



FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
09-110-9034
Choate Mental Health Center (MI Division)
August 25, 2009

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Choate Mental Health Center, a state-operated mental health facility located in Anna. The facility is comprised of two divisions, a division for individuals with mental health issues and a division for persons with developmental disabilities. This report is regarding services within the mental health division of the facility. The specific allegation is as follows:

A recipient at Choate Mental Health Center (MI Division) is not receiving services in the least restrictive environment due to the recipient's restriction to community access.

Statutes

If substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-102).

Section 5/2-102 of the Code states, "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. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided."

Investigation Information

To investigate the allegation, the HRA Investigation Team (Team), consisting of one member and the HRA Coordinator (Coordinator), conducted a site visit at the facility. During the visit, the Team spoke with the recipient whose rights were alleged to have been violated, the facility Administrator, and a Psychologist. The recipient's clinical records were reviewed with his written authorization. The Authority reviewed the facility's Grounds Pass Policy.

I...Interviews:

A...Recipient:

According to the recipient, he was transferred from another state-operated mental center in October 2008. The recipient informed the Team that he resided at the transferring facility for approximately eight years after being found Not Guilty by Reason of Insanity (NGRI) by the courts.

The recipient stated that his prior placement allowed him to be compensated for daily work in the hospital print shop. However, since his transfer to Choate Mental Health Center he is only allowed to have a part-time janitorial job which has resulted in a significant decrease in the amount of money he receives.

The recipient informed the Team that the transfer was designated as a move to a less restrictive setting; however, it appears that he has fewer privileges and more restrictions since his move to Choate Mental Health Center. He stated that he is unable to go into the community without staff accompaniment, a privilege that he had at the transferring facility.

The recipient stated that he has not been in restraints or seclusion, and he has been medication compliant. He admitted to the Team that he had made some serious mistakes in his past and acknowledged that his involvement with a female recipient at the facility was not appropriate. In spite of this, he stated that he believed that he should be allowed more freedom to community access.

B...Administrator:

The Administrator informed that Team that the recipient has an NGRI status; therefore, the court is involved in determining his access levels. The Administrator stated that the recipient is very pleasant. However, staff members are concerned that he is repeating a history that caused his initial involvement with legal authorities. According to the Administrator, his involvement with a female recipient at the facility was similar to the circumstances that led to his incarceration, NGRI legal status, and an extended them date (2031).

The Administrator stated that while at the transferring facility, he petitioned the court for a move to a less restrictive environment or a discharge and was granted a transfer to his present setting.

C...Psychologist:

According to the Psychologist, the recipient has some deficits in judgment. He related that the recipient has been involved with a married female recipient on the unit where he resides, and his treatment team had concerns that he could repeat past behaviors that caused his confinement. The Psychologist informed that Team that the recipient can be hostile in an argumentative way, gets into conflicts with staff, and challenges others.

The Psychologist stated that recipient's community access is determined by a judge. Conversely, facility reporting to the courts and the recipient's extended them date of 2031 has an influence on the judge's decision.

II ...Record Review;

A...Intake Note

According to documentation in an Intake Note, the recipient was accompanied by staff at the referring state-operated mental health center and admitted to the facility on 10/28/08. His medications were listed as Haldol Decanoate 200 mg, Cogentin 2 mg HS (at bedtime) and Benadryl 75 mg HS. His record indicated the following diagnoses: AXIS I: Schizophrenia, Undifferentiated Type; AXIS II: Borderline Intellectual Functioning; AXIS III: Constipation; and AXIS IV: Legal, Poor Support Group.

B...Treatment Plans:

According to the recipient's 10/28/08 Treatment Plan, dangerousness, as evidenced by the recipient's threatening, irritable and oppositional behaviors was listed as a problem area. Documentation indicated that the recipient attempted to hire an undercover police person to kill his girlfriend. Long term goals to address the recipient's dangerousness were as follows: 1) The recipient will regain control of his behavior so that he can be return to a less restrictive environment. 2) He will be able to identify coping skills and consistently evidence the ability to implement them. 3) He will set two positive affirming goals to achieve after discharge.

Objectives or short term goals to deal with his aggressive behaviors were listed as follows: 1) The recipient will not harm self or others while hospitalized. 2) His threatening behavior will decrease to no more than one episode per week. 3) He will be able to demonstrate control of hostility by being able to apologize to anyone he threatens, hurts or verbally attacks. 4) He will not attempt to elope during his hospitalization. 5) He will demonstrate overall stable behavior. 6) He will be able to identify the triggers or events that lead to his dangerous behavior. 7) He will have no incidents of sexually aggressive incidents to any peer or staff. 8) He will be able to tolerate corrective feedback without becoming threatening. 9) He will be able to identify his psychiatrist and social worker within five days after admission. 10) Case Management service provided by the community mental health clinic for the purpose of arranging transition linkage and aftercare services to better facilitate an effective transition in living arrangement will be provided. 11) The recipient will engage in verbal discussions, physical activities and skill building tasks as part of his rehabilitation.

