



FOR IMMEDIATE RELEASE

**East Central Human Rights Authority
Report of Findings
Case 13-060-9012
McLean County Center for Human Services (MCCHS)**

The East Central Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning mental health services at the Center for Human Services located in Bloomington, Illinois:

Complaints:

1. An individual with a disability was not provided a copy of the petition for involuntary commitment.

If found substantiated, the allegation represents a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/1 et seq.).

COMPLAINT STATEMENT

According to the complaint, when assessing an individual for involuntary commitment, the individual was not provided a copy of the assessment or the petition. The individual was reportedly not allowed to exercise her right to notify third parties including third party advocacy groups during the involuntary commitment process.

INVESTIGATIVE INFORMATION

The HRA proceeded with the investigation after having received written authorization to review the consumer's record. To pursue the matter, the HRA visited the facility where the program representatives were interviewed. Relevant practices, policies and sections of the consumer's record were reviewed.

Per its website: "The Center for Human Services exists to assist persons in McLean County, Illinois who are in need of mental health treatment. The Center provides community based mental health services in the least restrictive setting. The Center's services are available to anyone in McLean County, but are prioritized to those with the greatest need and fewest resources. Every effort is made to remove financial barriers. The Center safeguards client rights by treating individuals with dignity and respect and by protecting confidentiality as defined by

law." They provide 24-hour Crisis Intervention, Access, Youth Counseling, Adult Counseling, Case Management, and Medical Services.

"The Crisis team provides quick, on-site counseling and evaluation to individuals in crisis situations. Team members travel to all parts of McLean County and function as a mobile crisis unit. The Crisis Team is on call 24 hours a day, seven days a week. Team members work closely with law enforcement agencies, emergency room personnel, and other social service agencies. The team also assesses the need for psychiatric hospitalization. One goal of the program is to intervene, stabilize, and arrange for appropriate services so that unnecessary hospitalization can be avoided."

INTERVIEW

When asking staff about the types of services provided, the response was about 3500 patients are served as outpatients. There are approximately 75 staff members available to provide services. Some of the services provided are counseling, case management, and outreach services to persons with developmental disabilities as well as those struggling with substance abuse and mental health needs. They have a Crisis Team that screens for behavioral health unit admission at a local hospital.

The HRA asked about the work of the crisis team. Staff explained that sometimes they complete the petitions and certificates for adults at the hospital who are in crises. They provide case management and sometimes just assist an individual in calming down.

There are always 2 people who are in-house to provide crisis assessment in addition to a supervisor and a coordinator. There are 3 people on call and the program manager, to assist at the hospital. Regardless of where a person is from, if they are here asking for services in Mclean County they will be served.

The HRA inquired about the crisis team process and how it became involved with this patient. Staff explained that the crisis team would be contacted by the hospital. The triage nurse at the emergency room (ER) makes a recommendation for the physician to assess the patient. If there are no medical issues, but safety issues because of the patient's mental health, then the physician would have the crisis team meet with the patient and provide a consultation. After the consultation, if hospitalization seems necessary, the crisis team will consult with the psychiatrist. At that time the psychiatrist on "city call," would consult with the ER physician and determine if it is in the best interest of the patient to be admitted to the behavioral health unit. "City call" is the on call system for psychiatrists and other specialists in the Bloomington-Normal region where the center is located. These individuals are contracted by external facilities to perform assessments and evaluations when necessary. The ER physician would then have to agree that there are safety issues for the patient (either the patient is a danger to themselves or someone else). The crisis team would complete the petition to the behavioral health unit if there is a bed at that hospital or the patient may have to be transferred somewhere else. It was stated that at this hospital the physicians prefer for a patient to be committed involuntarily, not voluntarily as it would protect the safety of the individual because of the stronger laws associated with an involuntary commitment. The typical process is that the petition is given to the hospital nurse to give to the patient because it may elevate the patient's already unstable condition if given the

petition at this point.

The HRA asked whether the individual was given a copy of the petition; the response was that the petition was not provided to the patient by the crisis team. It was their understanding that the document was given to the nurse at the hospital overseeing the patient. Within 24 hours the patient would be seen twice by the ER physician and then once by the admitting psychiatrist. The HRA asked why the patient was admitted. It was determined by the ER physician and the psychiatrist that the patient was manic and paranoid. There was a lack of self-care that was affecting her physical health, and she had just been discharged the previous week from another mental health facility.

