



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY – NORTHWEST REGION
REPORT 14-080-9010
ROSECRANCE HEALTH NETWORK

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship & Advocacy Commission opened an investigation after receiving complaints of potential rights violations in the care provided to a client at Rosecrance Health Network in Rockford. Allegations were that the facility does not manage the client's medications well and is inconsistent with treatment plans which cause her to be arrested repeatedly.

Substantiated findings would violate rights protected under the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and regulations that govern community mental health services (59 Illinois Administrative Code 132)

The Rosecrance Health Network offers a comprehensive range of services, including prevention, intervention, detoxification, inpatient and outpatient treatment, experiential therapies, dual-diagnosis care, and family education. Rosecrance currently has 12 crisis residential beds in two Rockford locations.

To investigate the complaints an HRA team met at the facility where it interviewed administrators, a compliance officer, case manager and community support team leaders. Policies were reviewed as were relevant sections from the client's records with written authorization.

COMPLAINT SUMMARY

The Complaint states that the facility does not manage the client's medications well and this causes the client to drop below therapeutic levels. The client has informed the facility that when her medications levels are not right, she will relapse. The complaint goes on to say that the client is repeatedly arrested due to the facility not being consistent with the client's treatment plans.

FINDINGS

Interviews

The administrators and community support team (CST) state that the client remains an active recipient of Rosecrance services. The community support team consists of six people including a team leader, a consumer representative who is a certified recovery support specialist, and clinicians who help stabilize the client to reduce incarcerations, hospitalizations and homelessness as well as develop skills needed to function effectively in the community. The client was last seen by a Rosecrance psychiatrist on 2/6/14. The community support team leader states the client's medication monitoring is being done by a Rosecrance clinician who is assigned to another community clinic where she prefers to seek treatment. The community support team is constantly in contact with the clinician at that clinic to receive updates regarding the client's

medications and overall progress. The community support team states that there are no barriers to the client in regard to seeing the psychiatrist, nor have there been in previous times. Even so, they agree that there is a need to increase the documentation through the link that connects all of the case notes to the primary client account at Rosecrance, thereby providing a more complete picture of the medication management. In addition to this, they have encouraged the client to see the psychiatrist through the Open Access program which is a more expedited process, but the client has not been cooperative in regard to this procedure. The Open Access Program, housed at Rosecrance's Ware Center, was established so that Rosecrance could better manage their resources by being more open and flexible to the schedule of their clients in the following manner: they will accept a certain number of new walk-in clients and follow-up visits for the morning and afternoon, depending on the doctor's availability. If a client arrives in the morning when Rosecrance has reached their limit, the client will be given a return time for that same day or the next day, and be given priority. The community support team leader explained that the client chooses to go to the community clinic for her psychiatric care instead of Rosecrance. He goes on to say, that Rosecrance has repeatedly offered the client psychiatric services since 2013. Rosecrance has not provided the client with a psychiatrist or medications at her choosing, until February 2014.

The community support team leader states that the client is currently incarcerated. Rosecrance has 2 crisis case managers that do mental health assessments in the jail. The collaborative connection between Rosecrance staff, the local police department and the community clinic enables the client to continue receiving services within the jail to ensure there is no break or lapse in treatment, all in an effort to keep the client out of the Department of Corrections.

The community support team leader states that he meets with the client weekly out in the community and completes progress notes, unless the client is incarcerated. At such time, the crisis case manager will meet with her for a mental health assessment. The client has difficulty following a treatment plan. She will agree with her treatment plan, but has poor follow-up and is often non-compliant to treatment. The client changes her mind quite often and this, per the team leader, makes it difficult to track progress. The client has elected not to designate a support person for treatment planning. She chooses to not have Rosecrance as her representative payee, and, according to staff, continues to make poor choices regarding money management including assigning payeeship to boyfriends, which consistently ends with significant loss of funds.

Along with medication monitoring, the treatment plan for the client also includes connecting her to a supportive employment program, and to find housing. In regard to housing, Rosecrance receives federal HUD grants through the City of Rockford to provide housing subsidies for people with mental health needs. The funds currently provide housing subsidies for 160 people throughout the Rockford area.

RECORDS

The Mental Health Assessment dated 9/30/13 states that a goal for the client is to learn and understand how the high levels of caffeine can hinder the effectiveness of her medications. The assessment goes on to state that the conclusion regarding the medical necessity of services for the client include psychotropic medication monitoring.

