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Egyptian Regional Human Rights Authority
Report of Findings
Case #12-110-9035
Choate Mental Health and Development Disability Center

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted the following complaint for investigation:

> **Admission to the facility was inappropriately denied for a recipient in behavioral crisis after community hospitalization was not effective and no other crisis services were available. Instead, the recipient was arrested and jailed for behavioral health needs and in order to gain state-operated facility admission.**

If found substantiated, the allegation would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS5/100 et seq.).

Choate Mental Health and Developmental Disabilities Center is a state-operated facility, located in Anna, that serves both individuals with mental health needs as well as individuals with developmental disabilities. According to the Illinois Department of Human Services' website profile of Choate's Developmental Disabilities services, dated 12-27-12, the census of individuals on developmental disability units was 168 with approximately 113 recipients with developmental disabilities (or 67%) having a secondary mental illness, 126 (75%) requiring a behavior intervention program and 109 (65%) receiving psychotropic medication.

To pursue the investigation, an HRA team interviewed administrative staff, reviewed a recipient's record, with consent, and examined pertinent facility policies.

COMPLAINT STATEMENT

According to the complaint, the recipient who had a developmental disability lived in a community group home and was having repeated behavioral incidents. There was some history of community hospitalizations but this approach was becoming less effective and she was considered to be in a perpetual state of crisis. Hospital psychiatric units could not address her needs and a longer term crisis placement for medication evaluation was warranted. It was thought that state-operated admission would best serve the recipient. When state-operated facility admission was attempted, it was denied. The recipient was subsequently arrested and jailed. She was later sent to Choate's forensic program from the jail.

FINDINGS

Interviews

In a meeting with representatives of the Center's services for persons with developmental disabilities (DD), the HRA was informed of the process for admitting individuals for DD services which begins with a pre-admission screening agency and then involves Illinois Department of Human Services representatives as well as the director of DD services at the Center.

It was explained to the HRA team that Choate is often chosen for admission if an individual has both a developmental disability and mental health needs as Choate is the only facility that currently serves both populations. Other state-operated facilities strictly serve one population or the other. The average length of stay on the DD side of Choate is 5 to 10 years or more.

The process for admission to the DD side begins with a provider who contacts a pre-admission screening (PAS) agency for possible admission. The PAS agency contacts a representative in the Illinois Department of Human Services (DHS) administrative office in Springfield to review crisis supports. If the initial DHS representative believes admission is warranted, contact is made with another DHS representative that oversees DD state-operated facilities and, if he concurs, contact is made with the facility director of DD services for admission. DHS regional network staff may become involved for an admission that occurs outside of business hours. Admission to a state-operated facility is considered the last resort. The HRA was informed that there is not a psychiatrist on staff on the DD side of Choate; however, a psychiatrist is available on a contractual basis.

The HRA inquired about cross-training for staff who work on each side (mental health side and DD side) of Choate and was informed that there is no cross-training. Each side is distinctly separate in its service provision, administrative oversight and admission although they share business, human resources and security services. It was reported that there has been some discussion of developing a unit specifically for persons with a dual diagnoses of mental illness and developmental disability; there had been such a unit in the past. The HRA was informed that a transition support letter is signed by all parties when a person with DD is discharged which indicates that the recipient can return to Choate if a problem occurs in the community in the year following discharge. Staff reported that they were not aware of any utilizations reviews regarding discharges.

With regard to the individual involved in the HRA's case complaint, staff did not remember the details of the situation but indicated that she was referred back to the preadmission agency for further review and additional supports rather than state-operated facility placement.

The HRA team then met with and interviewed representatives of the facility's mental health side of service provision. These representatives stated that the mental health side is considered a step-down from more restrictive state-operated facilities. Admission to the mental health side is usually based on the existence of an Axis I primary diagnosis. If an individual has a DD history, staff question admission to the mental health side as the services on the mental health side may

