FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
14-110-9018
Chester Mental Health Center

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegation concerning Chester Mental Health Center:

A recipient isn't being served in the least restrictive environment.

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2), and Chester policies.

Chester Mental Health Center is a state-operated mental health facility serving approximately 240 recipients; it is considered the most secure and restrictive state-operated mental health facility in the state. To investigate the allegations, an HRA team interviewed the recipient and facility staff, reviewed the recipient's record, with consent, and examined pertinent policies and mandates.

I. Interviews:

A. Recipient: The recipient met with the HRA during a visit to the facility. He was in a wheelchair and might be described as having a very frail, elderly appearance. He was very difficult to understand. He appeared to strain to speak and when he did speak it was in a very soft whisper. The interview was brief and consisted mostly of yes and no questions. The recipient seemed to comprehend what was being said. When asked if he wanted to move to Alabama with family, he answered yes and stated that he thought in the next 3 months he would transfer. When asked how long he had been at the facility, he said "about 7 years." He was currently housed in the infirmary but stated he had previously lived on two other modules. He stated that he was not allowed to attend "yard activities" and just watches television all day and isn't allowed to do anything else. He stated that he is not safe on the living units therefore he is "kept in the infirmary." When asked if he was under court jurisdiction currently, he answered no. He tried to communicate further, but was too difficult to understand due to his whispering and rambling sentences. Therefore, the HRA could not decipher what he was attempting to say.

B. Chester Staff: The HRA spoke with the Medical Director who stated that the recipient had signed a request for discharge or transfer. However, the treatment team did not feel comfortable discharging him and felt he met the criteria for involuntary inpatient care. Therefore, the facility had filed a Petition for involuntary admission but before the court date, the recipient signed

himself back in as a voluntary patient. The treatment team felt that if he could do well in a less secure facility for a period of time, it would be easier to then transfer him to another facility in Alabama. The HRA was told that it is very difficult to discharge from a maximum secure facility such as Chester to a less secure facility in another state and since there were no maximum secure facilities in Alabama, it made interstate transfer even more difficult. Therefore, Chester had tried working with another Department of Human Services (DHS) facility in Illinois that was a less secure setting to see if they would agree to admission. However, the Medical Director also informed the HRA that the recipient had hit a staff person the week prior to our conversation sending him to the emergency room for treatment of injuries; so the need for a maximum security setting was in question again. The Medical Director felt that there was a misunderstanding within the recipient's family as some seemed to understand the process and what the facility was trying to accomplish, while other family members did not seem to understand the process. The Medical Director stated that she would invite the family members to attend a phone conference to discuss the case to see if any misunderstandings could be clarified.

The HRA then spoke with the Unit Director regarding the recipient's status. She informed the HRA that a few days before our conversation, the recipient had "snuck up behind staff" and another staff person said his name out loud which prompted the security therapy aide (STA) to turn around. When the STA turned around, the recipient punched the STA in his eye causing injury which required a trip to the hospital for evaluation. At the time of our discussion, the STA had returned to work but the white of his eye was still red and bloodshot from the injury. The Unit Director also informed the HRA that this recipient had a history of killing another patient while in Chester and that he is still violent even with a STA close by. She also informed the HRA that even though he is in a wheelchair and may appear frail, he is quite capable of ambulating without it if he wishes to and that the wheelchair is just used as an aide. When questioned about discharging the recipient to family if they had alternative arrangements in place for him, she stated that she would not feel comfortable with him being in a nursing home type setting, which she understood to be the type of arrangements family members were trying to make for him. She expressed concern over the safety of the other residents in that type of setting if the recipient would be allowed to transfer there.

