FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
Case #12-110-9013
Chester Mental Health Center

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Chester Mental Health Center:

1. A recipient is not receiving services in the least restrictive environment.
2. A recipient's treatment planning process is inadequate.

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.)

Chester Mental Health Center is a secure, inpatient mental health facility operated by the Illinois Department of Human Services. The facility has 240 beds.

To investigate the allegations, an HRA team interviewed a recipient of services and facility staff, reviewed pertinent facility policies and examined a recipient's record, with consent.

COMPLAINT STATEMENT

According to the complaint, a recipient was scheduled to be transferred out of the facility to a less restrictive facility a year or two ago; however, the transfer was delayed because there were no vacant beds at other state-operated facilities at the time. After a lengthy wait, the recipient reportedly became upset and "acted out" resulting in the transfer being delayed. Another lengthy period of time has passed without incident and there has been no discussion regarding a transfer.

FINDINGS

Interviews

In an interview with the recipient, the HRA team was informed that he has been at the facility for about eight years. He stated that he has been at the highest level of facility access (green level) for over a year with no restraint episodes. He stated that at his last treatment planning review meeting (TPR), held 11-08-11, that the only question he was asked was whether or not he believes he needs medication to which he answers, "yes," and then he was dismissed with no further discussion of treatment planning goals or discharge. The recipient stated that he has had

a medical condition from 15 to 20 years ago for which he needs Penicillin; his repeated discussion of this issue appears to be the deciding factor for his continued stay at the facility.

The complaint was discussed with the Chair of the facility's internal human rights committee who pursued the issue of the recipient's transfer with the recipient's therapist. The Chair reported back to the HRA team that the recipient has no regard for the welfare of others, is aggressive, and has a history of sexual assault. The HRA team was told that the recipient would have more opportunity to offend, and thus, is more at risk at a less restrictive facility. Therefore, a transfer is not recommended.

Record Review

With recipient consent, the HRA examined the record of the recipient in this case. According to the record, the recipient was last restrained in January 2011.

The HRA examined and compared sample recipient treatment plan reviews (TPR) from 2010, 2011 and 2012.

04-27-10 TPR:

A treatment plan, dated 04-27-10, indicated that the recipient has been involuntarily committed since December 2003 from a correctional facility although he has had prior admissions to Chester and other state-operated mental health facilities. According to the TPR, the correctional facility evaluation stated that the recipient *"...is not able to function in society without committing violent crimes. He suffers from a mental illness manifested by paranoid beliefs about the intentions of the correctional staff, his food being poisoned, and the presence of urinary tract infections caused by a sexually transmitted disease that has not been detected by medical staff while in DOC [Department of Corrections]."*

The TPR documented that the recipient's aggression is stable but has poor insight into his mental illness, paranoia and a fixed delusion regarding a medical condition. Discussion at the 04-27-10 meeting included the following documented statements*: "The treatment team met with [the recipient] to review his response to treatment which has been unfavorable. As the meeting began, [the recipient] was uncooperative with the discussion. When prompted to become cooperative, he did not. The coordinating therapist asked [the recipient] to leave the meeting as he was being disruptive. The treatment team noted [the recipient] went into a peer's room on 04-25-10 and attacked the peer. [The recipient] was then placed in restraint. [The recipient] has had many episodes during which he has harassed peers. When the peers respond in kind, he becomes angry, and at times, aggressive. [The recipient] often directs hurtful statements towards others…has little regard for the welfare of others and he appears to relish opportunities to make statements which result in others becoming upset. It was noted [the recipient] remains quire [sic] psychotic."*

The recipient's diagnoses include the following: Schizophrenia, Paranoid type, Chronic; Antisocial Personality Disorder; History of Syphilis; and History of Seizure Disorder secondary to Traumatic Brain Injury. The TPR stated that the recipient takes medication, including Risperidone for psychosis, Lamotrigine for mood swings, Lorazepam for anxiety and

Chlorpromazine for agitation and psychosis. The plan stated that the recipient blames staff for behaviors and his unnecessary stay at the facility.

