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**FOR IMMEDIATE RELEASE**

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Egyptian Regional Human Rights Authority  
Report of Findings  
10-110-9011  
Choate Mental Health Center  
Mental Health Services Division  
April 27, 2010

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 a division for persons with mental health issues and a division for persons with developmental disabilities. This report is pertinent to services within the mental health services division. The specific allegations are as follows:

1. A recipient at Choate Mental Health Center has not been allowed to use his money as he chooses.
2. A recipient has been restricted from communicating by phone with a person of his choice.

Statutes

If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/2-105 and 5/2-103) and the Mental Health and Developmental Disabilities Confidentiality Act (Act) (740 ILCS 110/2 and 110/3).

Section 5/2-105 of the Code state, "A recipient of services may use his money as he chooses, unless he is a minor or prohibited from doing so under a court guardianship order. A recipient may deposit or cause to be deposited money in his name with a service provider or financial institution with the approval of the provider or financial institution. Money deposited with a service provider shall not be retained by the service provider. Any earnings attributable to a recipient's money shall accrue to him. Except where a recipient has given informed consent, no service provider nor any of its employees shall be made a representative payee of his social security, pension, annuity, trust fund, or any other form of direct payment or assistance. When a recipient is discharged from a service provider, all of his money, including earnings, shall be returned to him."

Section 110/2 of the Act defines confidential communication as "any communication made by a recipient or other person to a therapist or to or in the presence of other persons during

or in connection with providing mental health or developmental disability services to a recipient. Communication includes information which indicates that a person is a recipient."

Section 110/3 states "(a) All records and communication shall be confidential and shall not be disclosed except as provided in this Act. (b) A therapist is not required to but may, to the extent he determines it necessary and appropriate, keep personal notes regarding a recipient. Such personal notes are the work product and personal property of the therapist and shall not be subject to discovery in any judicial, administrative or legislative proceeding or any proceeding preliminary thereto. (c) Psychological test material whose disclosure would compromise the objectivity or fairness of testing process may not be disclosed to anyone including the subject of the test and is not subject to disclosure in any administrative, judicial or legislative proceeding. However, any recipient who has been the subject of the psychological test shall have the right to have all records relating to that test disclosed to any psychologist designated by the recipient. Requests for such disclosure shall be in writing and shall comply with the requirements of subsection (b) of Section 5 of this Act."

### Investigation Information for Allegation 1

Allegation 1: A recipient at Choate Mental Health Center has not been allowed to use his money as he chooses. To investigate the allegation, the HRA Investigation Team (Team) conducted two site visits at the facility. During the initial visit, the Team, consisting of two members and the HRA Coordinator (Coordinator) spoke with the recipient whose rights were alleged to have been violated. At the time of the visit, the recipient provided written authorization for the HRA to review information from his clinical chart. When the second visit was conducted, the Team, consisting of one member and the Coordinator, spoke with the facility Administrator (Administrator) and requested copies of information pertinent to the allegation from the recipient's clinical chart. Upon receipt of the information, the HRA reviewed the records. The Authority also reviewed the facility Mental Health Services Policy/Procedure: Unit Guidelines/Adult Unit (Policy) and Recovery Handbook (Handbook).

#### I...Interviews:

##### A...Recipient

When the Team spoke with the recipient he stated that recipients at the facility are not allowed to borrow, lend or trade items. He stated that when he wanted to buy a soda, he was minus a dime and a peer offered the money. However, staff observing the interaction stopped the recipient from loaning him the dime. He stated that on several occasions, other recipients have asked him to borrow money for an item; but he was not allowed to grant their wishes due to the facility's policy.

The recipient stated that a sign is posted on the unit where he resides regarding the facility's policy pertinent to the allegation. He stated that recipients are informed that borrowing, lending or trading items is not allowed, and recipients should contact staff if they need money.

##### B.. Administrator

According to the Administrator, recipients are discouraged from borrowing, lending, or selling their property to other recipients. The Administrator stated that these practices have the potential for clients to exploit one another. She stated that recipients are informed that if they need an item or money in order to make a purchase they should contact staff rather than other recipients.