C. Division of Mental Health (DMH) representative: In April, 2014, the HRA spoke with a representative from the DMH who was assisting this recipient with his transfer request. The representative stated that the recipient was a voluntary patient who requested a transfer to a state hospital in Alabama to be near his family. She stated that the state hospital in Alabama declined his admission due to his condition not being "acute enough" as his maladaptive behaviors were controlled. This representative's "counterpart in Alabama" was supposed to help her look for alternative outpatient care in Alabama, but had not at the time of our discussion. This representative stated that the recipient's sister "was currently seeking placement in Alabama on her own, without assistance from the state." The representative was planning on participating in the recipient's next treatment plan review (TPR) along with his sister via telephone. In September, 2014, the HRA again spoke with this same representative from the DMH. The representative stated that a "level 3 independent examination" had been conducted and the recommendation was that he met criteria to be transferred out of state. She stated that even though that was the recommendation, it still had not been accomplished and she was trying to discover why. She expressed concern that the recipient had signed a request to be discharged in

the presence of his family and had also mentioned his desire to be discharged in treatment meetings that she attended via telephone conference, but he then signed himself in voluntarily again. She did not know why he did so at the time of the conversation with the HRA. She stated that family was under the impression that he had a court date and they were required to attend court because he might possibly be discharged to them that day. She stated that the family had made arrangements for home healthcare and the recipient's brother had also found a nursing home close to family that was willing to admit him. However, the family was not notified by Chester that he had signed himself back in and learned of this only after speaking with the recipient, who could not tell them why he did so. The DMH representative also stated that DMH does not have a policy which states that a recipient cannot be discharged from Chester without first being transferred to a less secure facility. She also informed the HRA that the recipient does not believe he needed insulin and accu-checks so frequently and when they were reduced, he was more cooperative. She questioned whether his maladaptive behaviors were due to his mental illness or out of frustration for his environment. She said his aggression is rare which is why she questioned a maximum secure setting. When she met with him at the facility and walked with him, he could only walk a few steps and then became winded. She was concerned that he may be a fall risk and stated he was also "shaky." She felt like Chester was an inappropriate placement and that a "more medical type setting" would be more appropriate.

II. Clinical Chart Review:

A…Treatment Plan Reviews (TPRs): The HRA reviewed TPRs from April through September, 2014. The *Reason for Admission* section lists a history of initial DHS admission for the crime of attempted murder and armed robbery in 1997 when he was admitted to Chester from the county jail. He was found not guilty by reason of insanity (NGRI) in 1999 and was given a Theim date of 5/6/12. The recipient also has *"a history of slapping a female staff member across the face and trying to hit her again with a closed fist."* In 2002 he *"reportedly beat his therapist on the head."* This section of the TPR stated that *"according to reports, he is considered dangerous to others. He had been threatening to cause bodily harm and made it clear to staff that he was going to kill his psychiatrist and a specific peer."* His history also states that in 2006 he was upset about his NGRI status and wanted a Judge's Order for release. At that time he began to *"pound and kick the door of his psychiatrist and screamed that he will knock her teeth out and kill her."* It was also stated that these threats were also directed towards the doctor, nurses and peers. He was unable to be redirected and was placed on 1:1 close observation and enforced medication. In 2009 he was transferred to a less secure facility based on *"improved behavior and treatment compliance while at Chester MHC."* While at that facility, he *"physically assaulted peers after accusing them of rape which required patient to be placed on 1:1 observation…It is believed that [recipient] is a dangerous risk to self and others and would benefit from the structure of a maximum security setting to successfully manage his deteriorating mental illness and impulsive, physically aggressive behavior."* His date of admission to Chester most recently was listed as 2011.

The *Discussion Section* of the **4/9/14 TPR** stated that the recipient attended and participated in his meeting in the infirmary and that his sister teleconferenced in to participate *"due to her desire for him to be transferred."* It also stated that the recipient "r*ambled throughout the TPR and stated that he does not need to take medication."* It was noted that the recipient was in

physical holds on 3/26/14 and 4/1/14 and that he *"has had an increase in aggression this review period."* His sister had stated that she wanted her brother to go to a group home or nursing home and that she had several facilities for him to go to *"but was not able to provide the name, addresses, or phone numbers of the facilities."* It was documented that a staff person explained Chester's procedure for transfer to her. In the *Response to Medication Section* it stated that the recipient was seen in the infirmary in teleconference with his sister for his monthly TPR meeting and that *"his family member was insisting on his discharge and transfer. His treatment team informed the family he can only be transferred to another mental health facility and cannot be discharged from Chester Mental Health Center. He tends to become angry at times. Medication compliant."* However, in another section it was noted that he was medication compliant because he was on Court enforced medication. In the *Extent to Which Benefitting From Treatment Section* it stated that during this review period, the recipient *"continued to present occasional problem behaviors. He required PRN [as needed] medication and physical holds on 3/26/14 and 4/1/14. [Recipient] continues to exhibit positive symptoms of psychosis – including paranoia and grossly irrational content of speech."* The *Criteria for Separation Section* stated that *"In order to be recommended for a transfer to a less secure facility, [recipient] must exhibit an ability to inhibit any significant impulses of violence toward himself or others. He must express a genuine desire for a transfer, to be cooperative in his adjustment as exhibited by his statements, the taking of any medication deemed essential and the making of reasonable plans."* The recipient refused to sign the TPR report.

