FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
Case #13-110-9004
Choate Mental Health and Developmental Disability Center

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following complaint about Choate Mental Health and Developmental Disability Center (Choate):

> **A service recipient transferred from another state-operated facility is receiving inadequate services when he was inappropriately placed in the mental health section of the facility instead of the developmental disability section. Admission to state-operated developmental disability services was inappropriately denied.**

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disability Code (405 ILCS 5/1 -100 et seq.).

Choate Mental Health and Developmental Disability Center is a state-operated, Illinois Department of Human Services (DHS) facility that serves both individuals with mental health needs and individuals with developmental disabilities. According to an Illinois Department of Human Services, Office of the Inspector General (OIG) report published on the DHS website, the mental health side of Choate served 399 unduplicated individuals in fiscal year 2012 (July 1, 2011 to June 30, 2012) with a census of 69 individuals on June 30, 2012; the developmental disability side of Choate served 193 unduplicated individuals in fiscal year 2012 with a census of 165 individuals on June 30, 2012.

COMPLAINT STATEMENT

According to the complaint, a recipient with a dual diagnosis of a mental illness and a developmental disability was transferred to Choate from a maximum, secure state-operated mental health facility. The complaint stated that the recipient was inappropriately placed on the mental health side of Choate when his needs would be better served on the developmental disability side, and, as a result, the recipient would have to be transferred yet again to the developmental disability side. The complaint also stated that the recipient had previously been served on the developmental disability side of Choate prior to being transferred out to a secure mental health facility. Furthermore, the complaint indicates that the recipient's guardian was not involved in decision-making with regard to the recipient's placement at Choate.

To investigate the allegation, the HRA met with representatives of both the mental health and developmental disabilities sides of Choate, examined a recipient's record, with guardian consent, and reviewed pertinent facility policies.

FINDINGS

Interviews

The HRA team interviewed Choate administrators on the mental health side who indicated that the DHS has a systems issue when seeking placement for individuals with a dual diagnosis due to the lack of a crisis mechanism to meet their unique needs. Staff indicated that the placement on Choate's mental health side was considered a "forensic step-down" from the secure mental health facility from which the recipient was transferred. The recipient had been transferred to the secure mental health facility many years ago because there was no forensic unit for individuals with developmental disabilities at the time. A psychiatrist who evaluated the situation at the most recent Choate admission indicated that the recipient needed to be transferred to the developmental disability side. It was reported that a recipient's history is reviewed at admission, and if there is any developmental disability history, the mental health side questions admission to a Choate mental health unit. There was concern about the length of time that the recipient had been at the secure mental health facility prior to transfer and a referral had been sent to DHS legal counsel and the DHS forensics chief for review. According to staff, the recipient was originally admitted to the mental health side on July 6, 2012, a legal and forensics review recommended transfer to the developmental disabilities side on July 18, 2012, a referral to the developmental disabilities side was made on July 19, 2012, the guardian made a written request for transfer to the developmental disability services (DD) side on July 20, 2012, and the recipient was transferred to DD services on August 23, 2012. The recipient was sent to another developmental disability facility as there were reportedly no available beds on the Choate DD side at the time; it was noted that other individuals were admitted to the DD side of Choate in the same week as per staff. Staff indicated that a proposal was submitted to DHS administration for a dual diagnosis unit. According to staff the mental health side does not have appropriate services or groups for individuals with developmental disabilities and staff are not adequately trained on the population. If a recipient is admitted to the mental health side, he/she cannot be sent to the DD side for the day to obtain services; however, mental health side staff can provide assistance and services to the DD side. For example a mental health side physician can visit the DD side when there are behaviors to provide consultation or a medication review although they are not required to do so.

It was reported that each side of Choate, the mental health and DD side, is distinct and separate with separate services and separate chains of command. For admission to the mental health side, a recipient must have a primary mental health diagnosis. Often times the mental health side serves as an overflow for another state operated facility. There is no need to obtain approval from another office to be admitted to the mental health side; however, administrative approval from a DHS administrative office is required for admission to the DD side.

