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Egyptian Regional Human Rights Authority
Report of Findings
11-110-9009
Chester Mental Health Center
January 25, 2011

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 240 male residents. 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)). The Code of Criminal Procedure (Procedure) (725 ILCS 5/104) is also relevant to the allegation.

Section 5/2-102 of the Code (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."

Section 5/104-17 of the Procedure states "(a) If the defendant is eligible to be or has been released on bail or on his own recognizance, the court shall select the least physically restrictive form of treatment therapeutically appropriate and consistent with the treatment plan, (b) If the

defendant's disability is mental, the court may order him placed in treatment in the custody of the Department of Human Services, or the court may order him placed in the custody of another appropriate public or private mental health facility or treatment program which has agreed to provide treatment to the defendant. If the defendant is placed in the custody of the Department of Human Services, the defendant shall be placed in a secure setting unless the court determines that there are compelling reasons why such placement is not necessary. During the period of time required to determine the appropriate placement the defendant shall remain in jail. Upon completion of the placement process, the sheriff shall be notified and shall transport the defendant to the designated facility. The placement may be ordered either on an inpatient or an outpatient basis. (c) If the defendant's disability is physical, the court may order him placed under the supervision of the Department of Human Services which shall place and maintain the defendant in a suitable treatment facility or program, or the court may order him placed in an appropriate public or private facility or treatment program which has agreed to provide treatment to the defendant. The placement may be ordered either on an inpatient or an outpatient basis. (d) The clerk of the circuit court shall transmit to the Department, agency or institution, if any to which the defendant is remanded for treatment, the following: (1) a certified copy of the order to undergo treatment; (2) the county and municipality in which the offense was committed; (3) the county and municipality in which the arrest took place; (4) a copy of the arrest report, criminal charges, arrest record, jail record and the report prepared under Section 104-15; and (5) all additional matter which the Court direct the clerk to transmit.

Within 30 days of entry of an order to undergo treatment, the person supervising the defendant's treatment shall file with the court, the State, and the defense a report assessing the facility's or program's capacity to provide appropriate treatment for the defendant and indicating his opinion as to the probability of the defendant's attaining fitness within a period of one year from the date of the finding of unfitness. If the report indicates that there is a substantial probability that the defendant will attain fitness within the time period, the treatment supervisor shall also file a treatment plan which shall include: (1) A diagnosis of the defendant's disability; (2) A description of treatment goal with respect to rendering the defendant fit, a specification of the proposed treatment modalities, and an estimated timetable for attainment of the goals; (3) An identification of the person in charge of supervising the defendant's treatment."

Section 5/104-18 of the Procedure states, "(a) The treatment supervisor shall submit a written progress report to the court, the State, and the defense; (1) At least 7 days prior to the date of any hearing on the issue of the defendant's fitness; (2) Whenever he believes that the defendant has attained fitness; (3) Whenever he believes that there is not a substantial probability that the defendant will attain fitness, with treatment, within one year from the date of the original finding of unfitness. (b) The progress report shall contain; (1) The clinical findings of the treatment supervisor and the facts upon which the findings are based; (2) The opinion of the treatment supervisor as to whether the defendant has attained fitness or as to whether the defendant is making progress, under treatment, toward attaining fitness within one year from the date of the original findings of unfitness; (3) If the defendant is receiving medication, information from the prescribing physician indicating the type, the dosage and the effect of the medication on the defendant's appearance, actions and demeanor."