The **5/7/14 TPR**'s *Discussion Section* stated that the recipient attended his TPR in the infirmary and that his sister again participated by teleconference along with the representative from the DMH. The recipient was *"easily agitated"* and stated that he did not believe he needed medication and stated that he feels better when not medicated and stated *"I'm tired of taking all these pills"* and that he *"does not have sugar problems."* It was noted that he had been noncompliant with his accuchecks at times. He was given emergency enforced medication twice on 5/6/14. His sister again expressed her desire to have him closer and stated that she did not believe he was a risk to others at that time. The recipient stated that he *"wanted his freedom"* and indicated that he did not want to reside in a hospital stating *"I'm a man, I deserve my own place."* It was noted that he last required physical holds on 3/26/14 and 4/1/14. The *Response to Medication Section* stated verbatim what the 4/9/14 TPR documented. The *Extent to Which Benefitting From Treatment Section* repeated what the 4/9/14 TPR documented and added that he required emergency enforced medication on 5/6/14 and stated that *"He has no insight into his need for medication, mental illness or physical problems."* The *Criteria for Separation Section* stated verbatim what the 4/9/14 TPR stated. The recipient refused to sign his treatment plan.

The *Discussion Section* of the **6/6/14 TPR** stated that the recipient attended his TPR in the infirmary and was seen in his room. It documented that he *"was in a good mood and had just been woken up to receive an accucheck."* It was also noted that he had received a Father's Day card from his son and had asked his therapist to read it. It was noted that he remained verbally and physically aggressive to staff at times. He had refused medication on 5/6/14 and 5/814. He was given Court enforced medication on 5/8/14 and 5/26/14. He attempted to attack staff on 5/28/14, 5/29/14 and 6/2/14 and required physical holds on 5/8/14, 5/29/14 and 6/2/14. The *Response to Medication Section* stated that he *"continues to refuse medications (5/6/14 and 5/8/14) and received court enforced medications. He was on physical hold and seclusion for*

attacking on 5/29/14. He requires frequent physical holds on 5/17/14, 5/26/14 and 5/28/14. He attempted to attack the staff on 5/28/14, 5/29/14, 6/1/14 and 6/2/14." The Extent to Which Benefitting From Treatment Section stated that he continued to have occasional problem behaviors, remains verbally and physically aggressive to staff at times and repeated the dates in which he was given court enforced medication, attacked staff and required physical holds. The end of this section documented that *"An interstate transfer packet has been completed per patient and family request for transfer to Alabama."* The *Criteria for Separation Section* stated verbatim what the previous TPRs had stated.

The *Discussion Section* of the **7/31/14 TPR** stated that the patient attended his TPR in the infirmary and had just received pain medication; therefore, he was having trouble staying awake during the TPR. He denied having any concerns at this time. It was noted that the recipient *"has had difficulty this review period, refusing his insulin. On 7/30 and 7/31/14, he urinated on the floor."* The *Response to Medication Section* noted that he had made *"no major progress"* and that he still remained in the infirmary and *"severe cognitive impairment and delusional thought content noted."* In the *Extent to Which Benefitting From Treatment Section* it was noted that *"he required seclusion on 7/20/14 for aggression and a physical hold on 7/21/14. He has been noncompliant with insulin and accuchecks from 7/19/14-7/26/14. His VPA [Valproic acid medication] was increased on 7/23/14."* The remainder of this section was verbatim what the previous TPRs had stated and again noted that an interstate transfer packet had been completed. The *Criteria for Separation Section* stated verbatim what the previous TPRs had stated.