A 10-Day Treatment Plan Review indicated on 11/16/08 that the recipient had adjusted well to the new environment. The record indicated that his ADL's (Activities of Daily Living) had been appropriate, and he had actively participated in unit programming. The record indicated that he had been cooperative with his peers and staff. However, he appeared to be very "needy" at times. The record indicated that the recipient's treatment team has met on a monthly basis since his admission to assess his progress and to evaluate the effectiveness of the established goals and objectives in his Treatment Plan.

B...Progress Notes

Documentation in an 11/04/08 Social Service Progress Note indicated that the recipient was discouraged because he was not allowed to go off the facility grounds. When the treatment team met with the recipient on 11/06/08, an Registered Nurse (RN) recorded that the recipient had requested a Level II Pass and was informed that since his legal status was NGRI, the facility would have to obtain approval from legal authorities prior to issuance of the requested Pass.

On 11/18/08, a Social Worker documented that the recipient had been asking for a Level II Pass so he could participate in more programs and go on the facility grounds. Additional documentation indicated the recipient had adjusted well to the facility. He had been pleasant, appropriate, medication compliant, eagerly interacted with peers and staff and frequently attended programming.

Documentation in a 11/24/08 Social Service Progress Note indicated that the recipient no longer wanted to be transferred back to the state-operated mental health facility where he resided prior to coming to Choate Mental Health Center. The record indicated that he had requested "to get discharged to the community as soon as possible."

A Social Worker documented in an 11/28/08 Social Service Progress Note that the recipient had met seven of the objectives listed in his Treatment Plan and would continue working to meet the four additional objectives. The Social Worker recorded that the recipient had just received a Level II Pass that would allow him to be outside on facility grounds.

According to a 12/02/08 Social Service Progress Note, the recipient had requested to go on a home visit, but stated that he knew that since he is a forensic patient that different rules would apply to him. The Social Worker recorded that since the recipient received a Level II pass he had been going to all available activities.

Documentation in a 12/03/08 Progress Note indicated that a community mental health worker had participated in the recipient's treatment team review and plans had been discussed for his long term community placement.

According to a Psychologist's Individual Therapy Note on 12/05/08, the recipient had thanked him for the Level II Pass. The recipient expressed hopes of living independently in a supervised setting and expressed awareness that his NGRI status could adversely affect his plans. The Psychologist documented that the recipient's behaviors and interactions with others were generally appropriate. However, there were some concerns that his constant company with a married female recipient has some elements in common with the offense that resulted in his NGRI status. The Psychologist recorded that the recipient's present treatment approaches should be continued with a gradual increase in the recipient's privileges and responsibilities.

A Mental Health Technician (Technician) recorded in a 12/14/08 Progress Note that the recipient had requested to return to the transferring facility because he had more privileges at that facility. On 12/16/08 a Social Worker documented that the recipient had problems with a female

peer, whom he appeared to be romantically involved with, and had requested to return to the transferring facility. However, after a few days he was no longer interested in being transferred because the issues with the female resident had been resolved.

In a 12/23/08 Social Service Progress Note, the Social Worker documented the recipient's progress in meeting Treatment Plan objectives. The Social Worker recorded that the recipient did not acknowledge or identify "triggers" that lead to his behaviors. However, he had met seven objectives. Additional documentation indicated that the recipient was learning about different discharge possibilities.

Documentation in a 12/30/08 Social Service Progress Note indicated that the recipient had asked to be discharged to the community as soon as possible. The record indicated that the recipient had met with the treatment team and had discussed his relationship with a married female peer and how the same scenario led to his incarceration. The Social Worker documented that the recipient's judgment was impaired, and he had little insight into the problems that are associated with being involved with a married woman.

A Social Worker documented on 01/07/09 that the treatment team had met and discussed his case with staff from a community mental health agency. The Social Worker recorded that the recipient would be ready for discharge in September or October 2009 if he continued to be appropriate.

In a 02/02/09 Nursing Progress Note, an RN recorded that the recipient denied following a female peer. The record indicated that staff had asked the recipient to "police" himself regarding the situation and was reassured that staff would assist him in any means necessary.