Section 5/104-20 states "(a) Upon entry or continuation of any order to undergo treatment, the court shall set a date for hearing to reexamine the issue of the defendant's fitness not more than 90 days thereafter. In addition, whenever the court receives a report from the supervisor of the defendant's treatment pursuant to subparagraph (2) or (3) of paragraph (a) of Section 104-18, the court shall forthwith set the matter for a first hearing within 21 days unless good cause is demonstrated why the hearing cannot be held. On the date set or upon conclusion of the matter then pending before it, the court, sitting without a jury, shall conduct a hearing, unless waived by the defense, and shall determine: (1) Whether the defendant is fit to stand trial or to plead; and if not, (2) Whether the defendant is making progress under treatment toward attainment of fitness within one year from the date of the original finding of unfitness. (b) If the court finds the defendant to be fit pursuant to this Section, the court shall set the matter for trial; provided that if the defendant is in need of continued care or treatment and the supervisor of the defendant's treatment agrees to continue to provide it, the court may enter any order it deems appropriate for continued care or treatment of the defendant by the facility or program pending the conclusion of the criminal proceedings. (c) If the court finds that the defendant is still unfit but that he is making progress toward attaining fitness, the court may continue or modify its original treatment order pursuant to Section 104-17. (d) If the court finds that the defendant is still unfit and that he is not making progress toward attaining fitness such that there is not a substantial probability that he will attain fitness within one year from the date of the original finding of unfitness, the court shall proceed pursuant to Section 104-23. However, if the defendant is in need of continued care and treatment and the supervisor of the defendant's treatment agrees to continue to provide it, the court may enter any order it deems appropriate for the continued care or treatment by the facility or program pending the conclusion of the criminal proceedings."

Investigation Information

To investigate the allegation, the HRA Investigation Team (Team), consisting of two 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. The recipient provided written consent for the HRA to review information in his clinical chart. Upon request, copies of the requested information were sent to the Authority for review. On two occasions, the Coordinator spoke via telephone to the Chairperson of the facility's Human Rights Committee regarding the allegation.

I...Interviews:

A...Recipient

When the Team spoke with the recipient, he stated that he was admitted to Chester Mental Health Center on 04/04/10. He informed the Team that he was sent to the facility after a lady in a drug store in Northern Illinois falsely accused him of hitting her. The recipient stated that he did not understand the reason for his transfer to such a restrictive setting, and he denied any aggressive actions which would necessitate his present placement.

B...Chairman:

During the initial conversation, the Chairman stated that the recipient was admitted to the facility with the legal status of Unfit to Stand Trial (UST). The Chairman stated that the criteria for the recipient to attain fitness are established; training is provided; and progress is reviewed and recorded at the recipient's treatment plan reviews. According to the Chairman, when the established criteria is met the treatment team will recommend that the recipient return to the court for an assessment to determine fitness.

When the Coordinator contacted that Chairman via telephone shortly before the Report of Findings was formulated, the Chairman stated that the treatment team had determined that the recipient had met the established fitness criteria. The Chairman stated that within the previous few days the recipient had been transferred to a less restrictive state-operated mental health facility with a forensics unit. The Chairman stated that the recipient would remain there for a brief period awaiting the fitness hearing in the nearby county court.

II: Clinical Chart Review:

A...Treatment Plan Reviews:

According to a 07/09/10 TPR, the 72-year-old recipient was admitted to the facility on 07/08/10 as Unfit to Stand Trial on charges of Aggravated Battery to a Police Officer. The record indicated that the recipient was arrested on 04/03/10 after an employee at a drug store called the police when the recipient refused to leave the store. Documentation indicated that when the police officer approached the recipient, the recipient attacked him with his pocket knife. The record indicated that the recipient had twelve prior admissions to Illinois Department of Human Services' facilities. According to the documentation, he was recommended for placement at the facility due to his history of aggression, mental health history, and his non-compliance with mental health treatment.

The record indicated that the recipient attended the three-day TPR. However, he refused to comment on his charges, to designate an emergency preference, and to sign an authorization release to contact his family.

The recipient's diagnoses were listed as follows: Axis I: Schizophrenia; Axis II: None; Axis III: Inguinal hernia, H/O (History of) Renal Failure; Axis IV: UST, chronic.

The medication plan included administration of Haldol Decanoate 100 mg IM (Intra Muscular) every 4 weeks.