The **8/27/14 TPR** noted in the *Discussion Section* that the recipient *"was pleasant and cooperative"* and denied having any concerns at that time. The *Response to Medication Section* stated that he was still in the infirmary with no major progress noted. It was also noted that his VPA had been increased and he *"continues to have aggressive behavior but less than before."* In the Extent to Which Benefitting From Treatment Section it noted that his behaviors had improved that review period and again made reference to an interstate transfer packet being completed. The *Criteria for Separation Section* was verbatim to the previous TPRs.

The *Discussion Section* of the **9/26/14 TPR** stated that the recipient attended his TPR in the infirmary noting that he was in bed but sat up to talk to the therapist. He was cooperative and stated that he wanted to leave Chester MHC. The *Response to Medication Section* stated that there was *"no major progress noted"* documented his current VPA level and stated that his admission status had been changed to *"involuntary"* on 9/17/14 but did not say why. In the *Extent to Which Benefitting From Treatment Section* it noted that the recipient had *"continued his aggression this review period. He was in a physical hold on 8/29, 9/16 and 9/18. He was also in seclusion on 9/3/14. He remains verbally and physically aggressive to staff at times…continues to exhibit positive symptoms of psychosis – including paranoia and grossly irrational content of speech. He has no insight into his need for medication, mental illness or physical problems."* The *Criteria for Separation Section* was verbatim to the previous TPRs. The recipient was discharged from Chester Mental Health Center to another Illinois state operated facility on October 22, 2014.

B. Medication Orders: Petitions for Administration of Enforced Medication dated 4/9/13, 10/8/13 and 4/8/14 were reviewed. There were also Orders granting the Petitions in the chart.

C...Progress Notes: Notes from 4/25/14 through 10/21/14 were reviewed and documented once daily accuchecks for diabetes. There are several refusals for rechecks documented in case notes when glucose levels first registered high and insulin was ordered by the medical doctor to bring the levels down. Also documented are several medication refusals and notes where court enforced medication was given after multiple attempts to get the recipient to comply. A 4/25/14 Therapist note stated *"patient has had continued episodes of verbal and physical aggression. He required a physical hold on 3/26/14, 4/11 and 4/10/14. He also refused his medication and received court enforced medication on 4/1/14. He has had contact with his family. His sister [name] attended his last TPR via video conference. She also sent him money on this date. He becomes easily agitated at times and is difficult to redirect when upset. He does attend AT [activity therapy] at times when given the opportunity."* On 5/8/14, a note indicates that he had been agitated and paranoid, thinking that others were talking about him. He refused medication and became more agitated. When court enforced medications were explained to him he *"took a boxing stance, attempting to strike staff. PH used to prevent injury"* the recipient was then escorted to his room and given court enforced medication. On 5/28/14 the recipient became combative with staff and punched at an STA while ambulating to the common room for the supper meal. As needed medication was offered and accepted by the recipient. On 5/29/14 the recipient again *"walked up and spontaneously attacked STA in day room by TV."* He was placed in a physical hold and continued to struggle and threat the staff; he was then placed into seclusion. 6/16/14 case notes document the patient being very agitated accusing staff of keeping him at Chester, refusing morning medications; after 3 attempts he complied but only after calling staff names and stating *"you're going to pay for this…"* A 6/18/14 nursing note stated *"patient approached staff member from behind and punched staff multiple times – patient was placed in physical hold for safety of self and others – physical hold lasted 2 minutes and ended at 1525 [3:25 p.m.] – no injuries noted to patient from physical hold."* Another note which appears to be from a medical doctor on the same date states *"Pt [patient] was placed in PH [physical hold] and in seclusion for punching staff from behind and attempting to hurt staff by struggling to get his arm free to assault again. Paranoid makes statements of staff [illegible] him."* The nursing note that same date stated *"patient assaulted staff at 1523, punched staff from behind. Patient was placed in a physical hold for safety of self and others. Patient continued to struggle in an attempt to get arms free and strike at staff. Patient was placed in seclusion for safety of self and others. This writer observed no physical or emotional deficits [from] being placed in physical hold and seclusion. Dr [name] here on unit and completed face to face assessment…Remains restless and agitated. Compliant with scheduled 1700 medications and was also given lorazepam 2 mg PO[orally] PRN[as needed]…1720 NN [nursing note] patient remains paranoid believes STA that he assaulted has been trying to kill him all day. Restless and agitated. Refused vital signs, glaring at staff and posturing in an aggressive manner…1820 NN [nursing note]patient calmer and cooperative. Review completed and patient meets criteria for release from seclusion. Unable to understand why he was placed in seclusion, but is agreeable to keep his hands to himself. Pt wants to go to his room and rest in bed. STAs X 2 assisted patient (one staff on each side of patient) to help support and assist patient ambulate down hallway to patients room d/t [due to] unsteady and weak gait. Patient appears sedated [illegible] PRN medication received earlier tonight. Staff assisted pt to his bed. Pt currently resting in bed. Stated 'I'm alright.' Will monitor. No physical or emotional deficits observed [illegible] to seclusion."*