The patient had been assessed by the nursing staff, the ER physician, and the crisis team, who then discussed with the psychiatrist on call that the patient needed to be admitted involuntarily. The HRA was informed that the patient was verbally informed of her rights as soon as she was placed on the behavioral unit. She was also given a copy of her rights in a packet.

The client was brought to the ER by her financial power of attorney agent. It is the understanding of the HRA, that no third parties were contacted, at least during the client's time in the ER when the MCCHS was involved.

The HRA asked if any one else registered any complaints regarding the patient's commitment. Staff explained that they had not received any other complaints, after informing us that if someone complains they can either call the program director or the executive director. When asked about any other quality assurance measures, staff shared that a person still being alive one day after they see the crisis team would be one measure. Another measure for quality assurance would be that the program manager reads every single note by the crisis team to ensure proper completion. Lastly, either the manager and/or the coordinator are always on back-up for crisis staff.

RECORDS REVIEW

The following is a time line of services documented in the record:

12-28-12 The Staff complete Crisis Contact Note/Client Intake Form.

- The client was assessed and a primary diagnosis was obtained from a psychiatrist. The presenting problems were that the individual receiving services was, "not able to care for basic needs...[and] had not slept in days or eaten." The client displayed manic and paranoid behavior upon involuntary commitment.

12-28-12 (12:30AM) A Petition for Involuntary/Judicial Admission was completed with 3 of 5 pages completed appropriately.

- The petition was initiated by reason of "Emergency inpatient admission by certificate; (405 ILCS 5/3-600). The respondent [was] detained in a mental health facility or hospital." This individual was "in need of immediate hospitalization for the prevention of...harm."

12-28-12 (1:00AM) An Inpatient Certificate was completed and a signature was received from the physician.

- The certificate reiterated much of what was found within the petition but added that,

"the patient was brought in by a friend who says that the patient had not been taking care of herself and is not safe without constant surveillance." Per the petition received from the hospital, the patient presented herself as extremely manic and paranoid. Prior to her arrival, she had not been taking care of basic needs such as eating and sleeping, and she was also beginning to hoard food and other materials, thus establishing an unsafe living environment.

01-03-13 The Supervising Qualified Mental Health Professional (QMHP) signed the Intake Form.

The HRA received a copy of a completed petition for involuntary admission from the admitting facility. According to the record, the patient was provided with a copy of the petition upon the time of completion.

POLICY REVIEW

The HRA reviewed the orientation packet and the FY 2012 Performance Improvement Indicators Report.

The orientation packet explains to the individual receiving services the facility's emergency procedures, how to schedule appointments, what to do if dissatisfied with services, and how to make a suggestion or a comment. It further explains the individual's rights, which are listed in accordance with Chapter 2 of the Illinois Mental Health & Developmental Disabilities Code. These rights also state that the patient is allowed to notify external parties upon their admission to the facility. Lastly, the information addresses the individual's responsibility to the facility.

The Performance Improvement Indicators Report provides numerical data concerning the facility's services. The report addresses how many people they help while indicating how many of them had successful outcomes. The report also speaks to the outcomes of Emergency Crisis Intervention which indicate an average of nearly a hundred percent level of successful performance.

SUMMARY

In reference to the complaint that, "An individual with a disability was not provided a copy of the petition for involuntary commitment", we note that a member of the staff at MCCHS did successfully fill out the first three pages of the petition as required. The MCCHS reported, and the HRA concurs, that it was not required to provide a copy of the petition to the patient in this particular situation but that the responsibility lies instead with the admitting facility. The HRA later determined that a copy of the petition was provided to the recipient as per hospital records obtained upon investigation. The MCCHS also stated that the patient's right to make outside contacts during an involuntary admission is a responsibility that lies with the admitting facility as well. The admitting facility allowed the patient to utilize the phone to contact third parties, friends and family.

Chapter 405 of the Mental Health and Developmental Disabilities Code, Section 5/3-601 states: "(a) When a person is asserted to be subject to involuntary admission on an inpatient basis and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition..." Section 5/3-609 states this, "Within 12 hours after admission, the respondent shall

be given a copy of the petition and a statement... The respondent shall be asked if he desires such documents sent to any other persons... The respondent shall be allowed no less than 2 telephone calls at the time of his admission to such persons as he chooses." And, under Section 5/3-206, "Whenever a person is admitted or objects to admission, and whenever a recipient is notified that his legal status is to be changed, the facility director of the mental health facility shall provide the person, if he is 12 or older, with the address and phone number of the Guardianship and Advocacy Commission. If the person requests, the facility director shall assist him in contacting the Commission."

