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Egyptian Regional Human Rights Authority
Report of Findings
11-110-9004
Chester Mental Health Center
November 16, 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.

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 HRA Investigation Team (Team), consisting of two HRA Members 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 and a Representative (Representative) from the facility's Human Rights Committee. With the recipient's written authorization, the Authority reviewed copies of pertinent information from the recipient's clinical chart.

I: Interviews:

A: Recipient:

During the site visit, the recipient informed the Team that the criminal charges against him have been dropped; therefore, he does not have to be concerned about returning to court to stand trial. He stated that he had been on the Green Level, the highest level of participation in the facility's Level System (System), for more than six months. According to the recipient, a week prior to the Team's visit, he was forced to defend himself from another recipient's attack, which resulted in his being placed in restraints. As a result, his level was reduced to Red Level, the lowest level of the System. The recipient denied having exhibited any type of aggressive actions toward others except when it was necessary to protect himself. He also denied having any thoughts or actions regarding self-abuse. The recipient stated that he has been at the facility for many years and believes that he should be transferred to a less restrictive setting.

B: Representative:

The Representative informed the Team that the criteria for transfer to a less secure setting is established and recorded in a recipient's Treatment Plan Review (TPR). When a recipient's monthly TPR is conducted, his progress is reviewed. The recipient's behaviors, legal status and the bed space at another facility are factors reviewed before a transfer is considered. If the recipient has met the established criteria for movement to a less secure setting the Treatment Team recommends transfer and documents its findings in the recipient's TPR.

II: Record Review:

A: TPR:

Documentation in the 51 year-old recipient's 07/15/10 TPR indicated that he was admitted to the facility on 07/21/1992. Upon admission, his legal status was listed as NGRI (Not Guilty by Reason of Insanity). According to the record, the recipient had a prior admission on 10/29/87. During his initial admission, he remained at the facility until he was transferred to a less secure setting on 05/02/1990. While at the less secure state-operated facility he attempted to assault a female staff member and was returned to Chester Mental Health Center.

The recipient's diagnoses were listed as follows: AXIS I: Paranoid Schizophrenia, Residual Type, Paraphilia NOS (Not Otherwise Specified); AXIS II: Antisocial Personality Disorder; AXIS III: Diabetes Mellitus, adult onset, Hx (History) of GI (Gastrointestinal) Bleed secondary to polyps (Polpectomy performed 06/08), Hyperlipidemia, Hypertension.

The recipient's medications were listed as follows: Fluphenazine 20 mg twice daily PO (by mouth) and every 4 hours PRN (as needed) PO or IM (intramuscular) for psychotic symptoms and Benztrapine 1 mg PO every 8 hours PRN for EPS (Extrapyramidal Symptoms).

Documentation indicated that the recipient was informed of the circumstances under which the law permits the use of emergency forced medication, restraint or seclusion. Should

any of these circumstances arise, the recipient listed the following forms of interventions in order of preference: 1) Medication; 2) Seclusion; and 3) Restraint.

The recipient's problem areas were listed as follows: 1) Psychotic Symptoms; 2) Aggression and sexually inappropriate behaviors; 3) Diabetes Mellitus; 4) Hyperlipidemia; and 5) Hypertension.

The recipient's TPR contained goals to address each of the problem areas. Treatment interventions to reduce the recipient's psychotic symptoms included the following: 1) The psychiatrist will prescribe medications and report any effects on the recipient; 2) Nursing staff will administer the medications and encourage/ monitor compliance; 3) Psychiatrist, nursing staff, STAs and the recipient's therapist will report if the recipient complains or exhibits any side effects associated with the medications; 4) The psychiatrist and nursing staff will work with the recipient to promote understanding of the need for continued medication.

The recipient's TPR contained a goal for him to be free of displaying aggressive behaviors toward others by 12/2010. Treatment interventions included the following: 1) STA staff will monitor for compliance and report any non-compliance; 2) Activity staff will structure group activities to give the recipient an opportunity to practice following rules and routines while interacting with peers and staff; 3) All staff will interact with the recipient in a calm, supportive and consistent manner in order to build a trust relationship and to act as a role model; 4) Staff will report instances of sexually inappropriate behaviors. 5) Staff will inform the recipient that violent behaviors are not tolerated; and 6) The recipient's therapist will discuss with the recipient how his negative behaviors affect recovery.

Additional goals included: 1) Stabilizing and managing his blood sugar; 2) Lowering his serum cholesterol and triglycerides; and 3) Lowering and managing his blood pressure to minimize the probability of permanent damage to his brain, heart, and/or kidneys.

According to documentation in the Extent to Which Benefitting Section of the TPR, the recipient "shows little willingness to directly address the central clinical issues of maladaptive sexual behaviors, aggressive behaviors and his threats of severely dangerous behaviors." Additional documentation indicated that the recipient appears to have minimal ability to control impulses, and he fails to have insight into the negative impact his maladaptive behaviors have on others. However, the record indicated that the recipient had been somewhat less disruptive during the reporting period.