It was explained that there is a different philosophy for serving individuals on each side with regard to treatment. According to staff, individuals with developmental disabilities need habilitation while individuals with mental illness need rehabilitation. The DD side focuses on behaviorally oriented services while the mental health side usually provides acute care,

medication reviews and therapy. Recipients on the DD side cannot be put in seclusion or restraints and psychotherapy is usually not as effective as per staff. Staff reported that at the time of the HRA interview, approximately 40 patients on the MI side were receiving long-term care ranging from 90 days to 9 years; about 40 recipients were receiving acute care lasting from 14 - 28 days; and, the average length of stay on the mental health side was 21 days as compared to 30 years for individuals on the DD side. It was also reported that, in the past 6 months, there have been 8 individuals with a dual diagnosis admitted to the mental health side, and 35 individuals with a dual diagnosis were admitted to the DD side. The average length of stay for individuals with a dual diagnosis and acute needs was 107 days; the average length of stay for individuals with acute needs and mental illness was 79 days. It was also reported that 30% to 40% of individuals with a developmental disability have a mental health diagnosis.

The role of the state-operated developmental disability services was discussed with representatives of the DD side and DHS representatives. The DHS explained that the state-operated facility is to address individuals with developmental disabilities who have complex needs. The state facilities are also licensed by the Illinois Department of Public Health (IDPH) to provide intermediate care under Medicaid and the DHS has had past issues with IDPH over admitting persons with mental illness to state developmental centers. The DHS stated that persons will be admitted for crises and the role of the state-operated facility is changing due to shifts in community care arising from consent decrees. The representative from the DD side stated that the recipient was admitted to Choate on July 6th and no one made contact with the administration of the DD side at that time. Staff stated that the mental and developmental disabilities sides collaborate and decide on placement. If there are overriding mental health needs, a recipient with developmental disabilities can be admitted to the mental health side until he/she is stable and then transferred to the DD side using a transition plan that includes visits to the DD side. The psychiatrists and the DD team meet to discuss transition. It was reported that the mental health side is more secure and is considered a step-down from the secure mental health facility.

A representative from the state-operated, secure mental health facility from which the recipient was transferred reported that the facility could only transfer a recipient to the mental health side as a step-down and could not discharge to a developmental disability facility although the individual could not cite the source of this requirement.

Record Review

According to a DHS service log, the recipient has a long history of state-operated placements dating back to 1979. His most recent diagnoses included schizophrenia, chronic and undifferentiated type and a moderate cognitive impairment. His original home was in the Alton area. He was initially admitted to Choate on 06-09-92. He was transferred to a secure mental health facility on 09-29-94 and then returned to Choate on 07-06-12; he was transferred out of Choate on 09-04-12 to another state-operated DD facility in the northeastern part of the state and away from his original catchment area. Guardianship appointment occurred on 02-13-91 and the guardian was appointed plenary guardian of the person.

The HRA examined applications for administrative admission. An application dated 06-15-92 and signed by the guardian and the facility director stated that the recipient was being admitted

for care and programming; the individual's developmental disability was referenced on the application. An application for administrative admission dated 06-03-93 stated that the recipient was in continued need of programming, referenced his developmental disability and was signed by the guardian and facility director. A discharge/transfer summary compiled on 09-28-94 stated that it was the recipient's 13th admission to a state-operated facility since 1979 due to aggression. Episodes of aggression with both peers and staff were described and medication changes were attempted without success until it was determined that the recipient needed a more secure placement due to the nature and frequency of the aggression. The summary also referenced that he tried to elope and was non-compliant. His diagnosis at that time included Schizophrenia, Undifferentiated and Chronic and a moderate cognitive impairment. The guardian was not available for a discharge staffing but signed a "waiver to object on 09-28-94" with regard to his 1994 transfer from Choate to the secure mental health facility.

The HRA examined correspondence written by the recipient's guardian and dated 07-16-12 which stated the following: " I am writing to request that [the recipient] be transferred from the Mental Health side of Choate Mental Heal to the Developmental Disabilities (DD) side of Choate. [The recipient] was transferred from [secure state-operated mental health facility] to Choate on or about July 9th, 2012. [The recipient] has a dual diagnosis which include Moderate Mental Retardation. Due to that diagnosis he needs specialized programming which is available on the DD side of Choate."

There was no other documentation or admission documentations regarding the recipient's July 2012 transfer to Choate from the secure mental health facility. The HRA obtained the record information from the state-operated facility where the recipient currently resides. The HRA specifically requested admission paperwork and none was received. Follow-up contact was made with the facility and the HRA was informed that all information regarding Choate admission had been previously sent.

Policies

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. Exclusionary criteria for admission include: being under the age of 18; not having a primary diagnosis of a developmental disability; and, not being able to benefit from active treatment. Once an individual arrives at the facility a unit director is to ensure that appropriate forms are completed, that admissions comply with the Mental Health Code, that admission status is appropriate, that recipient are informed of their rights, and that recipients/guardians obtain information about Choate services.

