



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY - NORTHWEST REGION

REPORT 14-080-9006
SINNISSIPPI CENTERS

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of potential rights violations in the care provided to a client at Sinnissippi Centers in Rockford. Allegations were that the facility has not involved the client's support person in treatment planning, has had her sign documents without explanation of what they were and has not provided her an appropriate complaint/grievance process.

Substantiated findings would violate rights protected under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and Rule 132 (59 Ill. Admin. Code 132).

Sinnissippi Centers provide treatment, psychiatric, alcohol and drug and community related services to people of all ages in Carroll, Lee, and Ogle counties. The Center is headquartered in Dixon.

To investigate the complaints we met at the facility where we interviewed administrators, a case manager and a physician. Policies were reviewed as were relevant sections from the client's records with written authorization.

COMPLAINT SUMMARY

A client states that she wants her brother to be involved in her care/treatment planning but he was recently prohibited from attending a case management/doctor visit. The brother, with the client's consent, has reportedly wanted to discuss the use of time release medications for his sister for about a year now, but has not been given an opportunity to do so with the physician. The case manager does not stay in contact with the brother as the client's support person. In September, the two went to an appointment when a case manager called the client in, but would not allow the brother to join them. The brother went to an administrator to complain, then went back to the meeting area and saw the doctor on a teleprompter. The physician and the case

manager said the meeting was over. The complaint goes on to say that the client told her brother that they had her sign three documents but she did not know what they were. The brother called an administrator to complain further and the administrator said he would get back to him, but never has. It was further said that the brother has been told by the case manager and her supervisor that he is not to talk to the administrator again. He has since tried calling, but has not been successful in getting in touch with the administrator.

FINDINGS

Interviews

The administrator, division director and case manager all state and agree that the facility welcomes support persons/family members. The facility has an informed outpatient consent form that states the client has the right to include or exclude family or significant others in treatment. It is explained to the clients that a support person could be helpful. Clients are free to choose anyone as a support person, not only family members. Staff assure that this is understood by the clients. If a support person or family member is not present at a treatment planning meeting, there is no notice that would be sent to them in regard to the results of the meeting. The brother is always welcome to come to the client's appointments and has been to many of them and the physician has engaged the brother in discussions regarding the client's condition, including long acting medications. Per the case manager, rights and responsibilities as well as consent education regarding psychotropic medications is shared, but not reviewed on an annual basis. The physician states that client is able to make her own medical decisions, but the opinion of the brother is valued. On a 9/6/13 appointment, while the physician and client were in the appointment, the brother was in the office of the administrator talking with him. The physician states that the client probably did not want the brother in the appointment. The administrator stated that he informed the brother that the appointment with the physician had begun and he should attend, but the brother wished to continue talking with the administrator. The case manager states that she did not feel comfortable in interrupting the administrator and brother while they spoke. In the past, specifically on 9/19/13, the case manager states that the brother became verbally aggressive in a personal way towards her during a phone call discussing the client's treatment plan.

Regarding the issue of whether the client was asked to sign documents without knowing what they were, the case manager told us they were previous treatment plans that she did not obtain the client's signature on at the time of the appointments. She states that the client is usually in a hurry to leave and cannot be forced to sign the treatment plans so she gets the signatures later when she can. The division director states that in a case such as this, it is noted on the plan that "an interview was conducted, but client did not sign". The case manager concludes that this was not done, although she ensured us that the plans were reviewed with the client.

Per the administrator, the facility's grievance process is available to everyone, including clients, families and their support persons. There are forms in the main office areas that anyone can complete. It is considered a complaint if submitted verbally and a grievance if submitted in

writing. For complaints, the facility will discuss the situation immediately with the complainant. If no resolution is reached, the complainant is welcome to file a grievance. The progression of a grievance is as follows: first to the supervisor and if not resolved, to the ethics committee. If no resolution has been reached, the grievance is forwarded to administrator and CEO, both of whom would respond, but the grievance does not go to the board of directors. The administrator questioned in this complaint explained that at no time did he or the case manager say the brother was not allowed to contact him. He believes the misinterpretation comes from suggesting to the brother that it is preferred he work through the case manager as much as possible.

RECORDS

Progress notes dated 2/6/13 report that the brother and the physician engaged in a very communicative discussion regarding client's treatment plan. Progress notes dated 3/15/13 report that client's brother had become much more involved in client's treatment/recovery, including helping her monitor medications. The informed outpatient consent form states that client has the right to include or exclude family or significant others from treatment or care, to the extent permitted by law. The welcome packet includes the Client Rights Statement. This describes the rights of the client and highlights the importance that the facility ensures the client understands them, including the right to present grievances and appeal decisions. The packet also includes Illinois Guardianship & Advocacy Commission contact information as well as other service agencies. Pursuant to the Confidentiality Act 740 ILCS 110/5, there is a signed consent form in the record allowing the agency and physician to share information with the brother.

