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HUMAN RIGHTS AUTHORITY-NORTHWEST REGION

REPORT 09-080-9004
JANET WATTLES CENTER

Case Summary: the Authority found no rights violations in the care provided to a recipient. The public record follows; a facility response was not required.

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving complaints of possible rights violations at the Janet Wattles Center, a community mental health clinic that provides a variety of services including crisis intervention, evaluation, and sustaining care to individuals and families in northern Illinois. Main offices are located in Rockford and Belvidere.

The complaint alleged that the facility in Rockford petitioned a recipient for involuntary admission so that she could get a medication supply and that an employee threatened to return her benefits to Social Security if she did not follow the service plan. These would be violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5), if substantiated.

To pursue the matter, the HRA visited the Rockford location and interviewed the recipient's case manager and an administrator. Program policies were reviewed, and relevant sections of the recipient's record were reviewed with written consent.

COMPLAINT SUMMARY

The complaint states that the recipient was released from jail where she had been taking Haldol, and the clinic was not able to get her a psychiatry appointment to continue the medication until a few weeks later; it was said that the clinic petitioned her for an emergency admission to get them sooner. In addition, a program supervisor allegedly told the recipient that she had to follow a service plan or they would send her social security benefits back, which meant she would have to reapply for them.

FINDINGS

We were told during our visit that the recipient had been arrested two or three times and was in jail for a few days, perhaps a week the last time. The clinic has a jail liaison who provides assessment and counseling for clients who are there, and case managers keep in contact as well. Although the jail contracts with a college of medicine, the clinic can get medications to

a detainee if their psychiatrists are concerned about them.

The staff explained that according to Medicaid rules psychiatrists must be seen in order to get prescriptions. They have five psychiatrists who can be seen out of schedule, say for an emergency, if available. The facility does its best to accommodate situations, but from time to time a client will have to wait. They try to educate their clients on giving enough notice whenever medications are running out. Enough medications are provided to carry between appointments, so if a client runs out it's usually because he missed an appointment or a psychiatrist has rescheduled. If that occurs or in other problem situations a case manager can consult with a psychiatrist about a client's need and the psychiatrist can order a refill.

Regarding this client specifically, there are periods when she goes without medications by choice. She often refuses to take them and she missed quite a few appointments around the time of her last arrest. It was offered that in fact, she had not seen her psychiatrist at all in the previous year thinking she did not need treatment. Her case manager said that she confirmed several appointments for her client just before her latest arrest and that the client failed to show for some of them. She made it to one or two non-psychiatry appointments with case workers shortly after her release, and there was a psychiatry appointment scheduled for three weeks ahead. During that time the client was having trouble, slowly showing bizarre behaviors but no observable emergency. She refused offered treatment at a local hospital, and it became necessary a couple of days later to petition her for involuntary admission. The staff said that petitions are completed based on the need for safety and not to fill prescriptions.

Concerning the complaint that the client was told she had to follow a service plan or risk having her benefits returned, the staff said that they would tell someone about certain rules they have to follow as representative payee but would never threaten in that manner. According to the supervisor named in the complaint, there may have been a misunderstanding. She met with the client who was saying that she wanted to end her services at the clinic and wanted all of her money given to her. The supervisor informed her that as payee they would have to return the money to the Social Security Administration until a new representative could be found. The client chose to remain with the clinic and has not made any payee changes.

Documentation from the client's chart showed that she missed four case management appointments in June 2008 just prior to her last arrest; she made it to one, and it was noted that a psychiatry appointment had been set and confirmed with her. A case note from June 18th, after her release from jail, stated that the clinic received a call from the client's sister who was concerned that although she was not suicidal she needed medications and that her psychiatry appointment was not until July. The case worker said he would make a referral to see if she could be seen sooner but that the client would have to be open to it; he advised she be taken to an emergency room if she became a danger to herself or others in the meantime. On the following day the same worker met with the client and documented that she was dressed inappropriately, made some strange statements and complained of a broken nose from an incident she did not want to discuss. He took her to an emergency room for the injury, and per the note, the client mentioned her July 9th psychiatry appointment being too far away and that she would try to get some Haldol at the hospital. Neither the case worker nor the hospital completed a petition or certificate while she was there. A crisis intervention form was completed at the clinic on the

next day; it stated that the client walked in that morning and appeared extremely manic, had pressured and rambling speech and was delusional. A corresponding screening and referral form stated that she had been refusing treatment and was walking around town in a bathing suit. A petition that was completed by the client's case manager asserted much of the same, that she was manic, delusional, lacked judgement and was refusing medical and psychiatric treatment. An accompanying certificate completed at a hospital concurred. The record indicated that she was hospitalized for about a week and then met with her clinic psychiatrist for a new prescription on July 9th.

CONCLUSION

Wattles' policy on admissions to hospitals calls for the completion of a petition should it become necessary to initiate an emergency hospitalization for any client. The contents of the petition must comply with the Mental Health Code.

Under the Mental Health Code,

> *When a person is asserted to be subject to involuntary admission and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to…a mental health facility…. The petition shall include…a detailed statement of the reason for the assertion…including the signs and symptoms of mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion….* (405 ILCS 5/3-601).

A policy on representative payee services states that the clinic will meet the needs of the client according to Social Security guidelines. There is a monthly fee of $10.00 charged to each client's account. The clinic is responsible for communicating with Social Security about eligibility and closing the payee account when the client's case is closed at the clinic.

In this case the facility was able to demonstrate by record documentation that it did not petition the client for involuntary admission so that she could get medications. Rather, there is considerable evidence of the client exercising her right to refuse treatment and that a psychiatry appointment was scheduled when she agreed to go to one, albeit a few weeks away. Clinic staff said that although the client showed signs of problems before her appointment date, there were no obvious emergencies until the point when there was no time to reschedule sooner. A petition was completed in line with the Code, which included assertions for the need to evaluate for hospitalization. There is also no factual indication that an employee threatened to return the client's benefits; records showed continuing health services and payee management, and the employee involved in the alleged incident recalled the situation as a simple misunderstanding. A rights violation is not substantiated.

SUGGESTIONS

1. The Mental Health Code requires informed consent based on shared written information for all prescribed psychotropic medications and electroshock therapies at the time they are proposed. All prescribing physicians must determine and state in writing whether the recipient has the capacity make a reasoned decision about the proposed treatment (405 ILCS 5/2-102 a-5). Wattles' policy on consent requires consent forms to be completed. Nowhere in this recipient's record was there reference to getting informed consent, that the recipient was able to provide consent or that a consent form was completed when medications were ordered in July 2008. The clinic gave us a copy of a blank form that is supposed to be used, but it does not reflect the capacity statement requirement. We encourage the Janet Wattles Center to be sure to meet this law in every case.

2. The Mental Health Code states that no provider or any of its employees may serve as representative payee unless a recipient has given informed consent (405 ILCS 5/2-105). Wattles' related policy has an agreement for payee services form attached and states that one shall be covered and signed by both parties. The agreement form was not included in this recipient's file, and we suggest that the facility is sure to cover and complete them for all applicable recipients.