The recipient's problem areas were listed as follows: 1) Legal status of UST; 2) Psychotic symptoms; 3) Non-compliance with medications; 4) Alteration in Skin Integrity; 5) Pain; and 6) Renal Disorder. Goals to address each of the problem areas were incorporated into the TPR.

Taking medications, cooperating with an evaluation of fitness, and participating in fitness education were recorded as objectives to assist the recipient with the goal to restore him to a level of fitness to stand trial. The target date was listed as 10/2010. Cooperating with a mental

status evaluation, taking medications, monitoring for speech or behaviors indicative of hallucinations were recorded as objectives to reduce the psychotic symptoms. A goal for the recipient to take prescribed medications was also listed to deal with the problem area regarding medication compliance.

A goal to minimize dryness in skin and to improve skin integrity was addressed by having objectives for the medical staff to monitor for pressure areas, skin breakdown, exacerbation of lesions, rash and dryness of skin, and to complete assessments of systemic conditions.

The TPR contained a goal to decrease and/or alleviate the recipient's pain and discomfort associated with the inguinal hernia. Nursing staff would administer medication as prescribed by a physician, question the recipient regarding his pain, monitor the size of the hernia, and report all assessments to the physician.

In order for the recipient to maintain adequate renal function, nursing staff would monitor lab work and urinalyses and report the results to a facility physician. Nursing staff would also encourage the recipient to have an adequate fluid intake.

In the Extent to Which Benefitting from Treatment Section of the TPR, documentation indicated that the recipient had not exhibited any physical aggression since his admission. However, he had displayed verbal aggression toward others and presented as paranoid and delusional. The record indicated that he was in need of further evaluation, assessment and treatment before a recommendation as "fit to proceed" could be considered as appropriate.

Documentation in the Criteria for Separation Section of the TPR indicated that in order for the recipient to be recommended as fit the following criteria must be met: 1) He must be able to communicate with counsel and assist in his own defense; 2) He must be able to appreciate his presence in relation to time, place and things; 3) He must be able to understand that he is in a court of justice charged with a criminal offense; 4) He must show an understanding of his charges and their consequences, as well as, court procedure and the roles of the judge, jury, prosecutor, and defense attorney; and 5) He must demonstrate a significant reduction in his aggressive behaviors.

Documentation in a 07/27/10 TPR indicated that the recipient was still confused about his charges; however, he was showing some improvement in understanding the court system. The record indicated the recipient experienced good results after a facility psychiatrist prescribed Olanzapine 10 mg BID (twice daily). Additional documentation indicated that the recipient received emergency enforced medications for several days before he provided consent to the administration on 07/19/10.

Recordings in the Extent to Which Benefitting from Treatment in the 07/27/10 TPR indicated that the recipient showed almost immediate improvement after Olanzapine was administered. The record indicated that his clinical condition had improved greatly, and he was making good improvement towards becoming fit for trial.

Documentation in a 08/24/10 TPR indicated the recipient had the following strengths: 1) He is able to complete ADLs (Activities of Daily Living); 2) He is articulate; 3) Pleasant; and 4) Becoming more cooperative. Additional documentation indicate that he was coherent, lucid and in touch with reality.

Documentation in a 09/29/10 TPR indicated that the TPR was held in the infirmary due the recipient's problems with the hernia. According to the record, hernia repair surgery had been scheduled to occur within the following two weeks, and his consent for the surgery showed that his clinical condition had improved.

Additional documentation indicated that the recipient had made advances in the goal to attain fitness. The record indicated that he was able to discuss his charge more rationally, and he had not exhibited any physical aggression since his admission. He still had some paranoia and delusions, but overall he was doing better. The record indicated that his hygiene had improved, and he was within his Ideal Body Weight after gaining weight.

In the Extent to Which Benefitting from Treatment Section of the TPR documentation indicated that the recipient's clinical condition had improved greatly, and he was making good improvement towards being fit for trial.

