he was a danger to others when he threatened to shoot a fellow student. The SASS therapist who had interviewed the child at the hospital emergency room on September 30, 2008 was at Lincoln Prairie to participate in the assessment team that included the child. Because the child was considered a danger to himself and others, and the fact that he was agitated and disrespectful to his mother during the assessment, the team agreed that admission was appropriate. The SASS representative noted that when the child realized that the team was seeking inpatient treatment, he became agitated and stated "you are not going to keep me here." The Director said "that attitude and the child's refusal to commit to safety was the reason for involuntary admission."

The Director stated that the Mother signed consent forms that allowed the hospital to share information about the patient and that she signed a five-day request for discharge form. The Director said that both the patient and his mother refused to sign the admission form. The Director said that the patient was discharged within five days after admission per the parent's request.

When asked why action had not been taken on September 30 regarding admission, the Director explained that Lincoln Prairie was contacted that evening; however, it did not have an available bed.

The mental health SASS assessment note completed during the hospital emergency room visit states the presenting problem. The preliminary Treatment Plan states:

No beds available at Lincoln Prairie Behavioral Health. Mom does not feel she is able to have him admit [sic] out of town due to 'needing to care for other siblings and not being able to take off any more work.' Requesting he be d/c and 'wait' for a bed to open at Lincoln Prairie Behavioral Health. Scheduled Macoupin Count SASS to see client at home tomorrow [10/01/08] at 2:30 p.m. to re-screen and see if bed available for client. Feels he is safe to go home and client contracting for safety. Emergency room doctor aware of plan made sure mom and client report he is safe. ...

The HRA reviewed admission documentation from the patient's record. On the Illinois Department of Human Services' Form MH 6 "Application by an Adult of the Admission of a Minor" the name and address section was completed listing the minor's personal information. The name of the parent, guardian or Person in Loco Parentis section listed the name, address and telephone of the SASS screener. The form states that "I hereby request that this facility admit and provide inpatient services to: [the minor]." The form is signed by the SASS screener at 5:00 p.m., October 1, 2008.

The Illinois Department of Human Services "Examination of Minor for Admission or Continued Hospitalization" (405 ILCS 5/3-503 (f)) completed by the Physician states:

On October 2, 2008 at 10:00 a.m., I personally examined the above named minor....

Based on the foregoing examination it is my opinion that he/she has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment....

My opinion is based on the following: Client stood in front of train as a suicidal gesture.

The Lincoln Prairie Initial Risk Assessment completed October 1, 2008 by a Licensed Social Worker states:

Currently expressing suicide thoughts? Yes...How recent? *Yesterday*

Has a plan? Yes

Has means to carry out the plan? Yes

History of attempted suicide? Yes... Describe each event, lethality of intent? *Yesterday on the train tracks jumped out of way just in time. Punches walls when angry, trouble getting to sleep.*

Assault Risk Assessment:

Currently expressing thoughts/threats to harm others? *Yesterday threatened girl that punched him in the groin - he would shoot her....*

Access to a lethal weapon? *Reports he has a Firearms Ownership Identification Card....*

History of significant damage to property? *Kicked truck - dented... throws things; breaks things....*

The Lincoln Prairie Initial Assessment and Referral completed by a Licensed Social Worker states:

Presenting problem: suicidal thoughts... I don't like mean people.

Disposition: client and guardian [mom] refused and client was adamant he would not stay in hospital.

The Lincoln Prairie Initial Psychiatric Evaluation form states:

Chief Complaint: I had an outburst on Monday.

Patient is a 16 year old Caucasian male with no previous psychiatric history. The patient was admitted to Lincoln Prairie on 10/01/08 following several recent episodes of mood instability in the community. The patient states that on Monday he was on the bus. A girl asked to take his seat. He attempts to move over and indicated the girl could sit next to him. She became angry and punched him in the groin. He then threatened to shoot her. This was reported to the patient's Principal and the patient was sent to their office. While there, the patient states that the people were upset, disrespectful to me. He was sent home. The patient then become upset while at home and went to a nearby railroad track and stood on the railroad tracks. A train came and he jumped out of the way just in time to avoid injury. People who viewed the incident believed that he was killed at the time. The patient states that his overall mood was 'fine' most of the time. He states that he gets easily frustrated and angry, especially toward people that like to be rude, mean or disrespectful. The patient believes he is depressed and could feel happier or more stable. The patient's sleep is normal without insomnia. He has appropriate appetite. His energy is 'high'. He has normal concentration and memory. Patient denies hopelessness, worthlessness or guilt. He has no present suicidal or homicidal thoughts. The patient admits to having intermittent fights at school. He when angry will punch walls or destroy property. Of note, the patient states he had six guns at home. This patient denies symptoms of mania psychosis, generalized anxiety disorder or panic disorder.

