



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - PEORIA REGION
REPORT OF FINDINGS

Case # 11-090-9013
Robert Young Center

INTRODUCTION

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at the Robert Young Center. Complaints alleged the following:

1. The crisis line is not being answered during the day after repeated calls.

If found substantiated, the allegations would violate the Illinois Administrative Code (59 Il Admin Code 132) and the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100).

The Robert Young Center has 6 staff members trained to answer the crisis line. The staff members consist of licensed professional social workers and licensed professional counselors. The crisis line is part of the Robert Young Center's crisis intervention service and covers Rock Island and Mercer Counties. Although most calls are local or from individuals who are already within the Robert Young Center system, anyone can call the line, even from outside the county service area. The line receives no state funding.

To investigate the allegations, the HRA met with the Robert Young Center staff and reviewed documents relevant to the investigation.

COMPLAINT STATEMENT

The complaint states that the Robert Young crisis line is not being answered through the day; the line rings but is not picked up. The problem only occurs during the day when the Robert Young staff are supposed to be handling the crisis line. In the evenings, the crisis line is answered by another source and there is no problem. The complaint states that the line was called 4 times on 9/22 and the caller got through 3 out of the 4 times. Also, on one occasion, the phone line was picked up and the staff member said "About what today?" to the caller. On another occasion, the staff member picked up the line and greeted the individual by his/her first name.

FINDINGS

Staff Interviews

The HRA began the investigation by interviewing Robert Young Center staff members. The staff explained that the phone is covered by the Robert Young Access Center staff from 8AM until 5PM on Monday through Friday, and the line is contracted out to another service during the evening hours, weekends, and holidays. The staff stated that the line used to ring into multiple offices and whoever was available would answer. The staff members could see that the call was coming from the crisis line on their phones and there is also a caller ID with the line. As of August 16th, the crisis line has one individual who is responsible for the answering of the line. This staff member has a wireless phone, which can go anywhere in the hospital. If the individual is tied up, s/he can give the phone to someone else. There is also a back-up for the individual responsible, and if the back-up is not available, the call will go to all office lines as it did before. The Robert Young Center staff explained that the sort of complaint voiced in this investigation made them want to change the process as well as limitations that they saw internally. The staff conducted internal calls to audit the line, and people did not answer the phone. Aside from the complaint in this investigation, they never received a direct complaint regarding the line and the change was based more on the accumulation of knowledge that they gathered regarding the line. The Robert Young Center staff also explained that the Access Center is the first point of contact for patients receiving mental health and drug rehabilitation services. All patients are funneled through the Center.

The staff stated that they have a number of frequent callers who call the crisis line. The frequent callers can tie up the line and the staff members who answer the line have developed the skill of answering their questions and moving on quickly. The staff did state that because the staff moves quickly through the call, it does not mean that the staff members are allowed be rude to the caller. The staff explained that there are basically two types of calls, people that are familiar with the Center who just want to talk, and legitimate crisis calls. For those who just want to talk, the crisis line is part of their social network and they will call just to have someone to speak with about their day. If a caller calls in 14 times every week, the staff has ways of doing a quick triage to see whether there is an immediate need. If there are two serious calls at once, one will be passed off. They stated that there is one frequent client who calls at least 4 times per day.

The staff stated that they are not sure how many calls they can get at once, but they have never heard a caller getting a busy signal on the line. The staff also stated that they have caller ID and the caller ID is a benefit because it builds a familiarity with the people calling and the staff. The caller ID also helps identify the callers and if they are suicidal, it is easier to locate them. The downfall of the caller ID would be if someone calls from another line or someone else calls from their line. The staff stated that the crisis line caller ID only gets the individual's phone number and not his/her name.

The staff stated that one individual is primarily responsible for answering the line, but they rotate the responsibility. The primary person is the same individual, unless that individual is gone for the shift, and then the back-up person is rotating. The rotation is determined by scheduling. The staff members answering the line are licensed mental health professionals that

consist of licensed social workers and licensed clinical professional counselors. The staff stated that they make sure that the staff members answering the line are qualified. The same staff who answer the line also perform mental health evaluations and assessments for inpatient mental health and rehab treatment programs and for the emergency room, diagnostic assessments, and internal consultations with patients for other floors of the hospital. The Robert Young Center staff stated that the clinical employees do not perform support functions at the Access Center.