An 8/12/14 nursing weekly assessment note stated that the recipient *"ambulates independent [with]slow shuffling gait"* A 8/20/14 therapist note stated *"patient signed an application for voluntary admission on this date. He continues to have problematic behavior on the unit at tiems. These are typically a result of his delusions. For example, he may believe that staff are attempting to steal his money, wife etc…He typically goes after staff members only. His last documented incident of aggression was on 7/24/14 when he threw the urinal full of urine at the nurse's station. [illegible] nursing staff reported that patient also attempted to hit STA last week. On this date he was pleasant and cooperative. He was smiling. He stated 'God bless you' to this writer and thanked this writer for helping him. It appears that his mood and aggression have improved since the Depakote was increased on 7/23/14..."* A 8/25/14 nursing note weekly assessment noted that *"ambulates independently with shuffling gait short distances, patient tires quickly with ambulation."* On 8/29/14 the recipient was placed in a physical hold for *"suddenly jumped up and attempted to strike staff."* He was escorted to his room and counseled but refused a PRN medication and *"continued to approach staff aggressively."* Emergency enforced medication was given at that time.

On 9/3/14 it was documented that the recipient *"attacked staff member from behind without warning striking staff member on right side of face and right eye with fist. Patient was an imminent danger to all and was placed in a physical hold for safety of all. Patient was unable to regain control of self and continued to try to fight and was placed in seclusion with 2 minute physical hold."* A therapist note 2 days later noted the incident and 2 others that had recently occurred and mentioned that the STA that the recipient hit still had redness on his face and eye from the incident. On 9/16/14 it was documented that the recipient walked to the unit door and *"attempted to leave the infirmary"* and required a physical hold to prevent elopement. On 9/18/14 the recipient again *"came up behind staff and engaged in a spontaneous attack. Repeatedly punched STA in back; refused to verbally redirect offered to walk with staff de-escalation unsuccessful. Placed in physical hold for safety of all and escorted to his room."* A 9/24/14 court note documented that the recipient *"has been found subject to involuntary commitment for a period not to exceed 90 days."* A therapist note dated 9/24/14 stated *"patient attended his court hearing on this date. His sister [name] brother [name] and family friend were also in attendance. They encouraged him to sign a 5 day release which is why the court commitment happened on this date. He continues to present with aggression. He was in a physical hold on 9/16 and 9/18. He was also in a physical hold on 9/3 and 8/29. He continues to have episodes of medication refusal and refusal of accuchecks. His last seclusion was on 9/3."*

On 10/7/14 it was noted that during a medication pass, the recipient was *"standing in room in fighting stance holding radio upon seeing staff enter, patient swinging radio with cord wrapped around it as a weapon in attack on staff. Security staff able to get radio from patient with incident. Patient refused all scheduled HS [hour of sleep] medications x3 attempts – court enforced lorazepam 2 mg IM [intramuscular] administered with difficulty – patient encouraged to remain in room and try to calm self until medication takes effect"* On 10/17/14 a therapist note indicated that the recipient had a new therapist assigned to him due to his former therapist moving to another unit. The therapist noted meeting with him to discuss and prepare him for a transfer to another state operated facility scheduled for 10/22/14. The therapist explained the

transfer process to a *"less restrictive setting within Illinois prior to a transfer to the state of Alabama where his sister [name] and brother [name] would like him to live. [Recipient] continues to present with grandiose and persecutory delusional beliefs and will become combative when he feels he is being challenged. He has a history of noncompliance with insulin and accuchecks believed to be linked primarily to a paranoid thought process. [Recipient]may experience some difficulty during the transport trip to [new facility] due to the extended van ride and change of environment. It is believed that [recipient] would benefit from being accompanied by a member of the medical team which [recipient] has a positive conversational rapport with and who is knowledgeable and has been successful in encouraging compliance with medication and daily living skills. This effort should reduce the likelihood of noncompliance and assist in an easy transition."*