On 02/04/09, a community health worker (worker) documented in a Progress Note that she had participated in a staffing with the recipient's treatment team. According to the note, facility staff reported that they had several discussions with the recipient regarding his relationship with a female peer and that the community mental health agency would continue to consult with the facility regarding the recipient's discharge plans.

A Technician recorded in a 02/14/09 Progress Note that a female recipient had reported that the recipient had been following her and making inappropriate remarks. In a 02/25/09 Progress Note, a community mental health representative documented that the treatment team had met with the recipient. The record indicated that the recipient had been involved in an inappropriate relationship with a female peer, and there were no plans for his discharge.

C...Reports to Court:

Documentation in the facility's Report to the Court (Report) indicated that the 38-year-old, never-married, male was adjudicated Not Guilty by Reason of Insanity on a charge of Solicitation of Murder in May 2001. The report indicated that the recipient was remanded to the Illinois Department of Human Services with a Theim date not to exceed 30 years. On 10/16/08, a Judge ordered that the recipient be transferred to a less secure facility, and the recipient was transferred to Choate Mental Health Center on 10/28/09.

Based on clinical interviews with the recipient, observations of his behavior, review of his clinical records and discussion with his treatment team, the Report indicated that the multidisciplinary treatment team had determined that the recipient is mentally ill and continues to require the inpatient psychiatric treatment that has been approved by the court.

The Report indicated that there had been no apparent significant changes in his symptoms of major mental illness. The psychotic symptoms appear to be well controlled. According to documentation, his thought processes are coherent; there is no evidence of hallucinations or delusions; and he is self-sufficient. However, the report indicated that the recipient continues to exhibit some problems with having limited insight, as well as impatience and difficulty tolerating the frustration of being unable to obtain immediate gratification of his wishes and impulses.

The Report indicated that the recipient is focused primarily upon his desire to be placed in a community setting and frequently asks if staff would recommend his release to the court within a short period of time. According to documentation, the recipient enjoys campus pass privileges that include on-grounds activities with staff supervision, as well as off-grounds activities with staff supervision. The Report indicated that the treatment team believed that the recipient's treatment environment and level of on-campus and off-campus are consistent with his treatment needs.

Documentation in a 03/12/09 Report to Court indicated that the recipient continued to exhibit problems with limited insight and poor judgment, as well as impatience and difficulty tolerating the frustration of being unable to obtain immediate gratification of his wishes and impulses. Complaints by present and former female patients regarding the recipient's unwelcomed attention are documented in his clinical chart.

According to the report the recipient continues to focus primarily upon his desire to be placed in a community setting and frequently asks if staff would recommend his release to the court within a short period of time. Documentation indicated that when professional staff members have indicated that they do not support his discharge within the time frame that he desires, he becomes angry and informs the staff that he has "learned his lesson".

Documentation in the 03/12/09 Report to Court indicated that the treatment team believes that the recipient's current on and off campus privileges are consistent with his treatment needs and level of responsibility.

D...Pass Status Level Notes (Notes)

According to a 10/28/08 Note, the recipient's pass was at Level 0. Assessments indicated that the recipient had not been an imminent risk of harm to self or others for at least the past 24 hours. He had also been free of special procedures, such as restraint, seclusion, or one-to-one observation, for at least 24 hours and had not been experiencing any acute medical problems. It was determined that he was not currently a moderate or high risk for elopement, and he had not experienced any unmanageable behaviors for the past 24 hours. However, his legal/police

involvement was considered in the determination. Additionally, newly admitted recipients are required to be placed on Level 0 per facility Policy.

Documentation indicated that on 10/30/08, the recipient's pass level was increased to Level I. On 11/26/08, the recipient's Pass Level was increased from Level I to Level II. In the comments section of the Note, documentation indicated that the court had authorized the placement in a less secure setting, such as Choate Mental Health Center and had authorized supervised off-grounds privileges.

III...Facility Policy (Policy)...(On Campus Pass Levels for Non-Forensic/Forensic Patients-Adults)

According to the Policy, "Pass privileges for forensic patients are subject to the order of the criminal court, the criminal code, and departmental forensic procedure. In addition, they are also subject to review/approval by the Medical Director/Facility Director."

The Pass Levels are listed as R, 0, I, II, III, and IV. Recipients with R status are restricted to the unit. The recipients have been assessed 1) To be an imminent risk to self or others; 2) Have been involved in special procedures such as restraint, seclusion, or one-to-one observation; 3) Have an acute medical problem; 4) Are a moderate to risk for elopement, and/or have legal issues, such as an outstanding warrant for arrest. Recipients with an R status must stay on the unit except for medical tests or court appearances. Staff will accompany the recipients to medical procedures or court appearances.