The Robert Young Center staff explained that crisis calls are considered any call that is suicidal, homicidal, or psychotic. If the caller is considered a threat to themselves or others, or is unable to care for themselves due to illness, the staff member will call the police for a wellness check. All other calls are not considered crisis and not logged. When someone does call just to talk, and another call comes through, they will tell them that they have another call and they can call back. The staff explained frequent callers will just call back. The staff said that it is a judgment call on whether a call is a crisis or not. The Robert Young Center staff also explained that they have not seen a situation where someone is rude to a caller. They said that a lot of the times, they get on a first name basis with the callers because of the frequency of the calls and also because a majority of the callers are already patients. Frequent callers will call the main office sometimes because they know that their calls to the crisis line may be terminated. Sometimes, people will call thinking they have a crisis but the staff member answering the phone triages the situation to determine if the call is really a crisis or not.

The Robert Young Center staff stated that during the month of July 2010, the line received 13.75 crisis calls. The calls that are not crisis calls are not recorded as a call, so if someone calls the line just to talk or to check their appointment, it is not recorded as a call. The staff explained that if the crisis line rings, it goes to the wireless phone, and if another call comes in, it goes to the office phones. They stated that 5 or 6 calls can come in at once. When someone takes a crisis line call, they are supposed to fill out a form. The staff who conducted an audit of the new phone system have not run into a dropped call yet, only a delay in answering a call.

The Robert Young Center staff stated that administrative staff do not take calls from the crisis line. They stated that this month (October 2010) they have received 25 crisis calls. The staff projects 30 calls for next month and that crisis calls increase with holidays and yearly happenings, such as children going back to school. They stated that individuals coming into the Access Center will increase after January. They stated that the crisis line gets 30-40 calls overall per day, and the ones that are documented as a crisis need some sort of follow-up. They try to get the callers into the facility for an evaluation or at least outpatient services. When the contract company takes the calls, they keep reports but they do not send them. They do send a list of who calls and they forward the call report to the appropriate department.

Training for the crisis line consists of shadowing for two weeks and they get feedback from the shadowing. After two weeks, the staff members are independent but they have a supervisor to whom they report. The crisis line is not intended to be an advice line, and when someone calls, if it is not a crisis, the staff member answering the phone will give a brief

intervention on how to lessen stress. Sometimes the call will turn into a counseling session but they attempt to keep the calls brief.

The Robert Young Center staff does not answer the phone in front of a client that they are working with face-to-face; clients that they are dealing with in person get priority. If the primary person answering the line gets a call while with a client, they can step out of the room if the person they are with is not in crisis. Each incident is handled individually and is a judgment call.

The Robert Young Center staff stated that they are not aware of any calls that have been dropped on the new system that. With the old system, calls were not always getting picked up; they have not run into a similar occurrence with the new system. The staff explained that the crisis line is only tracked by the crisis forms that the staff complete when a crisis call comes in; they also explained that, if there is a grievance, the caller can call the hospital grievance line. Aside from the audits, the staff stated that they do not know if a call is not answered unless there was a complaint. They stated that they would not call a number back if the call was dropped because they would not know who the person was through the caller ID. They stated that the individual answering the phone would not address the person calling by saying "Hello" and then saying the caller's name. They stated that they are not aware of past grievances about the staff being. If calls were dropped, it is possible that the point of contact was in the emergency room (ER), busy, or they thought another individual would answer the phone. The staff stated that there was no limit to the amount of calls and if they imposed a limit, it would be violated. The staff stated they have no policy or procedure regarding the crisis line but they would like to develop one. They also stated that on discharge paperwork in the ER includes the crisis line number. The patient being discharged is told if they have suicidal thoughts, they should call the line.