not be appropriate for persons with developmental disabilities and staff may not be adequately trained. Staff also stated that some behaviors of persons with a developmental disability are caused by the developmental disability rather than by a mental illness. The physician on the mental health side will go to DD side when there are behaviors on the DD side to provide consultation and medication reviews but the physician is not required to do so. The representatives stated that the DD side staff would prefer to send a recipient to the mental health unit rather than have a physician from the mental health side provide consultation; the representatives stated that when recipients from the DD side are sent to the mental health side, the DD side will sometimes not accept them back. Staff reported that the mental health side does not require DHS approval for a mental health admission. The representatives of the mental health side indicated that there are approximately 40 recipients receiving long term care there for anywhere from 90 days to 9 years. There are approximately 40 recipients receiving acute care lasting from 14 to 29 days. The average length of stay on the mental health side is 29 days. In the past year, there were 8 individual with a dual diagnosis on the mental health side and 35 individual with a dual diagnosis on the DD side. It was reported that the average length of stay for an individual with a dual diagnosis and acute needs is 107 days and for those without a dual diagnosis is 79 days. Approximately 30 to 40% of individuals with a DD have a mental health diagnosis. Representatives of the mental health side indicated that a proposal had been developed and submitted to DHS to address fluid service provision between the DD and MI sides of the facility to stabilize individuals with a dual diagnosis.

Representatives of both sides commented about the lack of collaboration between to the two sides all the way up to the DHS administration.

Record Review

With recipient consent, the HRA reviewed the record of the recipient involved in this case. According to court documents contained in the file the recipient was charged with aggravated battery and battery after striking one individual in the arm and head butting another individual. She then was referred for a psychological evaluation to determine her fitness to stand trial. The evaluation references her hitting a pregnant staff person at the Community Integrated Living Arrangement (CILA) where she had lived for approximately 10 days. She was described as having impulsive behaviors and behavior control problems for which she took medication. With regard to her fitness to stand trial, the psychologist documented that she did not comprehend the charges and potential penalties, that she could not cooperate with her attorney to prepare for her case, she could not share facts about the proceedings and she had no comprehension of the process. The psychologist indicated that the recipient was unfit to stand trial, that she was a danger to others and in need and inpatient hospitalization and that her diagnoses included Impulse Control Disorder and a Mild to Moderate Developmental Disability. The recipient was found unfit to stand trial and ordered to be transferred to the DHS.

A DHS "Forensic Pre-Placement Evaluation" was then completed noting her CILA placement and community hospitalizations. Her jail experience was described as follows: "While she was in the holding cell today she threw up, rocked a lot and rubbed her head frequently. She asked the undersigned to let her go to the hospital over and over. During the interview she also became increasingly agitated, unable to focus on the task but crying and whimpering off and on. She appeared to recognize or accept that she would have to return to the jail, stood up and attempted

to walk out of the department office building. When stopped by the deputies, [the recipient] began wailing hysterically and resisted going back to the holding cell. When preparing to transport [the recipient] back to jail, she became combative. After she was secured in the van, [the recipient] attempted to bang her head on the cage and cut herself with her handcuffs." The report ends by stating that the recipient functions in the mild to moderate range of cognitive impairment with a limited ability to cope with frustration and "…a high risk of inflicting injury to herself and others because she uses violence as a coping mechanism or as a means to an end. It appears that her primary treatment problems are related to her developmental deficits….will benefit from treatment in a structured setting with consistency among treatment providers, fitness restoration, psychiatric assessment and case management to assist her with maintaining family contacts."

Case coordination documentation indicated that a counseling agency prepared a petition and certificate and attempted involuntary admission to Choate's mental health unit which was denied stating the recipient's needs were based on her developmental disability. The counseling agency planned to attempt a judicial admission the following day but a meeting was held first involving representatives of the DHS, case coordination unit, the Support Services Teams (SST), the CILA provider and the counseling agency. The recipient was described as follows: "[The recipient] was threatening, got in street and started beating on vehicles. The police were called; [the recipient] calmed down and the police left. [The recipient] got upset again and ran toward a train. Staff intervened; [the recipient] head butted the staff very hard...." Meeting participants agreed that "…remaining in the community is not in her best interest. Until a decision is made regarding where [the recipient] can go to get the help she needs, the provider will access the ER for crisis services." Later the same day, the case coordination staff received a call that the recipient was arrested for aggravated battery for head butting a pregnant staff person. DHS representatives were notified decided to involve a DHS attorney to review a petition and certificate; Notes stated that DHS wanted "… the jail to hold [the recipient] until Choate can take her early next week." A fitness evaluation was to be completed and presented to the judge for consideration of a court order for state-operated facility admission. While in jail, the recipient was described as remorseful, in jail in isolation and on suicide watch. She was admitted to Choate on 05-29-12. An application for admission to a state-operated facility had been completed on 05-14-12 stating that the SST and counseling agency agreed that the recipient harmful harm to self and others and needs a more restrictive environment. Documentation dating back to 2011 indicated that the recipient had been hospitalized at 3 different hospitals, had received continual SST involvement, had received psychiatric and counseling services and had access to crisis and behavioral plans. Prior to her arrest, she was making regular visits to a hospital emergency room seeking help on her own.