The TPR goals were listed as follows:

- "Will be free of displaying aggressive and sexual inappropriate behaviors toward others by 12/10."
- "…reduce psychotic symptoms, which consist of fixed delusions that he has STD, syphilis and demands Penicillin shots and psychotic exacerbation such as becoming agitated, mood dysregulated when his request for Penicillin is not prescribed by 08-10."

The recipient's listed objectives were stated as follows:

- No verbal, physical or sexual aggression.
- Take medication to reduce symptoms of schizophrenia, paranoid delusions, needing antibiotics, and people being against him.
- Discontinue speech or behaviors associated with delusions.

Listed interventions and start dates were as follows:

- Medication (07-26-05)
- STA still will remind patient of limits on behaviors. (07-26-05)
- Therapist will address aggressive behaviors, minimal regard for others and social interactions. (07-26-05)
- Staff reports of threats and manipulation. (07-26-05)
- Monitor behaviors during Rehab.(07-26-05)
- Monitor behaviors during activities. (02-12-07)
- Reality orientation. (07-26-05)
- Medication monitoring by nursing (07-26-05)
- Psychiatrist will monitor status and stability. Therapist will meet weekly to assess condition. (05-04-07)
- And, recipient will attend classes to improve reality orientation.(07-26-05)

Progress Notes stated the following:

- "Still demanding antibiotics despite negative results for syphilis."
- Recipient "has shown a significant increase in physically aggressive behaviors. He required restraints on 04-25-10 as a result of attaching staff."
- Has history of taking advantage of and upsetting others. Aggressive incident on 04-25-10.
- Remains manipulative, struck peer on 04-25-10, no PRNs administered, more aggressive, attends gym, plays cards and watches television.
- Delusions continue regarding untreated syphilis.
- No complaints to nursing about syphilis, requests for antibiotics continue, no medication refusals.
- Not attending classes.

The TPR section that described the extent to which the recipient is benefitting from treatment stated that harassment of peers, delusions, and minimal regard for others continue. Also the

recipient is described as being "…significantly more aggressive" referencing aggression and restrain use on 03-04-10 and 04-25-10. Contact with therapist is also mentioned in which the recipient "will not address central clinical issues…delusional beliefs...mistreatment of others and limited insight."

The listed criteria for discharge were listed as follows: 1) verbalize a desire to be transferred to a less restrictive facility; 2) no incidents of verbal or physical aggression or sexual predatory behaviors for 6 consecutive months; 3) "no exacerbation of psychotic symptoms resulting in severe agitation when talking /believe 'he has syphilis and needs penicillin'" 4) medication compliance for 6 months; and 5) follow treatment team recommendations and module routine.

The recipient participated in the 04-27-10 TPR meeting.

1-08-11 TPR:
A TPR dated 11-08-11 was also reviewed. Documentation regarding the reason for admission remains the same as the 04-27-10 TPR. The discussion section stated the following*: "During this most recent review period, [the recipient] continued to exhibit problematic behaviors. The coordinating therapist, as documented in the clinical record on 10-31-11, addressed with [the recipient] a recent physical altercation with a peer. [The recipient] indicated he has become involved in fights with the peer over trading commissary items. The treatment team reminded [the recipient] that trading items is prohibited in this facility….Security staff report that on 11-03-11 [the recipient] spit his medication out onto staff. {The recipient] stated during the meeting today the incident was an accident. Staff report however, the act was purposeful. The treatment team encouraged [the recipient] to consider his maladaptive behaviors, and to recognize these kind of acts contribute to his continued stay in this facility."* In reviewing the list of the assessments, it does not appear that there had been any psychiatric, rehabilitation, social work or other assessments since 07-23-09. A "case review" was completed on 11-08-11. The listed diagnoses remain the same.