Record Review

The HRA reviewed pertinent Robert Young Center documents regarding the crisis line. In a follow-up letter received from the Robert Young Center regarding questions as to whether there is a call limit on the crisis line and if the calls go to a busy signal, the Robert Young Center responded that the lines have never received an influx of calls to where all the lines have been inundated and they can only think of two instances in the past year where the crisis line rolled over to a second line. The letter states "The crisis calls never go to a busy-signal; there is always a line available to roll over to." The document also states that if the wireless phone is not answered within 3 rings, the roll over line rings in all the clinicians' offices.

The HRA also reviewed a graph of crisis call statistics. The calls on the graph are for 2010 and the calls per month vary; for example February 2010, there were 8 calls received while in October 2010, there were 48 calls received. That statistics count all calls, not just what the center would define as a crisis. From January 2010 through November 2010, the crisis line averaged 14 calls per month according to the chart.

The HRA also reviewed the form that is filled out when an individual calls the crisis line. The form asks the basic contact information of the caller, and then has check boxes for the reasons the individual was calling. The form also includes the details of the contact between the

caller and the individual answering the phone and an area where the counselor details what the caller was told to do to resolve their problem. The HRA also reviewed the Robert Young Center's patient discharge instructions and the form states "Please notify your doctor or call the Crisis Line if any of the following occurs" and the list includes "Suicidal or Homicidal thoughts," "Increased Depression," and "Decreased Appetite" among other issues. The form gives the 24 hour crisis line number and the local crisis line number.

MANDATES

The HRA reviewed regulations related to the complaints. The Illinois Administrative Code reads "b) A provider shall have written operating policies and procedures that detail and explain the operation of programs and the delivery of services; including a description of staff decision-making authority . . . e) The provider shall have an active system of program evaluation. 1) This system shall monitor quantitative characteristics such as caseload information and qualitative characteristics such as client satisfaction. 2) The evaluation system shall include mechanisms for producing evaluation reports that describe the outcome of monitoring activities and provide for the use of the results to improve the program" (59 Il Admin Code 132.65).

The Illinois Administrative Code also states "b) Crisis intervention services are activities to stabilize a client in a psychiatric crisis to avoid more restrictive levels of treatment and that have the goal of immediate symptom reduction, stabilization and restoration to a previous level of role functioning. A crisis is defined as deterioration in the level of role functioning of the client within the past 7 days or an increase in acute symptomatology . . . 1) Crisis intervention services shall be provided to clients who are experiencing a psychiatric crisis and acute symptomatology" (59 Il Admin Code 132.150).

The Mental Health and Developmental Disability Code reads "(a) A recipient of services shall be provided with adequate and humane care and services...." (405 ILCS 5/2-102).

CONCLUSION

Complaint #1 - The crisis line phone is not being answered during the day after repeated calls

The complaint states that the Robert Young Center crisis line is not being answered after repeated calls. The complaint also states that the staff members have answered the phone in a rude manner at times. The Robert Young Center staff explained that the sort of complaint voiced in this investigation as well as the limitations that they saw internally made them want to change the process. The staff also stated that they conducted internal calls and people did not answer the phone. The crisis phone line now has one individual who is responsible for answering the phone but with the previous process, when the phone rang, several individuals had the responsibility of answering the phone line. If that individual cannot answer the phone, then the call goes to the offices of other health professionals that can answer the phone. The facility stated that they have not had a dropped call since they went to the new system but the complaint states that a call was dropped on 9/22 which is after the 8/16 crisis line procedure change. The HRA feels as though

there are strong indications, due to the fact that the staff members who are responsible for answering phones have multiple tasks throughout the day aside from answering the crisis line, that a caller to the crisis line could encounter a situation where they could not get through to a staff member on the line. The facility also has no written policy or procedures for the crisis line. The HRA feels that the crisis line process needs documented procedures, in accordance with Illinois Administrative Code Section 132.65, so that staff have defined procedures to follow. The regulation also mandates that there are quality assurance and measuring policies in place to improve the crisis intervention programs in areas where it may be lacking. Although there is a strong indication that crisis line phone calls may not have always been answered at the facility, the HRA discovered no direct evidence that proves the complaint to be true, therefore the complaint is **unsubstantiated**. The HRA would like to commend Robert Young Center for proactively seeking out a change in the crisis line process, but also offer some suggestions to limit the potential errors that the HRA has identified:

- The HRA also saw that there was an overall misunderstanding by staff as to how the crisis line process works, specifically the staff did not know if a call can get a busy signal or the exact progression of rings before the crisis line rings into staff offices. Another example is that there seems to be a misunderstanding in how many calls are actually made to the crisis line. One staff member stated that the line receives 30-40 calls per day but the crisis call statistics shows an average of 14 calls per month (including calls that are not being considered crisis calls). Overall, the understanding and execution of the crisis line needs improvement. The HRA feels as though staff need to be better educated on the process for answering the crisis line and the crisis line system. The Illinois Administrative Code Section 132.65 dictates that policies and procedures must be documented for programs; this documentation would assist the staff in understanding the process for the crisis line. A formal policy would also provide staff with specific directives in handling calls in which the caller is a potential threat to self or others. The HRA suggests that policy and procedure be developed for the crisis line in accordance with the Illinois Administrative Code 132.
- The HRA also suggests that the Center develop an evaluation procedure for client satisfaction and overall program improvement in accordance with Illinois Administrative Code Section 132.65
- Although there were no substantiated findings that the staff is mistreating the callers, the HRA suggests educating the staff periodically in how to deal with crisis line callers in a humane and courteous manner to ensure that the clients are receiving satisfactory service, including educating staff on interacting with repeat callers who may be using the line for calls that are not considered crisis calls.

RESPONSE

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

RECEIVED
MAY 4 2011

ADVOCACY & GUARDIANSHIP
COMMISSION
REGIONAL OFFICE

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 11-090-9013

SERVICE PROVIDER: Robert Young Center

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

- We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.
- We do not wish to include our response in the public record.
- No response is included.

Omni Duke
NAME

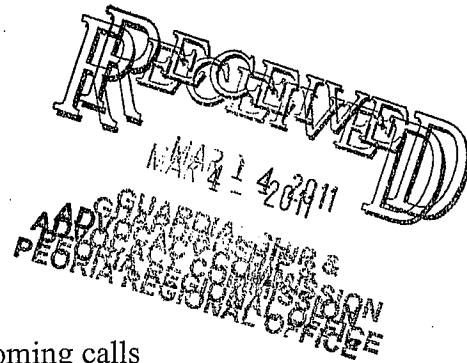
Director, Outpatient Behavioral Health
TITLE

2/23/11
DATE



February 23, 2011

Mr. Steven Watts, Chairperson
Regional Human Rights Authority
Suite #7, 5407 North University
Peoria, Illinois, 61614-4776



RE: Human Rights Authority Case # 11-090-9013
Crisis Line Incoming calls

Dear Mr. Watts;

RYC acknowledges the need to provide timely, appropriate and confidential response to callers of the Crisis Line/Suicide Line. The investigative efforts yielded discover that lead to the following actions:

1. Random calls are made to the Hot Line to continue discovery process to insure calls are being answered in appropriate fashion. Calls are currently answered in three rings or less. Plans are underway to train additional support staff for answering Crisis Line in the event that all Licensed Clinicians are engaged with other patients. The support staff role will be to appropriately answer the call, acknowledge the caller and direct the call based on caller's need.
2. The discrepancy in call volume reporting has been cleared up. Tracking records are maintained purely on suicidal and homicidal callers all other calls are verbally responded to but not tracked on hard copy. RYC will continue to track all suicidal and homicidal calls but will also include all calls that prompt a law enforcement wellness check of the caller or caller's associates.
3. Crisis Line review is conducted once a month during scheduled department meetings. Meeting notes are distributed to employees not in attendance.
4. RYC is in the process of revamping Customer Satisfaction Survey process. Discussion of Crisis Line inclusion into the process is taking place.
5. During the first Quarter of 2011 a policy and procedure will be drafted concerning the crisis line in accordance with the Illinois Administrative Code Section 132.65.

It is our intent to continue to strive for the best outcome every patient, every time. It is opportunities such as this that enables us to do so. We thank you for your feedback in this manner.

Dennis Duke, Director
Robert Young Center (outpatient)

Dr. David Deopere, President
Robert Young Center