Although the HRA does not substantiate rights violations with regard to the MCCHS, the HRA makes the following suggestions:

- 1. The staff at MCCHS seemed unsure of proper procedure for ensuring that the petition for involuntary admission ended up in the hands of the individual serviced. The HRA would encourage that the staff at MCCHS provide a completed petition to all individuals served at their facility or served by any of their entities at external facilities; ensure that documentation is in the patient's record stating that the petition was given to the individual.**
- 2. Although client rights are provided to individuals being served by MCCHS upon intake and posted in various locations of the facility, MCCHS should make sure those rights are posted in all areas of the facility where individuals are served as required (405 ILCS 5/2-200). And, we remind the program that recently adopted amendments to Rule 132 require service providers to share these rights with all clients on an annual basis (59 Ill. Admin. Code 132.142).**
- 3. MCHHS staff commented that the area hospital's physicians prefer patients to be committed involuntarily as opposed to voluntarily, supposedly under stricter legal protections. We encourage crisis staff to expressly oppose this alarming practice since it is a gross violation of a person's guaranteed right to seek treatment willingly under the voluntary route without being threatened with the prospect of confronting a court and judge and since it is a practice strictly prohibited by law whenever transferring services inside and outside hospitals are arranged (405 ILCS 5/3-400 et seq.). This practice also contradicts the patient's right to least restriction (405 ILCS 5/2-102)**

The HRA would like to thank MCCHS for their cooperation with this investigation.

May 20, 2013



Guardianship and Advocacy Commission
East Central Regional Office
2125 South First Street
Champaign, IL 61820

This correspondence is in response to the Report of Findings related to Case# 13-060-9012. Our agency would like to respond to the suggestions contained in the summary section as outlined below:

- **Suggestion 1:** *"The staff at MCCHS seemed unsure of proper procedure for ensuring that the petition for involuntary admission ended up in the hands to the individual serviced."*
 - The investigative meeting began substantially earlier than scheduled due to the availability of Human Rights Authority (HRA) staff. As a result, the only MCCHS staff available to initially meet with the HRA were not members of the crisis team and thus were not as familiar with procedures used. Once crisis staff arrived at the meeting, they knew and followed proper agency procedures.
- **Suggestion 2:** *"...MCCHS should make sure those rights are posted in all areas of the facility..."*
 - This issue has been resolved and client rights information is posted in the recommended locations.
- **Suggestion 3:** *"MCCHS staff commented that the area hospital's physicians prefer patients to be committed involuntarily as opposed to voluntarily..."*
 - This comment requires greater context and was not meant to suggest that individuals are being unnecessarily hospitalized on an involuntary basis. Psychiatrists make the recommendation for involuntary for involuntary admission when a patient appears to vacillate and/or have a history of poor compliance/impulsive behavior. Even if a client is willing to seek treatment they may lack insight into the severity of their symptoms and need for admission. The involuntary admission and subsequent documentation is substantiated in these cases.

Office Location:

108 W. Market St.
Bloomington, IL 61701

General Information

Phone 309/827-5351
Fax 309/829-6808

Medical Services

Phone: 309/829-2069
Fax: 309/828-2905

We apologize for any confusion and thank the HRA for the time and consideration of these matters.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Barr', is written over a horizontal line.

Tom Barr
Executive Director

A handwritten signature in black ink, appearing to read 'Kevin Mulloy', is written over a horizontal line.

Kevin Mulloy
Compliance Manager

STATE OF ILLINOIS
Pat Quinn
Governor

GUARDIANSHIP & ADVOCACY COMMISSION

Dr. Mary L. Milano, Director

HUMAN RIGHTS AUTHORITY
LEGAL ADVOCACY SERVICE
OFFICE OF STATE GUARDIAN



REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 13-060-9013

SERVICE PROVIDER: McLean County Center for Human Services

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

- We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.
- We do not wish to include our response in the public record.
- No response is included.

Kevin Mullon

NAME

Compliance Manager

TITLE

5-21-13

DATE

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