A policy regarding the continuation of administrative status requires that a new application be completed annually and signed by the guardian if applicable.

An intra-facility transfer policy references a recipient who has been selected for transfer within the facility to benefit the recipient's treatment. The policy is under the developmental center heading thus it is not clear if it applies to transfers between the developmental and mental health sides. The policy states that "Once the Interdisciplinary Team has been [sic] and discussed the benefits of a physical placement on a unit other than the unit of origin, the Unit Director shall contact the Facility Director and the potential receiving unit of the Unit Interdisciplinary findings. The unit director should indicate the benefits and/or reasons for movement." Once approved, appropriate staff are notified of the move, a treatment team meeting is held and designated staff document information about the recipient's care.

A policy regarding transfers to and from Choate states that all transfers to Choate from another Department of Human Services facility are to be directed to the Center Director/designee who is to consult with Unit Directors regarding the Division/Unit the proposed transfer would be made. The Center Director is to make the final decision and approve all transfers while also completing an Inter-Facility Transfer Request to Choate Developmental Center form. According to the instructions for completing a discharge/transfer summary, the summary is to address the recipient's condition on admission, hospital course, and diagnosis.

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 accepts or rejects the Committee

recommendations within 7 days of receiving them and then notifies 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.

The HRA team reviewed various policies related to the complaints in this case. The DHS Developmental Disabilities Program Manual is described as follows:

> …a guide to information about Illinois' developmental disabilities service system. In addition, this document provides supplementary contractual requirements for disability service providers under contract with DHS.
>
> The Division of Developmental Disabilities (Division) has oversight for the Illinois system of programs and services specifically designed for individuals with developmental disabilities….The Division also manages the operations of residential services to individuals with developmental disabilities who reside in state-operated developmental centers (SODC's). These developmental centers generally provide residential services to persons with developmental disabilities who have a higher level of need, or to individuals in crisis.

The DHS manual describes state-operated facilities as follows:

> State Operated Developmental Centers (SODCs) are specialized Intermediate Care Facilities/Developmental Disabilities (ICF/DDs) for persons with developmental disabilities who are unable to be served in a community setting due to intense behavioral and/or medical difficulties. Admission to one of the eight SODCs occurs only after a careful screening by the Pre-Admission Screening (PAS) agency and review by a team that includes the individual, guardian, family, current and prospective service providers, network staff from the Division and representatives from the SODC. Intensive services will be provided to the individual with the goal of restoring a community living situation for the person as quickly as possible. Essential to successful habilitation in an SODC is the participation in transitional services by the appropriate PAS agency and community service providers.
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> **Eligibility Requirements**: Must have a developmental disability and require intensive supports/supervision not available in a community setting. Persons must be screened by a PAS agency, receive technical assistance through the DD Network Clinical and Administrative Review Team (CART), and be approved for admission by an SODC representative.
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> **Priority or Target Population**: Individuals with developmental disabilities who are unable to have needs met in the community.

MANDATES

The HRA 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.

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).

With regard to a recipient's continued stay under an administrated admission, the Code states in Section 5/4-310 that: "At least once annually the client shall be evaluated to determine his need for continued residential services. If need for continued residence is indicated, the facility director of the facility shall consult with the person who made application for the admission and shall request authorization for continued residence of the client. The request and authorization shall be noted in the client's record."

The Code addresses discharge and transfer in Section 5/4-308 and states:

> (*a) If the court finds that the client is not a person with a developmental disability, that he is not in need of the services which are available at the facility, or that a less restrictive alternative is appropriate, it shall disapprove the admission and order the client discharged. If the client is in a Department facility and the court finds that he or she is a person with a developmental disability but that he is not in need of the services which are available at the facility or that a less restrictive alternative is appropriate, the court may order him transferred to a more appropriate Department facility. If the person who executed the application for admission objects to the transfer, the court shall order the client discharged.*
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> *(b) Unless the court orders the discharge or transfer of the client, the facility may continue to provide the client with residential and habilitation services."*

Transfers between state-operated facilities are addressed in Section 5/4-707 which states that "The facility director of any Department facility may transfer a client to another Department facility if he determines that the transfer is appropriate and consistent with the habilitation needs of the client. An appropriate facility which is close to the client's place of residence shall be preferred unless the client requests otherwise or unless compelling reasons exist for preferring another facility." If a recipient has been in a Department facility for more than 7 days and then is to be transferred, the facility is to give 14 days notice to the recipient/guardian along with the reason for the transfer and information about the right to object (405 ILCS 5/4-709). For emergencies, notice is to occur at least 48 hours after the transfer. Objections prompt a hearing.