The Policy mandates that newly admitted recipients be automatically placed on Level 0 unless the admitting doctor determines that they meet the criteria for R status. Any individual who has legal issues must be evaluated by the treatment team prior to an increase in any pass level. Recipients on Level 0 are escorted and supervised by staff in locked areas. Staff escort to rehabilitation services, courtyard, and adjacent units for programs is necessary. Escorting requires a ratio of one staff to seven recipients on Level 0.

Recipients who are placed on Level I are required to meet the criteria for Level 0 and maintain the pass for a minimum of 24 hours. Recipients on Level 1 are escorted and supervised by staff in locked areas. The areas a recipient may access with staff escort includes rehabilitation services, courtyard, adjacent units for programs and Redbud Unit basement. Escorting requires a ratio of one staff to seven recipients on Level 1.

In order for a recipient to attain Level II, he/she must have met the criteria for a Level 1 pass and maintained the level for a minimum of 24 hours. Recipients with a level II status may attend off unit appointments, activities, and treatment or education services during daylight hours with staff escort. This includes the courtyard, rehabilitation services, adjacent unit for programs, Redbud basement, Goodner Hall, chapel, therapeutic pool and on ground activities. Staff escort requires a ratio of one staff to four recipients.

The minimum criteria for obtaining a Level III Pass are listed as follows: 1) The recipient has exhibited control of his/her behaviors for at least fourteen days while on Level II. 2) It has

been at least fourteen days since any self-injury or evidence of risk to harm has been expressed or exhibited while on Level II. 3) For at least fourteen days, the recipient has not engaged in any assaultive behavior while on a Level II pass. 4) It has been at least fourteen days since there has been any restraint, seclusion, or special observation. 5) The recipient has been cooperative with the management of any medical problems. 6) The recipient is independent in ADLs or requires minimal prompts to maintain self-care. 7) There is minimal risk for elopement. 8) The recipient is alert, oriented with only mild perceptual, cognitive and/or affective disturbances. 9) The recipient has attended at least 75% of assigned programs during the past five days, and 10) have followed unit rules. Recipients with Level III status have all of the privileges of Level II and may go to and from assigned off-unit programs with 15 minutes allowance before and after class. A Recipient must also agree to be searched by staff every time she/he returns from an unsupervised grounds pass. The attending psychiatrist, Medical Director and Hospital Administrator must approve Level III passes.

In order to obtain a Level IV (Full Grounds Pass), a recipient must have 1) Exhibited control for behaviors; 2) Been free of harm to self or others; and 3) Been absent of restraint, seclusion, and special observations for at least fourteen days while on a Level III pass. The recipient must also 1) Be cooperative with management of any medical problems; 2) generally independent; 3) Be a minimal elopement risk; 4) Be alert and oriented with mild perceptual, cognitive and/or affective disturbances; 5) Have attended 90% of assigned program during the past five days; and 6) Have actively participated in discharge planning while on Level III. An individual with a Level IV Pass has all of the privileges of Level III and may go off the unit during scheduled grounds pass times. The recipient must agree to be searched by staff every time he/she returns from an unsupervised grounds pass. The attending psychiatrist, Medical Director and Hospital Administrator must approve any Level IV pass.

Exceptions to the pass level criteria may only be made with the Medical Director's approval and must be documented in a Progress Note. According to the Policy, assignment and maintenance of pass levels is the clinical function of the treatment team.

Summary

According to the complaint, a recipient at the facility is not receiving services in the least restrictive environment. When the Team spoke to the recipient whose rights were alleged to have been violated, he stated that he had concerns about not being able to go into the community without being accompanied by staff. Additionally, he believes that he should be discharged and allowed to reside in a community setting. According to the Administrator and a facility Psychologist, while the recipient was at the transferring facility, he petitioned the court to be transferred to a less restrictive setting; his request was granted, and he was moved to Choate Mental Health Center. Both staff members informed the Team that the recipient has an NGRI status with an extended Theim date and the court has mandated that he have staff accompaniment while he is in the community. Documentation in the recipient's clinical chart verified the recipient's legal status and community access levels mandated by the court. The record indicated that the recipient's overall mental condition has improved. However, he continues to have limited insight into the issues that led to his incarceration and has been involved in relationships that are parallel to those that led to his legal issues.

Conclusion

The recipient's records and interviews with staff at the facility indicated that the recipient's access level, as well as his placement is determined by the court. Therefore, the HRA does not substantiate that the recipient is not receiving services in the least restrictive environment. No recommendations are issued.