The Administrator informed the HRA that if a recipient receives money while hospitalized, he may deposit the money in the facility's Trust Fund, and the funds can be withdrawn by completing a Trust Fund Withdrawal Form. She stated that if a recipient decides to keep his money, he is encouraged to keep less than \$30 on his person, and he is informed that the facility is not responsible if the money is stolen.

### C: Other Information:

During the initial site visit, the Team noted the posted sign that discouraged recipients from borrowing, lending, or selling their property to others.

## II: Clinical Chart Review:

### A...Treatment Plan Review (TPR)

Documentation in the recipient's TPR indicated that he was admitted to the facility on 10/28/08 from another state-operated mental health center with the legal status of NGRI (Not Guilty by Reason of Insanity). The record indicated that the 39-year-old is legally competent.

The recipient's admitting diagnoses were listed as follows: AXIS I: Schizophrenia, Undifferentiated Type; AXIS II: Borderline Intellectual Functioning; AXIS III: Constipation; and AXIS IV: Legal, Poor support system. His medications were listed as Haldol Dec 200 mg. Cogentin 2 mg at bedtime and Benadryl 75 mg at bedtime.

Dangerousness, being overweight, and having the potential for pain were listed as problem areas when the recipient was admitted to the facility. Dangerousness was listed as a barrier for discharge. Documentation indicated that the recipient has pain in his head, back and knees at times. Tinea Pedis (Athlete's Foot) was added as a problem on 12/18/09 and documentation indicated that the condition became inactive on 08/29/09. Pharyngitis (sore throat) was added as a problem on 09/14/09; however the problem was resolved with appropriate treatment.

The record indicated that the recipient's problem of dangerousness is addressed through group and individual therapy in anger management and MI/SA (Mentally Ill/Substance Abuse) Therapy groups. The recipient is also encouraged to attend all structured events on the unit and all other scheduled events to appropriately channel his potentially dangerous behaviors into the various activities. Documentation indicated that the recipient was actively involved in all activities.

Objectives to assist the recipient in dealing with the overweight problem were listed as: 1) to lose 6 to 8 lbs monthly; 2) to identify a healthy menu and healthy snack choices; 3) to participate in gym, swimming, and walking on a regular basis and 4) to weigh monthly.

Documentation indicated that the recipient attended food preparation classes, janitorial training, creative crafts, horticulture, and leisure education programs. Additional recordings revealed that the recipient was being provided information about the medications that he was taking.

#### B: Other Information

The HRA did not discover any documentation in the recipient's TPR or in Progress Notes that revealed that the recipient had problems with money management or was receiving training pertinent to the issue.

#### III: Mental Health Services Policy/Procedure: Unit Guidelines-Adult Units (Policy):

According to the Policy Statement, "Unit guidelines are established by a representative group of unit staff including consumer specialists, mental health technicians, RNs and administrative staff. Input is also obtained from patients through community meetings."

The Policy indicated that the guidelines are included in the Patient Recovery Handbook, which is given to recipients upon admission to the facility. The following are addressed in the Policy: 1) proper attire; 2) meals; 3) unit phone usage; 4) pay phone usage; 5) wake up time; 6) bed time; 7) what to do if a recipient is unable to sleep; 8) dorm use; 9) dorm checks; 10) use of headphones; 11) sexual behaviors; 12) unit commissary; 13) snacks; 14) patient education and training; 15) visiting hours; and 16) personal property.

Documentation in the Unit Commissary Section indicated that the unit commissary is available to all recipients regardless of pass level; however points are required for participation. Information in the Snack Section informed recipients that there were scheduled snack times for each unit and a recipient may purchase snacks regardless of the recipient's pass level provided that all of their activities of daily living are completed.

The HRA did not note any information in the Policy pertinent to recipients' money management issues.

#### IV: Recovery Handbook (Handbook):

The Authority reviewed the Handbook, which is given to recipients upon admission to the facility. Documentation in the Patient Responsibilities Section of the Handbook indicated that a recipient is responsible for his own money. Recipients are informed that if they choose to keep money on their person and it is stolen, they are responsible. Recipients are encouraged to keep no more than \$30 on their person. Information is provided about the hospital's banking system, the Trust Fund. Times for deposits and withdrawals as well as the procedures involved are listed in this section.