With recipient consent the HRA reviewed records from an area counseling agency involved in the recipient's care. According to the record, a day prior to the incident that led to the recipient's arrest, the recipient informed the behavioral specialist working with her that she did not want to live at her current home, she wanted to go to the hospital and she threatened to hurt herself if she could not go to the hospital. A crisis assessment completed at the time indicated that the recipient had a history of self-mutilation, running into the road and poor impulse control. She had had 3 voluntary hospitalizations at different hospitals in the prior month. The assessment concluded that if the recipient "…runs into road, continues to hurt self (continues risk taking -

dangerous behavior), [staff] will assess and complete involuntary petition at ER." The area case coordination agency was notified and indicated that an SST team would complete a behavior plan. The counseling agency transported the recipient back to her home and she ran out into the road upon exiting the vehicle; staff chased after her and 911 was notified. The counseling agency's crisis team was also engaged. A second crisis report was completed later in the same day indicating the recipient's increased harmful behaviors, running into the road and striking staff. The report concludes by stating that the recipient was to be admitted to Choate on a petition and certificate but that Choate deflected and another attempt would be made the following day. The petition for involuntary admission, completed by the group home agency director, stated that the recipient was "a person with mental illness who: because of … her illness is unable to provide for …her basic physical needs so as to guard…herself from serious harm without the assistance of family or others, unless treated on an inpatient basis; …. In need of immediate hospitalization for the prevention of such harm." Furthermore, the petition stated that "Pt. behaviors have been escalating over past week with outward behaviors. Today began running into traffic which puts self and others in danger. Then at home punched a staff. Pt. has a high threat of endangering people with impulsiveness. Because of this she is in need of immediate hospitalization." A certificate, signed by an emergency room physician, was attached, stating the same. The HRA also examined an Illinois Department of Human Services Uniform Screening and Referral Form completed by the counseling agency at a hospital emergency room the same day. The form indicated that a referral was being made to Choate based on a face to face assessment by two different licensed mental health professionals.

The next day, the group home agency director completed a petition for judicial admission of a person with a developmental disability due to the expectation she would inflict serious harm to self and/or others. The disposition of this petition was unclear to the HRA although this is the same day that the recipient was arrested. A follow-up crisis assessment was completed by the counseling agency while the recipient was in jail and the counseling agency called Choate about possible admission from jail.

Policy Review

The Choate Developmental Center admission policy states that the facility will only admit individuals whose needs can be met by the Center as determined by appropriate evaluations. "If admission is not recommended: a. The individual is informed in writing as to the reasons admission is not recommended. b. Recommendations for alternative services and appropriate referral resources are provided." The policy identifies the admission criteria as follows: a mild to profound cognitive impairment as determined by intellectual evaluations and adaptive behavior scales; the need for skill development to facilitate alternate residential living; and an adult age 18 years or older. Exclusionary criteria include being younger than age 18, the lack of a developmental disability and the determination that the individual would not benefit from active treatment. With regard to the pre-admission process, the policy indicates that pre-admission evaluations are coordinated they the DHS Deputy Director office and the Choate Developmental Center Director/designee. Evaluations are to be scheduled at the referring agency by the Choate Developmental Director/designee and is to include either a telephone or fact to face interview with the individual. Pre-admission information is to be reviewed by a Choate interdisciplinary team to determine if the person is eligible for services, that needs have been identified and the Center is able to meet the needs. The team then makes a

recommendation regarding admission to the Center Director who makes the final admission decision.

The Developmental Center also has a policy regarding the "Admission of UST, NGRI, and Transfers from Department of Corrections" which states that all individuals with developmental disabilities admitted under these circumstances must be "…remanded to the Department of Human Services (DHS) by proper Court Order [and] shall be admitted to the Forensic Unit…after Departmental review determines the individual appropriate for admission to this Center.

The HRA examined several Choate Developmental Center transfer policies most of which cover transfer to other state operated facilities. The HRA did not find a reference to transfers between the DD and mental health divisions at Choate in any of the transfer policies.

