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Egyptian Regional Human Rights Authority
Report of Findings
10-110-9045
Chester Mental Health Center
September 28, 2010

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Chester Mental Health Center, a state-operated mental health facility located in Chester. The facility, which is the most restrictive mental health center in the state, provides services for approximately 230 male recipients. The specific allegation is as follows:

A recipient at Chester Mental Health Center is not receiving services in the least restrictive environment.

Statutes

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

Section 5/2-102 (a) 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 being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan."

Investigation Information

To investigate the allegation, the Investigation Team (Team), consisting of three members and the HRA Coordinator (Coordinator) conducted the initial visit at the facility. During the visit, the Team spoke with the recipient whose rights were alleged to have been violated and a Representative (Representative) from the facility's Human Rights Committee.

The recipient's clinical chart was reviewed, with the recipient's written authorization, and the Team requested copies of pertinent information after the review. The Team, consisting of two members and the Coordinator spoke with the recipient during a second trip to the facility.

I: Interviews:

A: Recipient....Initial Interview:

During the initial site visit at the facility, the Team spoke with the recipient whose rights were alleged to have been violated. He stated that he was informed that if he remained restraint free for twelve months that the treatment team would recommend that he be transferred to a less restrictive setting. He informed the Team that he had met the criteria established for transfer; however, the transfer had not been implemented. He stated it was extremely important that he be transferred to a facility nearer a family member who is extremely ill.

During a return site visit, the Team spoke with the recipient for the second time. He informed the Team that he had been at the facility for approximately three years, and believed that he should be transferred. He stated that he had been on the green level, the facility's highest level of participation, for some time; however, recently he was reduced to the yellow level, the mid-level of participation, due to defending himself from another recipient's aggressive actions. He informed the Team the facility's failure to transfer him to a less restrictive setting near the family member prohibited him from having contact with the individual before his death.

The recipient stated that he had experienced some health issues, which required treatment at a community hospital; however, his medical condition had improved. He stated that he was physically stable enough to be transferred. However, his therapist had informed him that he would have to learn to show empathy toward others, and the transferring hospital would have to agree to accept him due to "all the issues that he brought with him".

B: Representative

According to the Representative, a recipient's progress is reviewed at monthly Treatment Plan Reviews (TPRs), and the treatment team determines if the recipient has met the criteria for transfer to a less restrictive setting. With the recipient's written authorization, the Representative provided copies of pertinent information from the recipient's clinical chart.

II: Clinical Chart Review:

A: TPRs

According to the recipient's 03/15/10 TPR, he was admitted to the facility on 02/29/08 as an involuntary admission from a correctional facility. The recipient was found subject to involuntary admission upon reaching his projected parole date. Documentation indicated that the recipient has a lengthy psychiatric history dating back to 1977 with numerous hospitalizations recorded. On 01/29/08, while a recipient at the facility, the recipient's parole was rescinded and he was returned to a correctional facility. The parole violation was due to his intimidating and stalking female staff at the facility.

Documentation indicated that the recipient served 5 years of a 10 year sentence in the IDOC. According to the record, during the recipient's incarceration, he developed a plan for revenge against the individual that he perceived to have been responsible for his imprisonment. Several months after his release, he implemented the plan, which resulted in injury to two individuals and his serving a second term of 13 years.

According to record, on 03/15/10 the treatment team met with the recipient to review his response to treatment. The record indicated that he had not been overtly aggressive, and there had been no documented incidents of maladaptive sexual behaviors during the review period; however, there were reports of disruptive and uncooperative behaviors. The recipient's therapist reported that the recipient was willing to engage in therapeutic activities designed to increase his empathy for others and to develop improved insight into how his maladaptive behaviors negatively impacted others. However, he had not demonstrated genuine regard for the welfare of others when he failed to show empathy toward the individuals who had been affected by his behaviors. Documentation indicated that it remained the opinion of the treatment team that the recipient was not appropriate for transfer to a less secure facility.

Documentation indicated that on 04/14/10 the treatment team met with the recipient in the infirmary where he had been placed due to a fractured toe. The record indicated that the recipient had sustained the fracture when he was putting on his pants and his foot forcibly hit the floor. According to the documentation, the recipient acknowledged that he needed to "work harder" on his treatment. He specifically stated that he needed to show empathy, and expressed that he was willing to meet with the therapist to discuss and develop an improved sense of empathy and genuine regard for the welfare of others.

The recipient's problem areas were listed as follows: 1) inappropriate sexual behavior; 2) psychotic symptoms; 3) hypertension, 4) obesity, and 5) physical aggression. His strengths were listed as: 1) The ability to independently perform Activities of Daily Living (ADLs); 2) Medication compliance at the time of the TPR; 3) Ability to communicate needs; and 4) Average intelligence. Documentation indicated that the recipient's TPR contained goals to address each problem area.

The recipient's diagnoses were listed as follows: AXIS I; Schizoaffective Disorder, Bipolar Type, Paraphilia NOS (Not otherwise Specified), H/O (History of) non-compliance with medications; AXIS II: Antisocial Personality Disorder; AXIS III: Hypertension, Non-Insulin Dependent Diabetes Mellitus, Dyslipdemia, Overweight, Mild spurring in lower back (pain) and AXIS IV: Chronic Mental Illness, Numerous Psychiatric Hospitalizations and H/O Incarcerations.