For recipients with mental illness, Section 5/3-908 states 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."

The Illinois Department of Human Services has regulations (59 Ill. Admin Code 112) related to utilization review hearings over admission, transfer and discharge objections. Section 112.10 states that "When a person who is evaluated as being mildly or moderately mentally retarded,

resides in a Department mental health facility and objects to the facility director's certification of the treatment and habilitation plan or the appropriateness of the setting, a utilization review hearing shall be conducted…." The regulations reiterate Mental Health Code requirements of a 14 day notice prior to a non-emergency transfer. This section also states that the recipient/guardian in both mental health and developmental disability facilities can object to transfers. And, recipients/guardians can request a review of an admission denial. In order to deny admission to a developmental disabilities facility, this section states that A person may be denied admission if he or she is not clinically suitable for admission….For a transfer from a mental health facility…The facility director may transfer a recipient if the transfer is clinically advisable and consistent with the recipient's treatment needs as defined by the recipient's individual treatment plan."

Section 112.20 addresses admission and treatment of persons with cognitive needs and states that:

> *Persons shall be admitted to Department facilities based on an assessment of their current individual needs and not solely on the basis of inclusion in a particular diagnostic category, identification by a sub-average intelligence test score, or consideration of a past history of hospitalization or residential placement….Any person admitted to a Department of mental health facility who may be mildly or moderately mentally retarded in the clinical judgment of facility staff, including those who are also mentally ill, shall be evaluated by a multi-disciplinary team which includes a qualified mental retardation professional as defined in subsection (d) of this Section. The evaluation shall be consistent with Section 4-300(b) of the Code and shall include: …A written assessment whether the person needs a habilitation plan….A written habilitation plan if the written assessment determines that such plan is required, and…A written determination whether the admitting facility is capable of providing the specified habilitation services….*
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> *This evaluation shall occur within a reasonable period of time, but in no case shall exceed 14 days after admission. In all events, a treatment plan shall be prepared for the person within three days after admission, and reviewed and updated every 30 days….A mentally retarded person shall not reside in a Department mental health facility unless the person is evaluated and is determined to be mentally ill and the facility director determines that appropriate treatment and habilitation are available and will be provided to such person at the facility. In all such cases the mental health facility director shall certify in writing within 30 days of the completion of the evaluation and every 30 days thereafter, that the person has been appropriately evaluated, that services specified in the treatment and habilitation plans are being provided and that the setting in which services are being provided is appropriate to the person's needs. The certifications shall be filed in the recipient's record….If the facility director determines that appropriate treatment and habilitation services are not available or that the setting in which services are provided are not appropriate to the recipient's needs, the facility director shall seek a placement for the recipient that is appropriate to his or her needs. Transfers and discharges shall be carried out in accordance with Section 112.20….A person residing in*

a Department mental health facility who is evaluated as being mildly or moderately mentally retarded, an attorney or advocate representing the person, or a guardian of such person may object to the facility director's certification required in subsection (f)(3) of this Section, the treatment and habilitation plans, or the appropriateness or setting and request a utilization review as provided in Sections 3-207 and 4-209 of the Code.

CONCLUSIONS

The complaint states that a service recipient transferred from another state-operated facility was receiving inadequate services when he was inappropriately placed in the mental health section of the facility instead of the developmental disability section and his admission to state-operated developmental disability services was inappropriately denied.

Staff reported that the recipient was transferred from a secure, state-operated mental health facility which warranted his placement on the mental health side of Choate upon his transfer there. Staff stated that the mental health side is more secure and is considered a step-down from the secure mental health facility. However, the HRA found nothing in the Mental Health Code, regulations, DHS policy manual or Choate policies to support this route of admission. The HRA respects the clinical judgment of the individuals involved with the situation as to the need for placement on the mental health side for security and mental health needs. But, at least one physician reportedly recommended a transfer to the DD rather than the mental health side to meet the recipient's needs. And, there was no documentation to support the rationale for admission to the mental health side. The HRA questions whether the transfer into the mental health side was a matter of an established routine rather than being based on the individualized needs of the recipient. The Mental Health Code guarantees the right to adequate services based on individualized needs, consistent with the principle of least restriction, and with the input of the recipient/guardian. The lack of admission paperwork surrounding the transfer adds further questions and concerns about the process.