A policy on utilization review hearings states that the Center is "…to ensure that formal due process is provided in the event that person is denied admission and objects to the denial….The Center shall provide written notice of the action taken (e.g. denial of admission…) and, if the person or guardian objects, the objector will file with the Center Director a written objection and request for a review as provided in the appropriate section of the Illinois Mental Health and Developmental Disabilities Code." Upon receipt of a request, the Center Director is to schedule a utilization review in 7 days unless and emergency transfer occurred. The review committee composition is at the discretion of the Center Director. The individual and/or objector is to be informed in writing of the time place and date of hearing and can be represented at the hearing by a person of their choice. If the individual cannot be at the hearing a representative of the committee is to meet with the individual personally. Within 3 days after the conclusion of the hearing, the committee presents written recommendations to the Center Director and the individual and/or objector. The Center Director then accepts or rejects the Committee recommendations within 7 days of receiving them and then notify the individual and/or objector within 7 days. The Center Director is also to notify the individual and/objector of the right to have further review by the DHS.

MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees that for recipients of mental health and developmental disabilities services "…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 states that persons with intellectual disabilities are not to reside in state-operated mental health facilities unless the individual is determined to be a person with mental illness and the facility director indicates that appropriate treatment can be provided (405 ILCS 5/4-201).

According to the Code, there are three primary means for persons with cognitive impairments to gain access to state-operated developmental disabilities facilities: Administrative and Temporary Admissions, Emergency Admissions, and Judicial Admissions.

An Administrative/Temporary admission requires a diagnostic evaluation to determine appropriateness for admission (405 ILCS 5/4-200). Evaluation results are culminated into a report along with a recommendation for the least restrictive and appropriate living arrangements (405 ILCS 5/4-301). The Code states that administrative admission can occur as follows:

> A person with a developmental disability may be administratively admitted to a facility upon application if the facility director of the facility determines that he is suitable for admission. A person 18 years of age or older, if he has the capacity, or his guardian, if he is authorized by the guardianship order of the Circuit Court, may execute an application for administrative admission. Application may be executed for a person under 18 years of age by his parent, guardian, or person in loco parentis….(405 ILCS 5/4-302).
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> A person may be admitted pursuant to the recommendation of the diagnostic report. At the time of admission, a clear written statement and oral explanation of the procedures for discharge, transfer and objection to admission shall be given to the person if he is 12 years of age or older and to the person who executed the application. Within 3 days of the admission, notice of the admission and an explanation of the objection procedure shall be sent or given to the persons specified in Section 4-206. (405 ILCS 5/4-304).

Interested parties or the service recipient can object to an administrative or temporary admission by submitting a written objection to the facility director (405 ILCS 5/ 4-305). The recipient can then be discharged within 5 days, withdraw the objection, or the facility can file a petition and certificate for court review of the admission (405 ILCS 5/4-306)

This section of the Mental Health Code also allows for the following:

> (a) A person with a developmental disability may be temporarily admitted to a facility for respite care intended for the benefit of the parent or guardian, or in the event of a crisis, care where immediate temporary residential services are necessary, upon application by a person empowered to make application for administrative admission, if the facility director determines that the individual is suitable for temporary admission. The application shall describe the person's developmental disability and shall conform with the provisions of paragraph (a) of Section 4-301.
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> (b) A temporary admission may continue for not more than 30 days. A client admitted on a temporary basis shall be provided with such services as are determined by mutual agreement between the facility director, the client, and the person executing the application.
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> (c) Upon temporary admission, a clear written statement and oral explanation of the objection procedure shall be given to the client if he is 12 years of age or older. Within 3

days of a temporary admission, notice of the admission and an explanation of the objection procedure shall be sent to the persons specified in Section 4-206. An objection to temporary admission may be made and heard in the same manner as an objection to administrative admission. (405 ILCS 5/4-311).

Further Code provisions for administrative or temporary admission allow for the person who executed the application to receive a notice about their right to request a review hearing of admission denial. The request must be made within 14 days of the denial. (405 ILCS 5/4-312).

Pursuant to the Mental Health Code, Emergency Admission represents another form of entry into a state-operated facility as follows:

(a) A person 18 years of age or older may be admitted on an emergency basis to a facility under this Article if the facility director of the facility determines: (1) that he is intellectually disabled; (2) that he is reasonably expected to inflict serious physical harm upon himself or another in the near future; and (3) that immediate admission is necessary to prevent such harm. (405 ILCS 5/4-400).

The Code's process for an emergency admission begins with a petition as outlined below:

A petition for emergency admission may be submitted to the facility director of a facility by any interested person 18 years of age or older. The petition shall include a detailed statement of the basis for the assertion that the respondent meets the criteria of Section 4-400 including a description of any act or significant threat supporting the assertion; the name and address of the spouse, parent, guardian, and close relative or, if none, any known friend of the respondent; a statement of the petitioner's relationship to the respondent and interest in the matter; the name, address and phone number of any witness by which the facts asserted may be proved. The petition may be prepared by the facility director of a facility. (405 ILCS 5/4-401).

