



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #12-100-9001
Elgin Mental Health Center

In August 2011, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center, Forensic Treatment Program, L Unit. A complaint was received that alleged that a recipient's physician had threatened to increase the recipient's medication because he made complaints to outside sources and that the CD/DVD storage is being enforced for one consumer on the unit but not others. If found substantiated, the allegation would be a violation of the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102).

Recipients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

To pursue this investigation, the HRA reviewed relevant portions of the recipient's clinical record with written authorization. A site visit was conducted in September 2011, at which time the allegation was discussed with the recipient's Psychiatrist and his Social Worker.

Findings

The clinical record reveals data on a male client who was admitted to the hospital in August 2009 as a transfer from a maximum security facility; this was the third transfer (from the maximum security facility) admission as NGRI for the same charge. He has been diagnosed as having Schizoaffective Disorder, Bipolar Type and Personality Disorder with Antisocial traits.

According to the recipient's Annual Interdisciplinary Staffing (8/11) in April 2010 the recipient was refusing medication and he demonstrated increased psychosis, irritability, guardedness, paranoia and decreased frustration tolerance. In September 2010 after four months of medication compliance, the recipient presented as calm and focused, less guarded, demanding and needy. In December 2010, it was documented that he presented with more issues and less tolerance. By February 2011, he had maintained eight months of medication compliance and presented as much less demanding and needy. In March 2011, the recipient presented with increased anxiety, suspiciousness and agitation. It was noted that he had difficulty with these issues for the next couple of months and required intervention through counseling. Documentation indicated that despite increased symptoms the recipient was able to, with counseling and redirection, incorporate coping

skills in his interaction with others. During the latter half of May and the beginning of June, counseling became ineffective in helping him manage his anxiety and suspiciousness and subsequently impaired his behavior.

The Annual Staffing document showed that the treatment team discussed letters that the recipient wrote to the Governor of Illinois and a letter written to the Post Master General - the recipient had made complaints with each entity and they in turn contacted the Center about the concerns. The staffing documented that during this meeting (6/30/2011) the treatment team shared with the recipient observations of increased paranoia; the recipient became loud and defensive and he was unable to appreciate the treatment team's message - that his behaviors and verbalizations reflect increased paranoia similar to those observed when not on medication. It was speculated that the recipient was "cheeking" his medication, thus crushed medication to ensure compliance was recommended, with a recommendation to follow-up with an increase in dosage if needed. It was documented that the recipient then claimed that he was being threatened with increased medication, and said he wanted to go to court. He refused to accept the crushed medication and he was subsequently placed on mouth checks. It is noted that the medication was not increased.

In June 2011, documentation showed that during the past month, the recipient had been consumed by his legal rights, demanding that he be able to keep more than the required amount of DVDs and when counseled he became very defensive. He had a difficult time accepting the new limit and he became irritable, had excessive anxiety, demanded immediate resolution and requested the written policy from unit staff. It was documented that he involved an attorney/legal advocate regarding the issues and verbalized statements reflecting paranoia behavior, thus as saying he heard a staff member stating her intention to get him transferred back to the maximum security site and that he would sue the nurse manager.

In August during a morning meeting, the recipient asked if only he and another recipient were subject to the CD/DVD policy saying that they were the only two that had decreased the amount of DVDs. He was advised that room checks were planned for that morning regarding the storage matter. The recipient was informed that he would have only 20 CD/DVDs just like everyone else.

At the site visit, the physician informed the HRA that the patient has a lot of paranoid features and that he also has OCD features and is very obsessive about his belongings. It was stated that recently his paranoia had been increasing, as evidence by the increased letter writing to outside sources and by his behavior on the unit - saying that there is vendetta against him by other patients in the unit and that he was sent to the maximum security site without reason. The physician stated that she would not recommend an increase in medication simply because a recipient made complaints to outside sources. But, given the recipient's history, these letters were indications that his paranoia was increasing and the symptom needed be addressed.

Regarding the CD/DVD storage matter, the HRA was told by Center staff that the current rule on the unit is that no more than twenty CD/DVD's for personal entertainment can be stored in their room. Excess CD/DVD's are kept in storage and exchanged when requested by the recipient. This rule applies to all recipients.

It was stated that this recipient had a large supply of CD's - estimated to be over 200 - in his room. He stated initially that this was because some were needed for his class work, but he was unable to provide confirmation from his professor. The Social Worker stated that this recipient makes requests for a CD exchange about twice a week. In order to expedite his requests for exchange, she has all of his entertainment CDs in a box in her office and exchanges the CDs as often as he requests.

The HRA conducted an inspection of several of the recipient rooms on the unit – including the recipient identified in this case; we did not see excessive CD storage in any bedroom. It was pointed out to us that the recipients are not allowed in each others' rooms, so the recipient could not have personally verified that another recipient had excessive CD stored in his room.

The HRA requested and received an Inter-Office Correspondence regarding the CD/DVD storage. The memo, dated March 12, 2010 and revised 6/17/11 states (in part) that all DVDs and CDs received through the mail or visitation will be placed in the Security Storage area until reviewed and approved by the treatment team (exceptions will be made for DVDs and CDs from Universities). A maximum of 20 CDs/DVDs can be kept in the patient's bedroom. Any extra CD/DVDs will be put in storage. Stored items are available upon request.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 5/2-102, "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."

Pursuant to Section 2-104 of the Code, "Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section."

Based on the information obtained, the allegations that a recipient's physician had threatened to increase the recipient's medication because he made complaints to outside sources and that the CD/DVD storage use is being enforced for one consumer on the unit but not others are unsubstantiated.

RESPONSE

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



Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

Division of Mental Health - Region 2
Elgin Mental Health Center — Singer Mental Health Center

RECOVERY IS OUR VISION
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

October 14, 2011

Ms. Kori Larson - Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Re: HRA #12-100-9001

Dear Ms. Larson:

Thank you for your recent review. As usual, it was very thorough. We are glad to hear that this allegation was unsubstantiated. We pride ourselves here at Elgin Mental Health Center on ensuring patient rights.

Please include our response in any publically released report.

Sincerely,

Paul N. Brock, M.P.A., M.H.A.
Hospital Administrator

PNB/JP/tms

Elgin Mental Health Center
750 S. State St.
Elgin, IL 60123-7692
Voice (847) 742-1040
TTY (847) 742-1073

Singer Mental Health Center
4402 N. Main St.
Rockford, IL 61103-1278
Voice (815) 987-7096
TTY (815) 987-7072