



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY METRO EAST REGION
HRA CASE # 15-070-9007
ALTON MENTAL HEALTH CENTER

INTRODUCTION

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Alton Mental Health Center (AMHC), a state-operated mental health facility located in Alton, Illinois. The facility is a medium security mental health care facility serving 120 patients between the ages of 18-55. One hundred and ten of that number (88 males and 22 females) are housed in the Forensic Unit, and the remaining 10 patients are in the Civil Unit. Alton Mental Health Center employs 220 staff members to ensure that patients are supervised 24/7. The allegations being investigated are: 1) The facility provides inadequate care when unit restrooms were kept locked for a period of time and recipients had to ask staff for access when needed, and 2) The facility does not adequately protect the right to private, unimpeded communication since staff are able to listen in and interrupt recipient phone calls. If substantiated, the allegations would be violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102,103). The Illinois Administrative Code (77 Ill. Adm. Code 250) is enforceable in state operated mental health facilities when the violation involves a recipient whom is receiving Medicare services provided by the facility.

METHODOLOGY

To pursue the investigation, an HRA team interviewed Alton Mental Health Center staff and the consumers. The HRA team also obtained and reviewed internal emails, masked Community Forum records, agency policies, and the Alton Mental Health Center Consumer Handbook.

FINDINGS

Complaint 1. The consumer stated that for several days the restrooms were kept locked and recipients had to ask staff to unlock the doors in order to access the restrooms. Facility staff acknowledged that for a period of 3-4 days the restrooms were locked in an effort to ensure patient safety while staff worked to determine which recipient had been urinating and defecating on the floor and writing on the wall with feces. Staff indicated they received two formal complaints during that time period, and though most recipients seemed understanding of the situation, a few became impatient. Staff also indicated they had discussed the concerns in Community Meetings and during staff reports. Staff were able to determine the offender, put the recipient on a toileting program and unlock the restroom doors. One to three staff members are present and available at all times on each unit to assist recipients with their needs. The Human Rights Authority is unaware of a facility policy on restroom access and there is no formal plan in place when restrooms must be locked for patient safety. When restrooms are locked, the

information is passed on during staff shift change and is reassessed the next morning during team meeting. Patients are made aware of the restrooms being locked when the event occurs and updated during community meetings, Restriction of Rights notices are not issued to each individual on the unit when restrooms are locked.

Complaint 2. An HRA staff member was having a telephone conversation with a recipient when the call was abruptly disconnected. When the HRA staff called back, she was informed by the recipient that staff were listening in on the conversation and disconnected the call. The disconnection occurred after the HRA staff asked the recipient a very specific question regarding the identity of a staff person at the facility. The recipient reported feeling uncomfortable sharing any further information. According to facility staff, the phones can be turned off from the documentation station where the power switch to the phones is located, but it is not the practice of the facility to disconnect phone calls without adequate warning. The phones are routinely shut off during meals and treatment as per facility policy. Phones on Locust unit are located in the living quarters and cannot be seen or observed from the documentation station. Recipients can make local calls, but must ask for assistance from staff when making long distance calls. Staff are trained on patient privacy when they are hired and when policies are updated. Staff are also retrained when problems arise. Staff provided dated work orders that reported several problems during the time period in question. In addition, construction was going on in the upper level of the building during that time which may have contributed to the phone problems. Privacy is not specifically addressed in the AMHC policy on phone use, other than to reference the Mental Health and Developmental Disabilities Code Section 2-103.

MANDATES/REGULATIONS

According to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103):

Sec. 2-103. Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation.

(a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items.

(b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director.

(c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. When communications are restricted, the facility shall advise the recipient that he has the right to require the facility to notify the affected parties of the restriction, and to notify such affected party when the restrictions are no longer in effect.

However, all letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, Guardianship and Advocacy Commission, or the Agency designated pursuant to "An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named", approved September 20, 1985, officers of the Department, or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities.

(d) No facility shall prevent any attorney who represents a recipient or who has been requested to do so by any relative or family member of the recipient, from visiting a recipient during normal business hours, unless that recipient refuses to meet with the attorney.

According to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103):
Sec. 2-102. (a) 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. 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 Illinois Administrative Code (77 Ill. Adm. Code 250) states the following:

Sec.250.1930 The Rules, of "Sanitary Practice for Drinking Water, Sewage Disposal and Rest Room Facilities" (77 Ill. Adm. Code 895) shall apply, except where those regulations and these requirements differ. For differences and installation requirements, see Subpart T and Subpart U.

- a) *Water supplies of medical facilities shall be operated in conformance with the following requirements:*
 - 1) *All water used in operation shall be provided from a public water supply or from an alternate source. The source of water supply shall be approved by the department.*
 - 2) *The construction, maintenance, and operation of any treatment process which might change the physical, chemical, or bacterial characteristics of the water shall be approved by the Department.*
 - 3) *Hot water shall be available at sinks and lavatories at all times. Water shall be adequate in volume and pressure for all medical purposes.*
 - 4) *The water system shall be operated with a hot water system adequate for all medical purposes.*
 - 5) *The hot water supply shall be regulated by thermostatic or other control devices which shall be either locked or located in places not accessible to patients or the general public so that the hot water used by patients and by the public is maintained at an even temperature which cannot cause personal injury.*

- 6) *For installation requirements, see Subpart T and Subpart U of these requirements.*
- b) *As part of the disaster and mass casualty program, a plan for the emergency supply of water must be available. This plan shall be approved by the Department, and shall include at least written contracts with any outside firms, a listing of procedures to be followed, the amounts of water needed by different departments, the means of dispensing water within the facility, and procedures for sanitizing in the case of contamination. Plans utilizing existing piping are recommended.*

CONCLUSION

With regard to complaint 1, which charges that Alton Mental Health Center provides inadequate care when restrooms were kept locked for a period of time, the Human Rights Authority finds the complaint unsubstantiated. While the Center restricted access in an effort to identify a recipient with toileting needs and to ensure safety, restroom access was still granted, although consumers were required to take an additional step in obtaining restroom access.

With regard to complaint 2, which charges that Alton Mental Health Center did not adequately protect the right to private, unimpeded communication, the Human Rights Authority finds the complaint unsubstantiated. The facility provided documentation showing that there were ongoing service/maintenance related issues with the phones during that time period.

RECOMMENDATIONS

No recommendations are being made at this time.

SUGGESTIONS

When it is necessary to restrict patients from areas of the living unit, ensure that the least restrictive approach for meeting a recipient's needs is utilized without compromising the rights and privacy of other recipients, to the extent feasible.

If restroom or water access is restricted throughout a unit, create documentation of restroom access and/or a written plan/procedure for such circumstances. Include a minimum frequency for providing access as well as the individuals responsible for guaranteeing access.

Consider how the facility can revisit the importance of patient privacy in an ongoing fashion. Add details about private phone communication in the Facilities Telephone Call-Patient use of Telephones policy 2 B.01.021.

Consider the issuance of Restriction of Rights Notices when such circumstances arise to ensure that recipients and their designated contacts receive written, formal notice about the situation as well as the available means to access the restricted area.