<u>D. Utilization Reviews (UR):</u> A <u>12/12/13 UR</u> listed his aggressive behaviors as his primary barrier to discharge. It also noted that due to his medical condition of significantly diminished cardiac and kidney function, he had exhibited an overall decrease in physical activity. It stated that *"currently, efforts are underway pursuant to transferring [recipient] to a psychiatric facility in Alabama, where family members reside. [Recipient's] interstate transfer is contingent on his meeting criteria for transfer. These criteria include social function which is characterized by acceptable risk of harm related to physically aggressive behaviors."* The <u>Progress Made section</u> noted that he had *"demonstrated gradual favorable response to treatment."* However, it also documented that the recipient had required a physical hold on 11/19/13 and seclusion on 12/10/13 and 8/27/13 due to agitation and aggression. The recommendation listed was to *"consider teleconference with [DMH representative] and out of state facility."* Committee Members present for this UR are listed as the Facility Director, Medical Director and Chief Social Worker. Unit Staff present were his therapist, and two other social workers. On <u>9/11/14</u> another UR was held. In the<u> Changes to Discharge/Transfer Barriers section</u>, it noted that the recipient remained physically aggressive and that an interstate transfer packet for Alabama had been submitted to the DMH representative twice in the past nine months, most recent being in May, 2014. The recommendation from the previous review was listed as working with the DMH representative *"to honor transfer to Alabama."* The <u>Progress Made section</u> noted that he continued to reside in the infirmary and that he had ongoing aggression towards staff and noncompliance with treatment recommendations. It listed 6 medication refusals and 14 refusals of insulin and accuchecks. It noted that he was given court enforced medication on 4 occasions, threw a urinal full of urine at the nurses' station and required physical holds on 5 occasions. He also required seclusion 3 times for physical aggression. The <u>Changes to Recommendations</u> section stated "*Medical Director to do case consultation with [DMH Deputy Director for State Operations] regarding placement options in Chester vs less secure setting."*

<u>E. Transfer Recommendation:</u> The transfer recommendation listed psychiatric history which dated back to 1962 and included transfers between Chester Mental Health Center and another state operated facility 6 times continuously since August 1997. He was also in the Department of Corrections in May 1966 serving a 12-25 year sentence. He has been within the DHS facilities since August, 1997. The most current admission to Chester was in March, 2011 as a transfer from the other state operated facility. Court jurisdiction over him ended in May, 2012 at which time his admission status was changed to voluntary with the most recent reaffirmation being signed in August, 2014. It was noted that he had been housed in the infirmary due to his

multiple medical problems including hypertension, diabetes mellitus and heart failure. His congestive heart failure was listed as *"stable."* The <u>Mental Status Examination section</u> noted that it was extremely difficult to follow the recipient's conversation in order to complete the examination and stated that his conversation *"is full of irrational and illogical statements in form of delusions."* The recipient was cooperative throughout the interview however the content of his conversation is listed as *"nothing but grandiosity, denial of mental illness and lack of insight into the problem. He denied having done anything wrong to be brought over here. He simply said they were prejudiced and they did not like him."* When asked why he was not discharged as he requested the recipient replied *"for some reason they are holding me. They did not like me. They picked me up while walking on the street. They kidnapped me."* His <u>Diagnoses</u> are listed as "Axis I: Schizoaffective Disorder, Bipolar Type...Axis II: Antisocial Personality Disorder…Axis III: Hypertension, Insulin Dependent Diabetes; Ruptured Left Testicle, Dyslipidemia 9/23/08 fracture of left orbit; impaired kidney function; chronic constipation; EPS Tremors…Axis IV: Chronic mental illness since 1962, Legal problem: NGRI for attempted murder, armed robbery 1997, Theim date 5/6/12…Axis V: GAF [global assessment of functioning] = 35." The <u>Current Recommendation</u> is listed as *"[Recipient and his sister [name] have requested that the patient be transferred to a facility in Alabama to be closer to family. Both [Recipient] and his sister see the move as beneficial, especially given [Recipient's] advancing age and health issues. Prior to this transfer request to Alabama, [Recipient] needs to be in a less restrictive facility, and as such, this transfer recommendation was initiated.* In the <u>Community Contact</u> section it stated that the recipient *"would require treatment in a structured facility which would provide supervision. Destination is to an Alabama Department of Mental Health Inpatient facility. Currently, no departure dates have been established."* A <u>Continuity of Care Contact</u> listed specific treatment needs as *"Patient has numerous medical problems but is currently medically stable with medication. He continues to present with aggressive outbursts at times, mostly related to his paranoia about others. He does attempt to hit staff at times as well as his peers."*