There is documentation in the progress notes dated 11/26/13, that a crisis case manager completed a mental health assessment with the client during her incarceration. The letter addressed to the jail from the community support team leader dated 1/8/14, states that a

psychiatrist at the Rosecrance Ware Center is readily available through the Open Access program should client elect to take advantage of this service.

The Treatment/Care Plan and an email dated 10/3/13 sent by the community support team leader to the clinician at the community clinic, state the attempts to assist the client in seeing the psychiatrist at the Rosecrance Ware Center, but the client insists on receiving services from the community clinic. Medication monitoring and assisting the client in seeing the psychiatrist, have been and continue to be priorities for both Rosecrance and the community clinic. This is evident in the progress notes written on 10/18/13 and 1/6/14 by the Rosecrance community support team leader, and the progress notes written on 10/24/13 and 11/20/13 by the community clinic. The community support team is constantly in contact with the community clinician to receive updates regarding the client's progress, which is supported in the client's record. The Rosecrance Ware Center seeks to be the premier outpatient agency to treat the client's mental health disorder, to manage medications and to minimize side effects with the outcome of stabilizations.

CONCLUSION

Rosecrance Health Network policy states that the staff are to ensure the client has received medication education which includes information regarding potential side effects. If client is taking multiple psychotropic medications, there is the potential for increased side effects. If there is a concern about other psychotropic medications the client is already taking, the facility is to review this information with the prescribing physician. Vital signs are taken as needed and per physician orders and protocols. The facility is to obtain orders for lab work as indicated for some medications, as often as therapeutically necessary and forward all lab results to the physician as soon as they are available. Information regarding client response is to be subjective and objective. This may be documented in the e-MAR (electronic medication administration records) notes or comments, in progress notes or in treatment plan reviews. The therapeutic response to psychotropic medications is monitored through the primary counselor and through follow-up sessions with the prescribing physician.

Rosecrance Health Network policy states that they have the "Forensic Services staff housed onsite at the County jail. The diagnoses of those served range from adjustment disorder to serious mental illness (i.e. bipolar or schizophrenia). Detainees can remain in jail awaiting trial from a week to years depending on the nature of their charge, the amount of their bond, and, for those with serious mental illness, their fitness to stand trial. There are two mental health pods (one male and one female) to house detainees on suicide watch or those whose illness would make being with the general population difficult. The Forensic Services Program offers crisis intervention and case management services. Mental health services are provided by one full time mental health professional and the jail data link services are provided by one full time mental health professional. The goals of the Forensic Services Program is to provide quality mental health services that aid in stabilization, safety and security of the inmate, and linkage to community resources upon release."

Rosecrance Health Network policy states that "clients are placed in the most appropriate, least restrictive, treatment program/level of care for substance abuse services (SAS) and mental health services (MHS). The treatment plan will be developed in collaboration with the client and will be written using language the client understands and in the client's own words when appropriate. The treatment plan should be individualized. The treatment plan will be developed with the input from the family, referral source and any other entities involved in the client's care whenever possible. During the Integrated Assessment, a problem list is identified; the treatment

plan should reflect assessed needs, medically necessary service recommendations, strengths, preferences and goals of the client. The treatment plan must have every need from the assessment listed as referred, deferred, monitored, or treated. The individual's treatment plan must be assessed continually and modified as necessary, to ensure that the plan meets the person's changing needs. A client may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a client may require medication, other medical services, community integration, supportive housing and/or social and legal services."

1. Rosecrance Health Network policy states that "Rosecrance recognizes that the key resource for the success and effectiveness of treatment is the professionalism and expertise of the staff. Rosecrance is committed to providing an opportunity for staff professionals to develop and enhance their skills. The staff education program is carefully planned and is a continuous effort to facilitate the development of staff skills to a level that maximizes the potential of the administrative, professional, and support staff. To that end, Rosecrance has contracted with Essential Learning to provide cutting edge e-learning for all our staff. Essential Learning allows us to provide outstanding trainings conveniently delivered online, 24/7, measures competencies across departments effectively, and it provides secure, auditable reports."

According to regulations that govern community mental health services (59 Ill. Adm. Code 132.150) regarding treatment services:

Psychotropic medication monitoring includes observation and evaluation of target symptom response, adverse effects, including tardive dyskinesia screens, and new target symptoms or medication. This may include discussing laboratory results with the client.