The listed TPR 11/08/11 Goals were as follows:

- "…Exhibit adaptive social function which is free of verbal or physical aggression for six consecutive months by 12-2012."
- "…Present adaptive social function which is characterized by significantly reduced, or the absence of, psychiatric symptoms, for six consecutive months by 12-2012."
- "…Present adaptive social function which is characterized [by] an absence of inappropriate sexual behavior for six consecutive months by 12-2012."

The listed TPR 11/08/11 Objectives were stated as follows:

- "…Exhibit social function that is free of verbal or physical aggression for three consecutive months by 04-2012."
- "…comply with his prescribed medication regimen for six consecutive months by 12/2012."
- "…consistently express understanding the harmful impact of his inappropriate sexual behaviors on others for six consecutive months by 08/2012."

Interventions as per the 11-08-11 TPR included the following:

- The therapist meeting with the recipient weekly regarding behavioral alternatives, insight, sense of empathy, communication of needs and social interactions. (Start date of 07-11)
- STAs prompting recipient on behavior alternatives when engaging in intrusive/harassing behaviors. Use of "emergency procedures" for aggressive behaviors. (Start date of 07-11)
- Follow emergency treatment interventions when possible. (Start date of 07-11)
- Participate in activities without aggressive or intrusive behaviors. (Start date of 07-11)
- Participate in on-unit and off-unit activities with behaviors being monitoring. (start date of 02-07)
- Medication administration (start date of 07-12)
- Nursing monitoring and education of medication. (start date of 07-05)

Progress reports stated:

- The recipient "…continues to become involved in conflicts with peers. He continues to harass his peers and is quite intrusive. This kind of behavior occasionally results in conflict…[the recipient] has little regard for the welfare of others. On 09-04-11, he became physically aggressive toward a peer."
- "No PRNs, seclusions, or restraints" were given.
- "…no problems with aggressive behaviors during activities."
- The recipient "…attended yard, gym and some small group activities on a regular basis with no problems of inappropriate behaviors during such activities."
- "Patient is medication compliant and on the green level."
- "Continues to refuse medical meds."
- "…has exhibited continued delusional verbalizations, including somatic delusions and grandiose, religious beliefs. He maintains he is suffering from syphilis. He also states he is a central figure in the old testament. He also stated he has 'visions of light in the sky.' These visions communicate to him. He especially believes he is being singled out for persecution."
- "…has made no progress in developing insight into the harmful impact his sexually aggressive behaviors have had on others. He minimizes his maladaptive sexual behaviors."
- "…continues to require monitoring for inappropriate sexual behaviors."

In the section entitled, "Extent to which benefitting from treatment," the TPR stated that the recipient's response to treatment "…has changed little. He required restraint on 01-03-11 as a result of severe physical aggression directed toward a peer. He continues to become involved in conflicts with peers…He also becomes involved in conflicts with peers over differences involving religious issues….it has been noted he continues to experience little insight into how his maladaptive behaviors impact others. He minimizes his past sexually aggressive behaviors. He typically laughs when his sexually assaultive behaviors are mentioned. This demonstration of limited regard for the welfare of others remains a concern for the treatment team….he has made improvement in his behavior, but his minimal insight remains an obstacle."

The criteria for separation section stated that the recipient is to remain at the facility but will be considered for transfer to a less restrictive environment when the following are met: 1) verbalize a desire to transfer; 2) no incidents of verbal/physical aggression and no attempts of sexual

predatory behaviors for six consecutive months; 3) controlled symptoms of schizophrenia without agitation when discussion syphilis and need for medication; 4) medication compliant and no verbalizations regarding a desire to quit medications for six consecutive months; and, 5) cooperative with treatment team recommendations and module rules.

The recipient attended this TPR.

Current TPR dated 01-03-12:
In the discussion statement for this TPR, it is noted that the recipient has not had any physical aggression and his last incident of aggression was in November 2011. Furthermore, the facility discontinued a "crush and observe" medication administration order after the recipient stated he was still ambivalent about medication but would take it. Most recent evaluations were, for the most part, from 2009 with a recent case review by the therapist. Diagnoses remain the same as prior TPRs.

Goals and objectives were stated exactly the same as in the 11-08-11 TPR.