The Center's Integrated Progress notes state:

10/01/08 @ 1700 hours: Patient admitted to.... With a diagnosis of Major depression....Mother accompanied patient to floor. On 9/30/08 patient stood on railroad track with a train approaching, getting off track before being hit. Today on school bus, patient threatened to kill a girl, patient states this was after she hit him in the testicles. Mother states that patient does not like 'mean people'. Patient has been increasing in depression for some time.

10/02/08 @ 3:30 p.m.: Therapist spoke with mother. Mother signed a 5 day notice [for discharge] mother very upset that she had to keep her son here.... Mother stated that she does not feel that he needs the care.

10/02/08 @ 2146: patient with Major Depression, not showing any signs of depression. Interacting well with peers and staff. No redirection needed. Group participation, maintained on 15 minute checks....

STATUTES AND RULES

Pursuant to the Mental Health and Developmental Disabilities Code:

Any minor 16 years of age or older may be admitted to a mental health facility as a voluntary recipient under Article IV of this Chapter if the minor himself executes the application. A minor so admitted shall be treated as an adult under Article IV and shall be subject to all of the provisions of that Article. The minor's parent, guardian or person in loco parentis shall be immediately informed of the admission. (405 ILCS 5/3-502).

(a) Any minor may be admitted to a mental health facility for inpatient treatment upon application to the facility director, if the facility director finds that the minor has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment. Except in cases of admission under Section 3-504, prior to admission, a psychiatrist, clinical social worker, clinical professional counselor, or clinical psychologist who has personally examined the minor shall state in writing that the minor meets the standard for admission. The statement shall set forth in detail the reasons for that conclusion and shall indicate what alternatives to hospitalization have been explored....

(b) The application may be executed by a parent or guardian or, in the absence of a parent or guardian, by a person in loco parentis.... (405 ILCS 5/3-503).

(a) A minor who is eligible for admission under Section 3-503 and who is

in a condition that immediate hospitalization is necessary may be admitted upon the application of a parent or guardian, or person in loco parentis, or of an interested person 18 years of age or older when, after diligent effort, the minor's parent, guardian or person in loco parentis cannot be located or refuses to consent to admission. Following admission of the minor, the facility director of the mental health facility shall continue efforts to locate the minor's parent, guardian or person in loco parentis. If that person is located and consents in writing to the admission, the minor may continue to be hospitalized. However, upon notification of the admission, the parent, guardian or person in loco parentis may request the minor's discharge subject to the provisions of Section 3-508....

(f) Within 24 hours after admission under this Section, a psychiatrist or clinical psychologist who has personally examined the minor shall certify in writing that the minor meets the standard for admission. If no certificate is furnished, the minor shall be discharged immediately. (405 ILCS 5/3-504).

§ 3-505. The application for admission under Section 3-503 or 3-504 shall contain in large, bold-face type a statement in simple nontechnical terms of the minor's objection and hearing rights under this Article. A minor 12 years of age or older shall be given a copy of the application and his right to object shall be explained to him in an understandable manner. A copy of the application shall also be given to the person who executed it, to the minor's parent, guardian or person in loco parentis, and attorney, if any, and to 2 other persons whom the minor may designate..... (405 ILCS 5/3-505).

Whenever a parent, guardian, or person in loco parentis requests the discharge of a minor admitted under Section 3-503 or 3-504, the minor shall be discharged at the earliest appropriate time, not to exceed 5 days to the custody of such person unless within that time the minor, if he is 12 years of age or older, or the facility director objects to the discharge in which event he shall file with the court a petition for review of the admission accompanied by 2 certificates prepared pursuant to paragraph (c) of Section 3-507. (405 ILCS 5/3-508).