B...Progress Notes

Documentation in a 07/12/10 Progress Note indicated that the recipient was somewhat hostile while a facility physician was examining his legs due to redness and swelling. He had also refused for the physician to listen to his chest or evaluate his hernia.

A 07/14/10 Medical Progress Note indicated that a physician had diagnosed the recipient as having cellulites in the legs and an antibiotic had been prescribed. However, the recipient had refused to take medication for management of the condition. He had also refused an examination of the hernia. The physician recorded that the recipient's refusal could lead to worsening of his medical conditions. The physician documented that a facility psychiatrist and the recipient's treatment team had been notified.

The physician recorded in a 07/15/10 Medical Progress Note that he had attempted to evaluate the recipient; however, he continued to refuse examination and treatment. A facility psychiatrist recorded that the recipient's refusals for medications to treat the infection in the legs and his psychosis were causing a deterioration of his physical and mental status to the degree that he was endangering his life.

An RN documented that the psychiatrist had ordered Olanzapine 10 Mg IM on 07/15/10. The record indicated that recipient was given a Restriction of Rights Notice for the emergency medication given on 07/15/10. Additional Progress Notes on 07/16/10 indicated that the recipient continued to refuse emergency medications and a Petition for Enforced Medication had been filed with the court due to his deteriorating physical condition. The record indicated that the recipient was provided with a Restriction of Rights Notice for the administration of emergency medication on 07/16/10.

Documentation in the 07/17/10 Progress Notes indicated that the recipient had refused medications. The record indicated that the recipient was provided with a Restriction of Rights Notice pertinent to the emergency administration of the medications.

The record indicated that he declined to take the prescribed antibiotics on 07/18/10 unless the tablets were broken. However, the recipient complied when the medication was divided.

In a 07/19/10 progress Note, a facility psychiatrist recorded that the recipient had become compliant with taking medications; therefore, there was no need to continue the petition to the court for enforced medications. On 07/19/10 the recipient's therapist documented the following, "[NAME] is showing some improvement clinically. He is cooperating with all aspects of treatment. His mood is more stable."

Documentation throughout the Progress Notes indicated that the recipient had refused a consult for surgical repair of the inguinal hernia until 09/20/10. However, the record indicated that medical staff continuously monitored the condition. In a 09/27/10 Therapist's Note, the record indicated that the recipient had been in the infirmary for the past week due to pain associated with the hernia, and he had agreed to the 09/28/10 scheduled surgical consultation. According to the documentation, when the consultation was conducted, the surgeon recommended surgical repair of the hernia.

Documentation in a 10/01/10 Therapist's Note indicated that the recipient's overall condition had improved since his admission. He had been more cooperative with treatment. He had a prostate biopsy and had agreed to have hernia surgery. However, he still continues to have irrational thoughts about his arrest and believed that when he goes to court the officials would realize a mistake has been made and release him.

Summary

According to the complaint, a recipient at Chester Mental Health Center was 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 did not understand the reason for his admission to the facility. The recipient's clinical chart indicated that he was sent to the facility after being found UST in a northern Illinois county. According to documentation in TPRs and progress notes, the recipient's clinical condition improved considerably shortly after Olanzapine was administered. When the Coordinator spoke via telephone with the Chairman during the final phase of the investigation, the Chairman stated the recipient met the established fitness criteria, and the treatment team had recommended that he return to court to determine fitness. The Chairman stated that the recipient was transferred to a state-operated mental health facility near the court in order that he might have the fitness assessment.

Conclusion

Since the recipient's legal status was UST, he was remanded to the Illinois Department of Human Services facility for treatment in order for him to attain fitness. Whenever the recipient met the criteria, the treatment team recommended that he return to the court for a fitness assessment. However, the final decision regarding the recipient's fitness and placement is a decision to be made by the court. Therefore, no rights violation occurred, and the allegation that the recipient is not receiving services in the least restrictive environment is determined to be unsubstantiated. No suggestions and recommendations are issued.