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**Egyptian Regional Human Rights Authority
Report of Findings
Chester Mental Health Center
Case #11-110-9046**

The Egyptian Regional Human Rights Authority (HRA) accepted for investigation the following allegation concerning Chester Mental Health Center:

Recipients consistently have items missing from their commissary storage.

If found substantiated, the allegation represents a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102; 5/2-104).

Chester Mental Health Center is a secure, inpatient mental health facility operated by the Illinois Department of Human Services. The facility has 240 beds. Approximately half of service recipients receive forensic services upon court referral after having been found either unfit to stand trial or not guilty by reason of insanity. The remaining service recipients have been civilly committed.

To investigate the allegations, an HRA team interviewed staff and service recipients, visited the commissary, examined the storage of commissary items and reviewed pertinent policies.

Complaint Statement:

According to the complaint, items placed in commissary storage are missing.

Staff Interviews:

In an interview with the facility Human Rights Committee Chair, the HRA team was informed that upon receipt of the complaint, the facility reviewed the matter particularly with regard to the recipient whose family had sent items. The Chair stated that, subsequently, items sent were inventoried and then the recipient was asked to sign off when something was taken from his unit commissary bin. The Chair contends that using this practice with the recipient has eliminated concerns about his missing items and it was believed by staff that the recipient may have shared his items with other recipients. The Chair reported that there have been past problems with recipients receiving items from outside the facility that were deemed unsafe, such as food items that fell outside a recipient's diet and, in one extreme case, drugs hidden within items sent. As a result, the Chair stated that the facility will be disbanding the practice of allowing external items to come to recipients. In the future, recipients will only be allowed to obtain items through the facility commissary.

The HRA team then reviewed the means of obtaining items through the commissary and met with staff who operate the commissary. Staff reported that order forms are used to document recipient requests for items ranging from food items to clothing. Staff check the order forms against any special diets and available recipient funds. If there is a diet issue, the item is not given until the recipient addresses through his physician or the treatment planning process. If a recipient lacks funds, the recipient is informed and given the option of changing his order. Recipients are allowed to order \$7 worth of products twice per week. The HRA examined a sample order form, including a form that had been modified due to funding or diet issues. The commissary itself was fully stocked and organized and offered a large variety of products. With regard to coffee purchases, ground coffee in single servings can be purchased or a small amount, portioned in plastic bags, can be purchased. Most recipients opt to purchase the amount that has been portioned in plastic bags.

The HRA team visited a unit to examine the storage for commissary items. The storage area is locked and each recipient has a bin that is marked by recipient name. Items that come into the facility or purchased at the commissary are placed in the appropriate recipient bin. A staff person must access the storage for the recipient.

Recipient Interviews:

The HRA received a letter from a recipient and his family reporting that food items sent by family end up being missing from the commissary bins which was discussed with facility staff. As indicated previously, in response to the complaint, the facility began inventorying items coming for the recipient from family had the recipient sign off when he removes items from storage. The HRA subsequently spoke to the recipient after the facility report of inventorying and documenting the recipient's commissary storage items. The recipient confirmed that the facility was inventorying items coming in for him and that he was signing off when he removed items from storage.

The HRA team also interviewed 13 different recipients and asked if they have had problems with items missing from their commissary bins. Five recipients stated that they experienced no problems with missing commissary items. The remaining recipients indicated that they had missing items at one time or another although when asked about specifics, only one recipient stated that he has had coffee missing. One recipient was upset about the limit of funds that could be expended in the commissary and another recipient complained that he could not always buy what he wants.

Facility Policy:

The HRA examined policies pertinent to the issue. According to the "Processing of Patient Commissary Orders" Policy, purchase forms are completed and dated using a recipient identification number; the facility checks the recipient's balance and records it on the form. Once it is determined that the recipient has adequate funds, the order is filled and the staff person who fills the order initials the order form. Purchased items are placed in a sack or box along with completed orders forms which are then delivered to the appropriate unit where staff check the order against the order form. Unit staff who check the order initial the form and return it to the commissary.

Mandates:

According to the Mental Health and Developmental Code (405 ILCS 5/2-102), service recipients are entitled to adequate and humane care and services. Section 5/2-104 guarantees the right "...to receive, possess and use personal property and ...be provided with a reasonable amount of storage space therefore..." with certain exceptions such as when the possession of certain types of items have been restricted by the facility director for all recipients upon admission to protect recipients from harm.

CONCLUSION

According to a complaint, a recipient had items missing from his commissary storage. Upon receipt of the complaint, staff reported that the facility began inventorying items sent to a recipient from family and then having him sign off on items removed from storage. In the near future, families will no longer be able to send items to recipients; instead, all items will have to be obtained through the commissary. Of 13 recipients interviewed, 5 indicated that they had experienced no problems with items missing from commissary storage but the remaining 8 reported problems with missing items; however, when asked for specifics, only one recipient was able to identify that he had coffee missing from his commissary storage. The facility maintains a documented process for requesting and purchasing commissary items. In addition, each unit of the facility maintains a locked storage area comprised of storage bins individually labeled with recipient names. The facility maintains a policy for handling commissary purchases. The Mental Health Code guarantees adequate and humane care and services, including storage of and access to personal items.

The HRA could not definitely determine that items received from family were missing from the commissary storage of one specific recipient. And, while other recipients indicated problems with missing items, only one item, coffee, was specifically identified. Coffee purchases typically consist of ground coffee portioned in plastic bags; it would be difficult to assess coffee missing from a portioned amount unless the entire bag or a large amount was missing.

Based on the available evidence, the HRA could not substantiate the allegation. However, the HRA takes this opportunity to suggest the following:

Review the need to document the removal of commissary items from storage for all recipients.

The HRA acknowledges the full cooperation of Chester Mental Health Center during the course of its investigation.