<u>III...Facility Policies:</u>

<u>RI 01.01.02.01 Patient Rights Policy:</u> A. A patient shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual treatment plan.

According to the <u>Transfer Recommendation of NGRI and Involuntary Criminal Patients Procedure</u>, all transfers are to be in accordance with the Mental Health Code requirement of treatment in the least restrictive setting. Transfers begin with a determination by the treatment team and then a transfer recommendation is made by the psychiatrist. The therapist then addresses any transfer issues.

<u>Statutes</u>

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) states *"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…"*

With regard to transfers between state-operated facilities, the Code (405 ILCS 5/2-707) states "*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.*"

Summary

The recipient and his family were requesting a transfer to the state of Alabama so the recipient could be closer to family members. The Medical Director explained that it was difficult to transfer from a maximum security facility to a less secure facility in another state and therefore a transfer within the state of Illinois to a less secure facility was being pursued and if he did well in that setting, then an interstate transfer would not be as difficult. However the recipient's aggressive behavior had brought into question whether or not a less secure setting would be appropriate. At the time of our interviews, Chester staff were exploring options and consulting with the DMH Deputy Director for State Operations to find the most appropriate placement. The DMH representative stated that the state hospital in Alabama declined the recipient's admission request due to his condition not being "acute enough" as his maladaptive behaviors were controlled. This representative's "counterpart in Alabama" was supposed to help her look for alternative outpatient care in Alabama, but had not at the time of our discussion. The DMH representative stated that the recipient's sister "was currently seeking placement in Alabama on her own, without assistance from the state." When the HRA next spoke with this same representative from the DMH, the HRA was told that a "level 3 independent examination" had been conducted and the recommendation was that the recipient met criteria to be transferred out of state. However, even though that had been the recommendation, it still had not been accomplished and she was trying to discover why. She was under the impression that the recipient's aggressive behaviors were under control and the state of Alabama declined admission to a DHS facility there due to his condition not being acute enough since behaviors were under control. However, a review of the recipient's chart documented several aggressive behaviors that were occurring on a monthly basis as well as non-compliance with medication.

Conclusion

The HRA found documentation that the recipient was still having fairly regular aggressive behaviors, occurring 2-3 times per month but did note documentation in the records that his aggression had declined due to failing health and his age. Even though the Medical Director and other treatment team members had reservations about transferring the recipient to a less secure facility, it was documented in his chart that they had still submitted an interstate transfer packet and were still consulting with other psychiatrists outside of Chester to explore placement options. The DMH representative stated that her counterpart in Alabama was supposed to be assisting with placement but that had not yet occurred at the time of our interviews, which might have been the reason for a delay in the recipient transferring out of state. The recipient was ultimately transferred to another less secure state operated facility within the state of Illinois with the intention of it being a step down for the patient to facilitate an easier transition to Alabama. The transfer recommendation stated that even though aggressive

behaviors were still occurring, both the recipient and his family member saw the move as beneficial therefore, the recommendation was being made to accommodate the recipient's wishes as well as his family member's wishes. Therefore the allegation is **unsubstantiated.** The HRA does make the following suggestion.

1. Chester staff stated that a patient could not be transferred directly from Chester to another less secure facility out of state. The DMH representative stated that there was no such policy and the HRA could find no such policy. The HRA suggests that Chester administration review transfer policies to determine if said policy does indeed exist and provide the HRA with a copy of said policy. If no such policy exists, the facility should retrain appropriate staff on transfer policies and procedures to prevent future misunderstandings on transfers out of Chester Mental Health Center.