Lincoln Prairie Behavioral Center Admission of Patients to inpatient units
Policy/Procedure PC-135 / 1200.1 states:

Patients will be admitted to the least restrictive level of care deemed appropriate per admission criteria and must meet these criteria for the level of care recommended. A physician will admit the minor to inpatient care.

Scope:

Inpatient Services

Procedure:

Assessment and Referral (A&R) staff (or back up) will provide an assessment for those seeking services and review admission criteria to determine need for inpatient level care.

2. A&R staff will then contact the admitting physician and review clinical information to determine appropriate level of care. If inpatient care is indicated, the staff will continue the process for admission to the identified inpatient unit.

3. If the minor is determined to be appropriate for PHP services, a physician will be contacted regarding clinical indicators and the necessary steps will be taken to arrange admission to that program via that referral process.

4. Admission documents to be completed prior to admission to the inpatient or PHP programs include:

- a. Rights of Recipients
- b. Application by an Adult for Voluntary Admission (MH-6)
- c. Application for Voluntary Admission (MH-2)
- d. LPBHC Inpatient Consent Form
- e. Authorization to Use and Disclose Information
- f. Medical Certification For Homebound
- g. Acknowledgment of HIPAA Form
- h. Guardianship Acknowledgment and Certification/Consent for Assessment and Medical Screening
- i. Video Surveillance, Video Telecommunications and Photography Consent
- j. Acknowledgment of Receipt of Handbook
- k. Initial Assessment and Referral portion of Integrated Assessment
- l. Face Sheet

5. Admitting staff will review forms and obtain necessary signatures from the patient (age 12 years and over) and the guardian.

6. If there is no guardian or person in loco parentis available and there is observation that the minor needs to be admitted to prevent harm of self or others, an interested person age 18 or other may complete the MH-6 documenting a description of acts or significant threats supporting the assertions, the time and place of such occurrences, and the names, addresses, and telephone numbers of any other available witnesses.

7.1 Within 24 hours of admission, a psychiatrist or clinical psychologist who has examined the minor shall complete a certificate identifying the need to continue to treat the minor on the inpatient unit. If no certificate can be completed, the minor shall be discharged....

The policy we reviewed did not address appropriate times and procedures for contacting the DCFS.

CONCLUSION

According to the Mental Health Code, "prior to admission, a psychiatrist, clinical social worker, clinical professional counselor, or clinical psychologist who has personally examined the minor shall state in writing that the minor meets the standard for admission. The statement shall set forth in detail the reasons for that conclusion and shall indicate what alternatives to hospitalization have been explored..."

According to personnel statements, the child was assessed and discharged from a regional hospital the night before admission at Lincoln Prairie. While the HRA recognizes that the attempted suicide may be grounds for admission, there is no documentation regarding the severity of the suicide attempt on September 30, 2008, i.e. police reports, testimony. Also, after emergency room discharge and Lincoln Prairie assessment, there are no documented incidents of potential dangerous behavior.

The Chief and Director stated that admission was initiated in part because the child was angry and threatening his mother; however, there is no documentation, included in the MH 5 form, the initial assessment and risk assessment that the child was a danger to self or others during the assessment at the time of admission. Also, there is no documentation regarding alternative treatments that were discussed.

The HRA notes that the family stated they felt threatened and were offered no alternative to admission after the hospital told the family that if they attempted to leave with the patient, it would contact the DCFS and that could lead to the mother's arrest.

Based on the facts gathered, the allegation that the Lincoln Prairie did not adhere to admission rules is substantiated. That is, the Lincoln Prairie did not state in writing that the minor had met the standard for admission in detail and the reasons for that conclusion and, did not indicate what alternatives to hospitalization had been explored.

RECOMMENDATIONS

The HRA recommends that the Center:

1. Adhere to the Code and include detailed statements regarding a recipient's condition on observation and the need for admission.

2. Document alternatives to hospitalization that have been discussed.

SUGGESTIONS

1. Develop policy/procedures that identify instances when staff should report to the DCFS and how that is to be done.
2. Provide parents/guardians with some information in general admission materials about the program's DCFS contact options.
3. Be sure to note the request for parental consent for admission and document if and when they refuse.