The recipient's current medications were listed as: Risperidone 3 mg twice daily for psychosis and mood stabilization, Divalproex ER 1000 mg every AM and 1500 mg at bedtime for mood stabilization, Lorezepam 2 mg twice daily, and Benztropine 1 mg daily.

Documentation in the 04/14/10 TPR indicated that the recipient had remained free of any episodes of aggression toward others; no reports of tickets due to aggression; but he continued to have trouble with females. The record indicated that at times he had been defiant with the female staff members and has made threatening responses when they are attempting to redirect him. The record indicated that the recipient continues to tell staff that he wants a transfer to a less restrictive facility in a major city in Illinois. However he is not appropriate for transfer because of his inability to follow rules, periodic physical aggression, intimidating behavior toward women and overall minimal clinical progress.

In the Criteria For Separation Section of the 04/14/10 TPR, documentation indicated that in order for the recipient to be recommended for transfer to a less restrictive environment, he must have his aggressive behaviors, sexual inappropriateness and psychosis brought under sufficient control to make it possible for him to function appropriately in a less secure facility. He will also be required to demonstrate a consistent ability to function without engaging in physically aggressive behaviors. He will also be able to demonstrate significant progress in addressing cognitive distortions, discontinue minimizing the seriousness of his maladaptive behavior, develop empathy for others (especially victims), manage his emotions (especially anger) and take responsibility for his actions.

Documentation in a 05/11/10 TPR indicated that the treatment team met with the recipient to review his response to treatment, which had been less than favorable during the reporting period. The record indicated that the recipient had been involved in altercations with peers with one altercation becoming physical. According to the documentation, the recipient's family member had passed away, and the recipient stated that he had become more sensitive as a result of dealing with the family member's death.

Additional documentation indicated that the recipient's psychiatrist made recommendations for further changes to the recipient's medication; direct care staff reported an increase in verbal aggression, psychomotor agitation and hostility; and the recipient was on the red level, the lowest level of participation at the facility. Documentation throughout the TPR indicated that the recipient had not met the criteria for transfer to a less restrictive facility.

B: Progress Notes:

Documentation in a therapist's 03/25/10 Progress Note indicated that the recipient had shown a mixed response to treatment. He had been significantly less aggressive and more willing to follow treatment recommendations, such as completing exercises on developing empathy. He was willing to discuss his limited insight into how others have been impacted by his maladaptive behaviors. However, he only gave superficial responses to questions about how others may feel about his maladaptive sexual behaviors, and he continued to minimize these

behaviors. The therapist recorded that while the recipient had been more cooperative with treatment, he had made minimal progress in developing empathy for others and has been unwilling to take responsibility for his own behaviors.

According to a 03/31/10 Progress Note, nursing staff reported that the recipient had been intrusive and had made unwanted statements about nursing staffs' appearance. The record indicated that the recipient spends a great deal of time in front of the nurses' station, stares at the nurses, and makes remarks about their personal appearance.

Documentation in a 04/22/10 Progress Note indicated that nursing staff reported that the recipient had requested to have his blood pressure taken. When a male nurse took the blood pressure reading, the recipient stated that he had wanted a specific female nurse to take the readings and implied that he was attracted to the nurse.

A Security Therapist Aide (STA) recorded on 05/06/10 that the recipient was asked to move because housekeeping was coming through the area. According to the STA, the recipient moved very slowly, turned around in the STA's face and began yelling that he would move when he was ready.

In a 05/14/10 Progress Note, a therapist documented that the recipient had shown an increase in disruptive and aggressive behaviors. The therapist recorded that the recipient had been involved in a physical altercation with another recipient and had been resistive to following staff members' directions. According to the therapist, the recipient appeared to be experiencing an increase in problems with anger.

According to a 05/21/10 Progress Note, the recipient continued to exhibit disruptive behaviors, especially regarding his commissary items. However, when a therapist spoke to him about the problems, he did not become defensive and acknowledged that he had made many poor choices.

Documentation in a 06/04/10 Progress Note indicated that the recipient had been upset for a couple of days because of his recent involuntary commitment hearing. The record indicated that the recipient informed his therapist that he thought that he was making progress in his treatment goals when the therapist had marked his progress as poor. The Therapist recorded that the recipient was initially hostile; however, once he became calm he was more willing to talk about his treatment goals. The recipient informed the therapist that he had been working on being able to express empathy. Conversely, he could not describe any of the steps outlined in the educational material provided pertinent to the issue.

Summary

According to the recipient whose rights were alleged to have been violated, he has complied with established treatment goals and has met the criteria for transfer to a less restrictive facility. A facility Representative informed the Team that a recommendation for transfer to a

less restrictive facility is determined by a recipient's treatment team. Documentation in the recipient's TPRs and Progress Notes indicated that although periodically some of the recipient's behaviors improved he has not met the established criteria for transfer to a less secure setting.

Conclusion

Based on the information obtained during the course of the investigation, the allegation that the recipient is not receiving services in the least restrictive environment is unsubstantiated. No recommendations are issued.