Documentation in the Patient Rights Section of the Handbook includes using money as a recipient chooses as a right, unless the recipient is under the age of 18 or prohibited from doing so under a court guardianship order. Recipients are informed that they may deposit their money at a bank or place it for safe keeping with the facility. The record indicated that if the facility deposits a recipient's money, any interest earned is the recipient's.

### Summary of Allegation 1

According to the recipient whose rights were alleged to have been violated, he has not been allowed to use his money as he chooses and provided examples of the restriction. The recipient informed the Team that this is the practice for all recipients on the unit. When the Team spoke with the Administrator, she stated that recipients are discouraged from borrowing, lending or selling their property due to the potential for exploitation from others. During a site visit, the Team observed a sign on the unit discouraging recipients from borrowing, lending and selling their property. When the Authority reviewed the recipient's TPR, there was no documentation to indicate that the recipient had problems with money management. The Authority's review of the facility's Policy and the Handbook specified that recipients may use their money as they choose, unless they are under 18 or prohibited from doing so by the court.

### Conclusion of Allegation 1

Although the Authority understands the facility's concern relevant to exploitation, the Code mandates, as well as facility Policy, allows a recipient to use his money as he chooses. Therefore, the allegation that the recipient has been unable to use his money as he chooses is substantiated.

### Recommendations for Allegation 1

The following recommendations are issued:

1. Choate Mental Health Center should follow the Code's requirements, as well as facility policy, which mandates that a recipient be allowed to use his/her money as he/she chooses.
2. If a recipient is having money management problems, exhibits a potential for being exploited or for exploiting others, the recipient's treatment plan should address the issue(s).

Allegation 2: A recipient has been restricted from communicating by phone with a person of his choice. To investigate the allegation, the Team conducted two visits at the facility. During the initial visit, the Team spoke with the recipient whose rights were alleged to have been violated. When the second visit was conducted, the Team spoke with the facility Administrator regarding the allegation. The Authority reviewed the Handbook and Policy as well as information from the recipient's clinical chart.

## I: Interviews:

### A...Recipient:

According to the recipient whose rights were alleged to have been violated, a female friend who had been discharged the previous day, called the facility and requested to speak with him. He stated the staff member who answered the telephone informed his friend that she could not speak with him, and she should not call the facility for a period of thirty days.

The recipient stated that he wanted to speak with the individual, and felt that it was a restriction of his right to communicate with a person of his choice.

### B: Administrator

The Administrator informed the Team that the recipient's female friend called the facility requesting to speak with the recipient within a few days after she was discharged. The Administrator stated that the staff member who answered the phone did not acknowledge that the recipient remained hospitalized due to the mandates of the Mental Health and Developmental Disabilities Confidentiality Act. However, after the call was received the staff member informed the recipient that he had received a call from his friend. There were no restrictions placed on the recipient returning the call.

The Administrator stated that it is the facility's policy to discourage discharged recipients from contacting current recipients for at least 30 days after their own discharge date. The Administrator informed the Team that the recipient did not have any restrictions pertinent to the allegation. However, there were concerns that his relationship with the former recipient was repeating previous patterns of behavior which resulted in his current legal status of NGRI. She stated that professional staff at the facility had counseled with him regarding the potential harm that might occur with continuation of the relationship. Nevertheless, he continued to have contact with her for a period of time.

## II: Clinical Chart

### A: Progress Notes

Documentation in a 08/02/09 Progress Note completed by a Registered Nurse (RN) indicated that the recipient had spoken to the RN about an upsetting telephone call that he had received from a former female recipient. The RN recorded that the recipient asked her to help his friend because she was threatening self harm and needed to return to the facility. Documentation indicated that the RN spoke with the Administrator, and then reported the incident to the police department in the town where the recipient's friend resided. The RN recorded that she spoke with the recipient about his relationship with the former recipient and advised him that it would

be in his best interest to discontinue the relationship. The RN documented that the recipient stated, "Yeah, yeah, I'll do what I want."