The records show that the client was signing treatment plans from the actual service performed dates of 9/19/12, 3/15/13 and 9/6/13 as opposed to the date she actually signed them. The plans acknowledge that each included the client's participation at the time they were reviewed or developed.

The Sinnissippi Centers' grievance form allows the client to state the nature of the grievance and also to give their opinion on what can be done to resolve the matter. The forms are readily available, and placed in the main office areas.

CONCLUSION

Sinnissippi Centers, Inc. policy states that an individual treatment plan shall be formulated and reviewed with the participation of the client and, where appropriate, such client's parent, guardian or other applicable person.

Sinnissippi Centers, Inc. policy states that when a client is assessed as appropriate for treatment service(s) to be provided through Sinnissippi, an individual treatment plan represents the translation of the assessment information into an initial treatment service plan. At minimum, this client service plan shall include (4) signatures on the services plan by the appropriate designated staff member, the client, and as appropriate, natural/family supports and/or the agency physician.

Sinnissippi Centers, Inc. policy states that consumers are provided with this policy and procedure for the purpose of appropriate and timely resolution of a complaint or grievance regarding Sinnissippi services. "Every effort should be made by both consumer and staff to resolve differences or disagreements. It is our intent to resolve issues in the most direct way and at the lowest possible level. However, if a difference cannot be resolved in a reasonable length of time, a grievance procedure has been established to facilitate a resolution."

Under Section 5/2-102a of the Mental Health Code,

A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan.

According to 59 Ill. Adm. Code 132.148 regarding planning services:

Participation by the client and the client's parent/guardian, as applicable, shall be documented in the plan and confirmed by the client's and the parent's/guardian's, as applicable, dated original signature on the ITP. In the event that a client or the client's parent/guardian, as applicable, refuses to sign the ITP, the LPHA, QMHP or MHP shall document the reason for refusal and indicate by his or her dated original signature with credentials on documentation in the record that the ITP was developed with the active participation of the client and the client's parent/guardian, as applicable, and that the client or the client's parent/guardian, as applicable, refused to sign the ITP.

And per 59 Ill. Adm. Code 132.142:

To assure that a client's rights are protected and that all services provided to clients comply with the law, providers shall ensure that:

d) Staff shall inform the client prior to evaluation services and annually of the following:

5) The right or guardian's right to present grievances up to and including provider's executive director or comparable position. The client or guardian will be informed on how his or her grievances will be handled at the provider level. A record of such grievances and the response to those grievances shall be maintained by the provider. The executive director's decision on the grievance shall constitute a final administrative decision (except when such decisions are reviewable by the provider's governing board, in which case the governing board's decision is the final authority at the provider level);

Complaint: The facility did not involve the client's support person in the treatment planning. The administrator, division director and case manager all state and agree that the facility welcomes support persons/family members. The facility has an informed outpatient consent form that states the client has the right to include or exclude family or significant others in treatment. It is explained to the clients that a support person could be helpful. Clients are free to choose anyone as a support person, not only family members. Staff assures that this is understood by the clients and this client's record provides supportive evidence of her brother's participation. The complaint is not substantiated.

Complaint: The facility had the client sign documents without explanation of what they were. Per the case manager, there were old treatment plans on which she did not obtain the client's signature, at the time of the appointments or treatment plan meetings. She states that the client is usually in a hurry to leave and cannot be forced to sign the treatment plans. She assured that the plans are always reviewed with the clients, and all records we reviewed seemed to verify that the client was aware of what she was signing. It was acknowledged that reasons for the late signatures should have been noted. The complaint is not substantiated.

Complaint: The facility did not provide client an appropriate complaint/grievance process. Per the administrator, the facility's grievance process is available to everyone, including clients, families and their support persons. There are forms in the main office areas that anyone can complete. Clients are provided with this policy and procedure for the purpose of appropriate and timely resolution of a complaint or grievance regarding Sinnissippi services. Neither this client nor her support person is prohibited from reaching an administrator if needed and to date the facility has received no grievance from them. The complaint is not substantiated.

SUGGESTIONS

1. Document on the treatment plan whether a particular person has been designated to support the client in treatment planning. (405 ILCS 5/2-102a).
2. To meet the Code's intentions, make efforts to ensure that any designated support persons are invited or are aware of treatment related meetings, rather than leaving it their responsibility to be present at the facility in order to join in. (405 ILCS 5/2-102a).
3. Ask family and /or support persons to sign treatment plans if they participated. Make notations if they cannot or refuse pursuant to Sinnissippi policy and Rule 132. (59 Ill. Adm. Code 132.148).
4. Complete rights education annually per rule 132 (59 Ill. Admin. Code 132.142), orally and in writing per Code (405/ILCS 5/2-200).
5. Require all prescribers to determine and state in writing whether patients have decisional capacity to make reasoned decisions whenever psychotropic medications are posed (405 ILCS 5/2-102a-5).
6. Train all prescribers periodically on rights under Chapter II of the Code (405 ILCS 5).
7. Ensure that the grievance process includes board involvement as required by the Administrative Code (59 Ill. Admin. Code 132.42).