The issues in the case actually originated when the recipient was transferred from the secure, mental health facility without appropriate and timely notice to the guardian who could question and object to the transfer as well as participate in the treatment planning process surrounding the transfer. The guardian was eventually able to exercise Mental Health Code rights when he wrote a letter requesting a transfer to the facility's DD side. It was unclear from the documentation provided how long the recipient was on the mental health side but the Code has defined very specific parameters as to requirements for persons with a dual diagnosis who are in a mental health facility, including regular reviews to determine continued need for placement on the mental health side. The recipient did eventually get transferred to a state operated DD facility although to a different one than Choate; the reason for the transfer out of Choate and to a facility in another area of the state is unclear. The recipient's home residence originated in the Alton area thus Choate would be closer to the recipient's catchment area, as referenced in the Mental Health Code, over the facility to which he was sent in the northeastern part of the state; however, there may have been other factors contributing to the decision.

Based on the lack of admission documentation to support the rationale for the admission of a recipient with a dual diagnosis to a particular service side of Choate without guardian notification of or involvement in the placement and treatment planning decisions, the HRA substantiates rights violations of Mental Health Code, Nathan versus Levitt Consent Decree, regulatory and policy requirements specific to admissions/transfers, individualized treatment planning, the principle of least restriction and guardian involvement. The HRA makes the following recommendations:

1. **Follow Mental Health Code, Consent Decree, regulatory and policy requirements for admitting and transferring recipients to the facility. Complete required evaluations, treatment team reviews, and forms. Ensure that placements are in the most appropriate and least restrictive settings based on recipients' individualized treatment needs. If a recipient with a developmental disability is admitted to the mental health side of Choate, document the rationale for the placement there.**

2. **Follow Mental Health Code and regulatory requirements and ensure guardian notification/involvement in placement and treatment planning decisions. Ensure that guardians are made aware of the right to utilization reviews. Document guardian involvement.**

3. **Review admission/transfer requirements with staff involved in the admission transfer process and provide proof of the review to the HRA.**

4. **Review the established "step down" process to ensure that placement decisions are based on the recipient's individualized treatment needs.**

5. **When a placement is questioned by professional staff and/or a guardian, address concerns as soon as possible.**

Suggestions:

1. The HRA is concerned about the subsequent transfer of the resident to another DD facility in the northeastern part of the state and suggests that Choate review the transfer in terms of Mental Health Code requirements related to catchment areas and ensure that there is documentation for the rationale for moving an individual to a facility so far away from his/her original catchment area.

2. The HRA is also concerned about stated reports of the lack of a crisis system for individuals with a dual diagnosis and strongly suggests that Choate administration work with the DHS to help address this outstanding need.

3. Finally, The HRA continues to have concerns about the extent to which the mental health and DD sides of the facility are so very segregated and makes the following suggestions on behalf of individuals with dual diagnoses:

- 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.
- 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.
- Consider the development of a unit for individuals with dual diagnoses.

RESPONSE

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

Illinois Department of Human Services
Choate Mental Health and Developmental Center

MEMORANDUM

DATE: August 14, 2013

TO: Regional Human Rights Authority

FROM: Cheryl Muckley, Center Director

RE: Response HRA Case #13-110-9004

The Authority's report sets out the facts in the above case involving a recipient who was transferred from the Chester Mental Health Center to the Choate Mental Health Center on July 6, 2012. Upon transfer to the Mental Health Center it appeared that the individual was in need of services at a developmental disability facility. The structure of the two (2) systems within DHS MI and DD created challenges in the prompt resolution of this matter. To implement corrections of the problems identified in this case the Developmental Center is undertaking the following:

1. Recommending to the Department that all DHS facilities confirm that a transfer of a recipient to another facility is consistent with the requirements of the Nathan v. Levitt consent decree. (This applies to Chester.)

2. To eliminate any structured administrative barriers to the prompt transfer of recipients from MI to DD when clinically or legally indicated. (It should be noted that DHS is presently committed to a revision of the current administrative structure which would place both DD and MI areas under a unified administrator at Choate.)

3. In order to address procedural concerns all administrative and clinical staff will be retrained in the areas of recipient rights. This would include emphasis on the involvement of guardians and recipients in the decision making process.

4. Facility forms and procedures will be reviewed and amended as necessary to include notice of the recipient's/guardian's right to object to a transfer and the attendant objection process as set out in both the Mental Health and Developmental Disabilities section of the Illinois Mental Health and Developmental Disabilities Code.

Cc: Greg Fenton, Deputy Director of SODC Operations
Kevin Casey, Director of Division of Developmental Disabilities, DHS