### III: Policy

Documentation in the Visiting Hours Section of the Policy is listed as follows: "Discharged patients are discouraged from visiting current patients for a minimum of 60 days from their own discharge date".

### IV: Handbook

Recordings in the Unit Guidelines of the Handbook indicated that recipients are allowed to have visitors from 9 AM to 7 PM Monday through Friday and 9 AM to 4:30 PM Saturday, Sunday and holidays. Visitors are limited to four per patient, and children under the age of 16 are not allowed to visit without prior approval from the Unit Administrator or Administrator on Duty. Visits are limited to two hours unless other arrangements have been made with the Unit Administrator or the Administrator on Duty, and visitors must remain in the Visitor's Room. According to the guidelines, discharged patients are discouraged from visiting current patient for a minimum of 30 days from their own discharge date.

### Summary of Allegation 2:

According to the recipient a friend who had been discharged the previous day called to speak with him; however, staff would not call him to the telephone. The Administrator stated that the staff member answering the phone could not acknowledge whether the recipient was a recipient at the hospital due to confidentiality mandates. However, as soon as the call was ended, the staff member informed the recipient that his friend had called. The recipient was allowed to return the call. The Administrator stated that although there were no restrictions pertinent to the allegation, the recipient was counseled regarding his relationship with the former recipient. The Administrator informed the Team that professional staff had concerns that this relationship was repeating his previous behavior pattern, which resulted in his legal status of NGRI. Additionally, the Administrator informed the Team that the facility's policy discourages discharged patients from visiting with current recipients for a minimum of 30 days from their own discharge date. Documentation in the facility policy indicated that recipients are discouraged from visiting with current recipients for at least 60 days from their own discharge date. However, documentation in the Handbook given to recipients upon admission to the facility lists a minimum of 30 days discharged recipients should wait prior to contacting current recipients at the facility.

### Conclusion

According to 110/3 of the Act, confidential communication includes information which indicates that a person is a recipient at a facility. Based on information obtained, the Authority determined that the facility member acted in a manner to maintain the recipient's confidentiality rather than restrict his communication rights. Therefore, the allegation that a recipient had been restricted from communicating by phone with a person of his choice is unsubstantiated. No recommendations are issued.

## Suggestions

Since there is conflicting information in the Handbook and Policy regarding the suggestion time frame that recipients are discouraged from visiting with current patients the following suggestion is issued.

1. Documentation in the Policy and the Handbook should be consistent regarding the suggested time frame that discharged patient are discouraged from visiting current after their own discharge date.
2. Recipients must be advised, per law, that they have the right to communicate with persons of their choice (2-103 and 2-200). There is no stipulation on having to be away for 30 or 60 days if you are a former patient. Clarify that "discourage" must not prohibit choice and that the policy does not conflict with the law.
3. Recipients have the right to receive visitors of their choice, unless the visits are harmful, harassing or intimidating (2-103). There is no stipulation on age, and their policy that limits 16 yr. olds and under by approval is stricter than the law and should be addressed. The patient makes all choices absent harm, etc., and if a minor is prohibited then the restriction process applies and harm, harassment or intimidation must be cited as justification (2-103 and 2-201).

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## **RESPONSE**

**Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.**

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~~Pat Quinn, Governor~~

~~Michelle R. E. Saddler, Secretary~~

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May 21, 2010

Guardianship and Advocacy Commission  
Egyptian Regional Human Rights Authority  
Sue Barfield, Chairperson  
#7 Cottage Drive  
Anna, IL 62906-1669

RE: HRA No. 10-110-9011, Choate Mental Health Center

Dear Ms. Barfield,

On May 3, 2010 we received the report of findings from your office related to the HRA case listed above. Below please find itemized actions taken in response to recommendations and/or suggestions made in association with this case.

Please note that we are requesting that our response be included in any part of public record that HRA may make.

Please contact me if you have any questions or concerns in regards to this action plan.