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.

The Code defines adequate and humane care and services in 5/1-101.2 as those, ...*reasonably calculated to result in a significant improvement of the condition of a recipient of services confined in an inpatient mental health facility so that he or she may be released or services reasonably calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others.*

According to Section 132.148 of community mental health regulations regarding evaluation and planning services:

Treatment plan development, review and modification service is a process that results in a written ITP[individualized treatment plan], developed with the participation of the client and the client's parent/guardian, as applicable, and is based on the mental health assessment report and

any additional evaluations. The ITP may be known also as a rehabilitation treatment plan or a recovery treatment plan. Active participation by the client and the client's parent/guardian, as applicable, is required for all ITP development, whether it is the initial ITP or subsequent reviews and modifications. The client may choose to actively involve collaterals in the ITP process.

12) Specific documentation of delivery of treatment plan development, review and modification service must include a description of the time spent with the client or collateral developing, reviewing or modifying the ITP.

And Section 132.150 regarding community support services states:

Community Support - Services are mental health rehabilitation services and supports for children, adolescents, families and adults necessary to assist clients in achieving rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of adaptive and compensatory strategies, identification and use of natural supports, and use of community resources. CS services help clients develop and practice skills in their home and community.

2) Service activities and interventions shall include:

A) Assistance with identifying, coordinating and making use of individual strengths, resources, preferences and choices in natural settings;

B) Assistance with identifying and developing existing and potential natural support persons and teams;

C) Assistance with the development of crisis management plans;

D) Assistance with identifying risk factors related to relapse, developing wellness plans and strategies and incorporating the plans and strategies into daily routines in one's natural environments;

E) Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning and facilitating learning to do this for oneself;

F) Support and consultation to the client or his/her collaterals that is directed primarily to the well-being and benefit of the client;

G) Skill building and identification and use of adaptive and compensatory strategies to assist the client in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the client's mental illness;

H) Assistance with applying skills and strategies learned from provider-based services and interventions to life activities in natural settings; and

I) Identification and assistance with modifying habits and routines to improve and support mental health, resiliency and recovery.

Complaint: The program does not manage the client's medications well. The community support team consists of six people including a team leader, a consumer representative who is a certified recovery support specialist, and clinicians who help stabilize the client to reduce incarcerations, hospitalizations and homelessness as well as develop skills needed to function effectively in the community. The community support team leader states that the client's medication monitoring is being done by a Rosecrance clinician assigned to a community clinic. The community support team is constantly in contact with clinicians at the community clinic to receive updates regarding the client's progress, which is supported in the client's record. Assessment and treatment plan information address the client's medication needs and issues and indicates the agency's attempts to facilitate client contact with the psychiatrist for medication monitoring. The complaint is not substantiated.

Complaint: Inconsistency by the facility with treatment plans cause client to be arrested repeatedly. The community support team leader states and the records support that he meets with the client weekly out in the community and completes progress notes. The client has difficulty following a treatment plan, but has elected not to designate a support person, nor have Rosecrance as her representative payee. Along with medication monitoring, the treatment plan for the client also includes connecting her to the Bridgeway supportive employment program and to the Rosecrance Shelter Plus Care housing program. Rosecrance has 2 crisis case managers that do mental health assessments in the jail. The collaborative connection between Rosecrance staff, the local police department and the Crusader Clinic enables the client to continue receiving services within the jail to ensure there is no break or lapse in treatment, all in an effort to keep the client out of the Department of Corrections. Since the client chose until recently to see a prescriber elsewhere, Rosecrance was not responsible for her medication or therapeutic levels and a direct correlation between those, their devised service plan and her arrests cannot be made at the time this complaint was received. Case managers continued to monitor her medication use as second party and urged her to follow her plan nonetheless, which protected, not violated, her right to adequate and humane care pursuant to her individual services plan. The complaint is not substantiated.

SUGGESTIONS

1. Provide more complete clinical notes to depict the actual communication between all of the facilities. (405 ILCS 5/2-102A).
2. Consider evaluating the treatment plan more often than the previously planned 6 months to ensure that the client's clinical needs are met. (405 ILCS 5/2-102a).
3. Provide written material regarding the open access program and requirements to the clients. (59 Ill. Adm. Code 132.150)