According to the emergency admission process, an examination and certificate are to follow the petition:

(a) No person may be detained at a facility for more than 24 hours pending admission under this Article unless within that time a clinical psychologist, clinical social worker, or physician examines the respondent and certifies that he meets the standard for emergency admission.

(b) The certificate shall contain the examiner's observations, other factual information relied upon, and a statement as to whether the respondent was advised of his rights under Section 4-503. If no certificate is executed, the respondent shall be released immediately. (405 ILCS 5/4-402).

A peace officer can take an individual into custody upon receiving a petition and certificate and transport the individual to a developmental disabilities facility as per Section 4-403. A peace officer can also take a person into custody and transport the person to a facility if, due to the officer's direct observation, the person meets criteria for emergency admission and then completes the petition. (405 ILCS 5/4-404) The court can order temporary detention and an evaluation of the person based on the observation of the peace officer and order the peace officer to take the person to a facility. An evaluation, petition and certificate must be completed within 24 hours of the person being detained or the person is released (405 ILCS 5/4-405). The admitting facility is to file with the court copies of the petition, certificate, proof of service and a

rights explanation within 24 hours and an evaluation report is to be filed with the court within 7 days of admission after which a hearing is set to decide if the individual meets the criteria for judicial admission (405 ILCS 5/4-407).

Judicial Admission represents another means for admitting an individual with cognitive impairments as per the Mental Health Code:

> A person 18 years of age or older may be admitted to a facility upon court order under this Article if the court determines: (1) that he is intellectually disabled; and (2) that he is reasonably expected to inflict serious physical harm upon himself or another in the near future. (405 ILCS 5/4-500).

The judicial admission begins with a petition which can be filed by anyone age 18 or older which may be accompanied by a certificate who examined the individual no more than 72 hours prior to the filing of the petition; the certificate must indicate that the clinical psychologist, clinical social worker or physician determines that the individual meets the standard for judicial admission (405 ILCS 5/4-501) If a certificate is not filed with the petition and there is a valid reason for it not being attached, the court may order an examination. If an examination results in a certificate, the certificate will be filed with the court. If the petition and certificate are in order, the court can then order a diagnostic evaluation; the diagnostic evaluation is then filed with the court after which a hearing is set within five days (405 ILCS 5/4-502, 405).

The HRA examined the Developmental Disability and Mental Disability Services Act (405 ILCS 80/4-1) which provides for screening, assessment and support services as follows:

> The Department of Human Services may provide access to home-based and community-based services for mentally disabled children and adults through the designation of local screening and assessment units and community support teams. The screening and assessment units shall provide comprehensive assessment; develop individual service plans; link the persons with mental disabilities and their families to community providers for implementation of the plan; and monitor the plan's implementation for the time necessary to insure that the plan is appropriate and acceptable to the persons with mental disabilities and their families. The Department also will make available community support services in each local geographic area for persons with severe mental disabilities. Community support teams will provide case management, ongoing guidance and assistance for mentally disabled persons; will offer skills training, crisis/behavioral intervention, client/family support and access to medication management; and provide individual client assistance to access housing, financial benefits, and employment-related services.

The HRA also examined the conditions of the Nathan versus Levitt Consent Decree from 1975 which pertains to the admission of persons with cognitive impairments to state-operated facilities as well as timely and adequate evaluations and treatment. The conditions of the Decree include the following: adequate evaluations and treatment planning for persons with a dual diagnosis of mental illness and cognitive impairment; the transfer and placement of individuals with severe and profound cognitive impairments as well as mental illness in a developmental disability center within 30 days of the date of identification; the transfer and placement of individuals with

mild to moderate cognitive impairments as well as a mental illness in the least restrict placement possible, including community settings; treatment planning by a team comprised by professionals from both developmental disability and mental health services; and, training of mental health staff on treatment issues related to cognitive impairments.

CONCLUSION

According to the complaint, a recipient with behavioral needs was denied admission to Choate after hospitalization was not effective and no other crisis services were available; instead, the recipient was arrested and jailed for her behaviors in order to gain Choate admission.