Sincerely,

Donna L. Murray, LCSW  
Interim Hospital Administrator  
Choate Mental Health Center  
1000 N. Main Street  
Anna, IL 62926  
618-833-5161 ext 2212

enc: Action Plan RE: HRA No. 10-110-9011

**Choate Mental Health Center**  
**Action Plan for Guardianship and Advocacy Commission**  
**Egyptian Regional Human Rights Authority**  
**RE: HRA No. 10-110-9011, Choate Mental Health Center**

**Recommendations for Allegation 1 (Substantiated)**

1. Choate Mental Health Center should follow the Code's requirements, as well as facility policy, which mandates that a recipient be allowed to use his/her money as he/she chooses.

**Action Taken:** Policy RSS.00.056 and the Unit Guidelines have been revised to include the statement "All recipients will be allowed to use his/her money as he/she chooses."

2. If a recipient is having money management problems, exhibits a potential for being exploited or for exploiting others, the recipient's treatment plan should address the issue(s).

**Action Taken:** Policy RSS.00.056 and the Unit Guidelines have been revised to include the statement "If the recipient is having money management problems, exhibits a potential for being exploited or for exploiting others, the recipient's treatment plan will address the issue(s)."

**Suggestions for Allegation 2 (Unsubstantiated)**

1. Documentation in the Policy and the Handbook should be consistent regarding the suggested time frame that discharged patients are discouraged from visiting current patients after their own discharge date.

**Action Taken:** The statement: "Discharged patients are discouraged from visiting current patients for a minimum of 60 days from their own discharge date" has been removed from Policy RSS.00.056, RSS.00.007, RSS.00.057, and has likewise been removed from the Unit Guidelines. The Patient Handbook has been renamed the Unit Guidelines.

2. Recipients must be advised, per law, that they have the right to communicate with persons of their choice. There is no stipulation on having to be away for 30 or 60 days if you are a former patient. Clarify that "discourage" must not prohibit choice and that the policy does not conflict with the law.

**Action Taken:** Policy RSS.000.056 has been revised to include the statement, "All recipients must be advised that per law, they have the right to communicate with persons of their choice. This right will be communicated in the Unit Guidelines."

The Unit Guidelines have been revised to include the statement, "You have the right to communicate with any person(s) of your choice and are permitted to engage in unimpeded, private, and uncensored communication with any person of your choice by mail, telephone and during visitation (unless such communication(s) are harmful, harassing or intimidating)."

The statement "Discharged patients are discouraged from visiting current patients for a minimum of 60 days from their own discharge date" has been removed from Policy RSS.00.056, RSS.00.007, RSS.00.057, and the Unit Guidelines. The Patient Handbook has been renamed the Unit Guidelines.

3. Recipients have the right to receive visitors of their choice, unless the visits are harmful, harassing, or intimidating. There is no stipulation on age, and Choate's policy that limits 16 year olds and under by approval is stricter than the law and should be addressed. The patient makes all choices absent of harm, etc., and if a minor is prohibited then the restriction process applies and harm, harassment, or intimidation must be cited as justification.

**Action Taken:** Policy RSS.00.007 has been revised to include the statement, "Visits may be restricted at the discretion of the treatment team, unit administrator, or charge nurse but will be accompanied by a restriction of rights to inform the patient. Visits will only be restricted if the visits are harmful, harassing, or intimidating."

Policy RSS.00.007 previously read, "Visitors age 18 years and older are welcome between the hours of 6pm and 8pm Monday-Friday and 9am to 11am and 1pm to 4pm on Saturday, Sunday, and Holidays." It has been updated to read, "Visitors are welcome between the hours of 6pm and 8pm Monday-Friday and 9am to 11am and 1pm to 4pm on Saturday, Sunday, and Holidays."

The statement: "Every effort will be made to allow children to visit in situations where their safety can be assured. Special provisions must be made for visitation of children under 13 years of age. Prior approval by the treatment team and/or unit administrator is to be issued Monday-Friday. Approval is to be secured in the communication book" has been removed from Policy RSS.00.007.

The statement: "Every effort will be made to allow children to visit a C&A patient as long as their safety can be assured at the time of visitation" has been removed from Policy RSS.00.007.

The statement: "Children under the age of 13 are not allowed to visit without prior approval by the Unit Administrator" has been removed from Policy RSS.00.056 and the Unit Guidelines.