Progress notes stated the following:

- "…continues to harass his peers occasionally, he has not been aggressive during the review period."
- "…continues to direct teasing and harassing behaviors towards his peers -- he has not been aggressive during the past four weeks however."
- "No PRNs, seclusions, or restraints."
- "…continues to have no problems with aggressive behaviors during activities."
- "…attended yard, gym and some small group activities on a regular basis with no problems of inappropriate behaviors during such activities."
- "…discontinue crush and observe [for medications] but observe mouth check."
- "Mouth check discontinued on 09-13-11. Continues to refuse medical meds. Discontinued crush and observe 01-03-12."
- "…continued delusional verbalizations, including somatic delusions and grandiose, religious beliefs. He maintains he is suffering from syphilis. He also states he is a central figure in the old testament. He also states he has 'visions of light in the sky.' These visions communicate to him."
- "…No progress in developing insight into the harmful impact his sexually aggressive behaviors have had on others. He minimizes his maladaptive sexual behaviors."
- "…continues to require monitoring for inappropriate sexual behaviors."

Under the extent to which the recipient is benefitting from treatment sections, the TPR stated that "On 11/04/11, [the recipient] complained that his hand was hurting. He later admitted his hand was hurting because he had punched a peer. The 11/04/11 incident is his most recent documented episode of aggression. He does continue to direct intrusive and harassing behaviors towards his peers. He has been encouraged to develop a greater regard for the welfare of other people -- and to demonstrate this regard by interacting with others without entertaining himself by harassing or teasing others. [The recipient] also continues to present positive symptoms of psychosis -- including the delusions that he is a central religious figure in the Old Testament."

Policy Review

The following procedures were reviewed by the HRA: 1) Treatment Plan; 2) Discharge Summary; 3) Transfer Recommendation of Behavior; and 4) Continuity of Care Contact for Behavior Management, NGRI, and Involuntary Criminal Patients.

The Treatment Plan procedure states that the following individuals are to be present: a psychiatrist, registered nurse, coordinating therapist and any other staff specific to the recipient's needs. The procedure lists the components of the treatment plan which include the following: an assessment summary, legal status, reason for admission, iscussion, patient needs or problems, patient strengths, new assessment information, diagnosis, medication plan, emergency intervention/rights, individualized treatment/habilitation goals, extent to which the recipient is benefitting from treatment, criteria for separation, criteria for continued hospitalization, fitness statement, need for mental health services, designation of qualified professional, and meeting participants. The "Discussion" section is to indicate the patient's agreement with the plan, the patient's comments and treatment team observations. In the section that addresses goals, the procedure states that "…goals should be specific, measurable…." Restraints, injuries, observations, social interactions and other behaviors are to be documented in the "Extent to which Benefitting From Treatment" section. And, the criteria for separation section requires the facility to "describe the criteria that must be met before the patient can be transferred to another facility or be returned to court." The procedure also indicates that the unit director and treatment plan initiative committee is to audit the treatment plan process.

The discharge summary procedure pertains specifically to individuals being discharged within a few days.

The procedure entitled, "Transfer recommendation of Behavior Management Patients," states that "All transfers of behavior management recipients from the Chester Mental Health Center are effected in accordance with the Mental Health and Developmental Disabilities Code which mandates that treatment occur in the least restrictive alternative appropriate to that recipient. The recipient's treatment team must evaluate on an ongoing basis the recipient's continuing need for a maximum security environment." The procedure then lists the chain of events to occur when a recipient is being transferred to a less secure facility such as securing a psychiatric recommendation, coordinating a treatment team meeting, notifying the patient and patient representative notification and addressing any objections.

The procedure entitled, Continuity of Care Contact for Behavioral Management, NGRI, and Involuntary Criminal Patients," addresses transfers to and from Chester and states that "The Facility Director of Chester Mental health Center has the responsibility and authority to initiate the transfer of a patient when it is determined that he no longer requires treatment services in a more restrictive setting…." Forms are forwarded and contact is made with the receiving facility's medical director. The therapist completes a continuity of care form and the recipient is noticed and informed of his right to object.

MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) guarantees in section 5/2-102 that "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."

The Code further states, in section 5/3-908, that "The facility director of any Department facility may transfer a recipient to another Department facility if he determines the transfer to be clinically advisable and consistent with the treatment needs of the recipient."

CONCLUSIONS

For the most part, goals and objectives contained within the TPR reviewed by the HRA are not specific and measureable. While an overall goal might state no more episodes of aggression, objective and evaluation criteria do not identify a number or percentage rate to quantify a reduction in incidents. In fact, there is no specific evaluation criteria at all; instead, progress reports consist of verbal reports from the individuals who have contact with the recipient. And, some documented goals and objectives would be very difficult if not subjective to measure, such as "improved insight" and "regard for others." Appropriate social interactions might be a measureable goal if clearly defined and tracked. There is mention of inappropriate sexual behaviors but objectives do not clearly define or address this behavior and the HRA has been informed by facility staff that there is no program or class specific to sexual behaviors.

With regard to a transfer to a less restrictive environment, the TPRs list the same criteria for all three TPRs. It appears that some of the criteria have been met. The recipient has clearly indicated his desire to leave. He has been at green level for over a year which indicates some degree of appropriate behavior and he has had no restraint episodes for some time which again demonstrates an improvement in behavior. There is no documentation to prove or disprove sexual predatory behaviors or controlled/uncontrolled symptoms of schizophrenia. His medication compliance also appears to have improved given changes in the way the medication is administered. There is no clear TPR discussion of which discharge criteria have been met or not met. The "Discussion" section of the TPRs primarily describes staff observations.

The facility's treatment plan procedure states that goals are to be specific and measurable and the recipient's agreement with the treatment plan is to be documented in the discussion section. Transfer policies emphasize treatment in the least restrictive setting.

The Mental Health Code guarantees services in the least restrictive environment using an individualized treatment plan with the participation of the service recipient. The Code further states that a transfer can occur if clinically advisable and consistent with treatment needs. The HRA contends that the recipient has repeatedly expressed a desire to be transferred to a least restrictive environment and while he has expressed this desire to the HRA which, in turn, has been shared with facility staff; there is little reference to the recipient's desires in the TPR consistent with Code and policy requirements to ensure and document recipient input. The HRA also contends that without specific, measurable goals, objectives and evaluation criteria, the extent to which treatment needs are being met is unclear and cannot be demonstrated to the recipient, courts, or other stakeholders. In addition, the facility's treatment plan procedure dictates specific, measurable goals. Furthermore, most assessment tools have not been carried out for the recipient since 2009 and there have been few changes to the TPR goals or objectives. If a recipient's behaviors continue to show no progress, it stands to reason that goals and objectives are not effective and should be revised or assessment instruments should be employed to better assess needs.

Based on the general, vague and immeasurable goals and objectives, the lack of evaluation criteria, the lack of recent evaluations, the few TPR revisions given the stated limited progress, the time period that has passed since the recipient has had a restraint incident, the length of time that the recipient has been on green level and the unclear status of meeting discharge criteria, the HRA substantiates the complaints in this case and recommends the following:

1. **Demonstrate the provision of services in the least environment pursuant to individual service plans as required by the Code and facility procedures by using goals, objectives and evaluation criteria that are specific and measureable. Clearly document the extent to which discharge criteria have been met.**

2. **Document recipient input in the TPR as required by the Code and facility procedure, including the desire for a less restrictive placement.**

3. **Reconvene the recipient's TPR team, including the recipient, to review goals, objectives and evaluation criteria, discharge criteria, recipient input, the need for revisions and the need for additional assessments. Provide an updated TPR to the HRA.**

4. **As per the facility's treatment plan procedure, conduct an audit of the treatment plan process.**

The HRA also suggests the following:

1. Monitor recipient goals and objectives for therapeutic effectiveness.

2. Consider the need for staff continuing education on TPR development.