Documentation indicated that the recipient whose record was reviewed by the HRA had a history of psychiatric hospitalizations, counseling and psychiatric care, behavioral needs and Support Service Team (SST) involvement. She had at least 3 previous community hospitalizations in the year prior to her arrest; more recent attempts at community hospitalization were refused by the hospitals. It did appear, based on the documentation, that state-operated facility admission was only being attempted after other, less restrictive, avenues had been unsuccessfully attempted.

With regard to her behaviors that led to her arrest, the HRA found evidence that a petition and at least one certificate were completed for involuntary admission which was denied by the mental health unit of Choate indicating their determination that her needs were based on a developmental disability versus a mental illness. A petition for judicial admission was completed and a meeting was held with various involved individuals, including representatives from the Illinois Department of Human Services. Sometime prior to any action on the judicial admission, the recipient was arrested for attacking staff on the prior day.

Interviews with representatives of both Choate's mental health and then developmental services indicated that service provision at Choate is distinctly separate -- from admission practices, to the chain of command, to staff training and ultimately to the care and housing of recipients and in spite of the Nathan Levitt Consent Decree concerning individuals with dual diagnoses. The HRA met with each Choate entity separately.

The Mental Health Code makes provisions for various types of admissions to state-operated facilities by disability type: mental health needs or developmental disability needs. While the HRA recognizes that a person with a developmental disability might not benefit from the services on the mental health side, the HRA also questions how an admission process could become so bureaucratically bogged down that a referral could not have been made or facilitated on the developmental disability side when the mental health side refused. There was no documentation to indicate that the developmental disability side was notified of the recipient's needs and the interview with the director of that side indicated she was not entirely aware of the recipient's situation. And, even though it's beyond the HRA's ability to assess the root of the recipient's needs as being either based on mental illness or a developmental disability, it does note that the recipient had a history of psychiatric hospitalization, psychiatric services and counseling.

It also appeared that the individuals involved in the recipient's scenario were attempting all available avenues and when it came time to consider admission to Choate, they were faltering as to the best way to accomplish this beginning with an attempt to admit on mental health grounds and then considering judicial admission without any clear direction from the Department or its representatives as to how to gain state-operated admission even though there were Department representatives involved in the situation and the recipient was agreeable to and even seeking hospitalization. Department representatives did facilitate a fitness evaluation and eventual admission by court order but after the recipient was jailed. It seems counterproductive to the intent of the Department's disability services and the individual recipient's treatment process to seek hospitalization, be denied hospitalization and then attain hospitalization only after a stint in the county jail. The HRA contends that a direct route to hospitalization would have better impacted the recipient's needs and the Department's mission. The HRA is also reminded of another recent case pertaining to Choate admission. Case #12-110-9009 also involved unsuccessful attempts at state-operated admission and the eventual arrest and jail confinement of an individual with developmental disabilities in crisis. The DHS responded favorably to the recommendations; the HRA notes that the DHS response to Case #12-110-9009 occurred after this case was initiated. Because involuntary admission denial to the mental health side was within the Code's allowances that limit mental health involuntary admission of persons with developmental disabilities unless determined appropriate and because the judicial admission process had not yet been completed before the recipient was arrested, the HRA cannot substantiate the complaint. However, the HRA remains deeply concerned about this second case involving yet another recipient with developmental disabilities residing in the community and then being jailed due to behavioral needs and the subsequent, lengthy and convoluted process by which the recipient gained admission after having exhausted all other options, including counseling/psychiatric care, SST involvement, and community hospitalization. The HRA reiterates some of its prior recommendations from Case #12-110-9009 as suggestions in the case:

1. To ensure the provision of adequate treatment during times of crises while an individual is residing in a community setting licensed/funded through the DHS, develop **and implement** formal protocol/guidelines for providers to seek hospitalization, including state-operated hospitalization or other crisis arrangements, to be distributed to providers, ISSAs and network facilitators.

2. Clearly define the responsible parties for facilitating hospitalization and the role each plays.

3. Educate providers on the state-operated admission or crisis intervention processes for persons with developmental disabilities.

With regard to the segregation of DHS services at Choate, the HRA strongly makes the following additional suggestions consistent with suggestions made in another HRA report for Case #13-110-9004:

1. For the benefit of service recipients, review the segregation of services and consider enhanced collaboration between the two "sides" including service collaboration for individuals with a dual diagnosis and admission referrals.

2. Ensure that the required provisions of the Nathan versus Levitt Consent Decree are met with regard to collaborative assessments, interdisciplinary teams with representatives from both service sides, the facilitation of transfers between sides when warranted and the mandated cross training of staff.
3. Consider the development of a unit for individuals with dual diagnoses.