Documentation in the Criteria for Separation Section of the TPR indicated the conditions that should be met before the recipient would be recommended for transfer to a less restrictive setting: 1) He must express a genuine desire to transfer; 2) Be cooperative in his adjustment as exhibited by his statements; 3) Take medication as deemed essential; 4) Demonstrate adaptive social function free of inappropriate sexual behaviors; and 5) Exhibit insight into how his maladaptive and dangerous behaviors have a negative impact on others.

Documentation in the Extent to Which Benefitting From Treatment Section of the 08/12/10 TPR indicated that the recipient had exhibited a gradual improvement during the review period. According to the record, the recipient had not been aggressive and had shown a decrease in incidents of inappropriate sexual behaviors. However, he continued to show little progress in directly addressing the central clinical issue regarding minimal insight into the negative impact that his behaviors have on others.

B: Progress Notes:

According to a therapist's 06/03/10 progress note, the recipient continued to have some disruptive behaviors; however, he had been cooperative regarding meeting with the therapist. The therapist recorded that the recipient had called a staff member and during the conversation had made threats to harm someone. Additionally, he had exhibited inappropriate sexual behaviors, which were directed toward a peer. The therapist documented that he spoke with the recipient regarding how he should improve his insight and develop some regard for the welfare of others, the criteria established before transfer to a less restrictive setting would be considered.

Documentation in a 07/14/2010 therapist note indicated that the recipient had shown a "mixed response to treatment". According to the therapist, the recipient had been less aggressive; however, female staff members continued to report that the recipient had made inappropriate sexual statements.

The therapist recorded in a 08/20/2010 progress note that the recipient had exhibited loud, threatening verbalizations, as well as aggressive gestures toward staff members. The therapist documented that this is considered as regression because the recipient had experienced a recent period of relatively less problematic behaviors. According to the therapist, the recipient had frequently requested to be transferred to a less secure setting, and he had explained the criteria that would be necessary for him to meet before transfer would be recommended. The therapist recorded that the recipient continued to be unable to demonstrate insight into the seriousness of his maladaptive targeted behaviors.

In a 09/14/2010, the therapist recorded that staff intervention was required when the recipient directed threats of harm and became involved in an altercation with a peer. The therapist documented that when he discussed the incident with the recipient the recipient stated that he should have "walked away and left it alone."

Documentation in a therapist's 09/15/2010 progress note indicated that he had met with the recipient for approximately thirty minutes. The therapist recorded that the recipient expressed that he wanted to be transferred from the facility so he could assist with family medical issues. The therapist recorded that a plan was developed, using a "behavior calendar" on which the recipient would record his behaviors on a daily basis. The recipient was instructed to bring the calendar to his TPR meeting so that the behaviors could be discussed. The therapist recorded that the recipient stated that he would, "work hard, I won't let you down". However in

an additional 09/15/2010 progress note, recorded 10 minutes after the therapist's note, an RN documented that the recipient had become argumentative with staff after the staff member attempted to redirect the recipient away from an area of the facility where painters were working. The RN recorded that the recipient attacked the unit manager. This aggressive action resulted in a physical hold being implemented, and the recipient being escorted to a room where physical restraints were applied.

C: Restraint Records:

Documentation in an Order for Physical Hold indicated that the recipient was placed in a physical hold at 12:40 PM due to his attack on staff. The length of the hold was listed as 5 minutes. An initial Order for Restraint was issued at 12:45 PM when the staff was unable to redirect the recipient while in the physical hold. A second Order for Restraint was issued at 4:45 PM when the recipient failed to meet the criteria for release when the initial order expired. The recipient was provided with Restriction of Rights Notices pertinent to the hold and restraint application. Documentation indicated that the recipient was continually observed, behaviors/conditions documented in 15-minute intervals, and he was examined by a RN on an hourly basis. All documentations relevant to the Restraint application were in accordance with Code requirements.

Summary

According to the recipient, he has been at the most restrictive state-operated facility for considerable amount of time and believes that he should be transferred to a less secure setting. He informed the Team that he was doing very well until he had to aggressively defend himself from others, and this action resulted in a lowering of his level status at the facility. When the Team spoke with a Representative, the Representative stated that it is the facility's policy to consider a recipient's behaviors, legal status and the bed space available at a less secure setting before transfer occurs. A criterion for transfer is recorded in a recipient's individual TPR and reviewed in monthly meetings. Documentation throughout the recipient's clinical chart indicated that the recipient continues to exhibit aggressive actions toward others, has failed to develop an insight into how his maladaptive behaviors affect others, and has not met the criteria established 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.

Suggestions

Since the recipient has been at the facility since July 1992, a period of more than eighteen years, the following suggestion is issued.

1. The facility should consider obtaining an independent evaluation from a professional outside the state mental health system to assist in determining if the recipient is appropriately placed.