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HUMAN RIGHTS AUTHORITY- CHICAGO REGION

**REPORT 16-030-9013
Trilogy Behavioral Healthcare**

Case Summary: The HRA did not substantiate the complaint that Trilogy denied a recipient case treatment services because she had problems with a former landlord.

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Trilogy Behavioral Healthcare (Trilogy). It was alleged that the facility denied a recipient case management/services coordination because she had problems with a former landlord. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-100 et. seq.) and the Medicaid Community Mental Health Services Program (Ill. Admin. Code 59 Chapter IV Section 132.142).

Trilogy is a not-for-profit agency licensed by the Illinois Department of Human Services Division of Mental Health as a Medicaid provider and operator of Community Integrated Living Arrangements. It provides case management and treatment services developed to assist adults with mental illness and serves over 1500 adults.

To review these complaints, the HRA conducted a site visit and interviewed the Lead Intake Coordinator, the Intake Coordinator, and the Chief Clinical Officer. Program policies were reviewed as were the adult recipient's records upon written request.

COMPLAINT SUMMARY

The complaint alleges that a recipient went to Trilogy for residential services on a referral from her physician. She was then assessed for services and reportedly the impression was given to the recipient that she would be accepted for these services. After the recipient told the staff that she had had problems with a former landlord, the Intake person immediately changed her mind, stating, "If that's how you treat a landlord, how do we know what you're gonna do to us?" The recipient made an effort to explain that a landlord had held a package that belonged to the recipient, and when the recipient demanded it, an altercation erupted where the police had to be called. The recipient was injured by the landlord and had to be hospitalized. After the Intake

staff heard the details of the recipient's interaction, she allegedly told the recipient that she was denied services.

FINDINGS

The clinical record begins with the recipient's initial presentation to Trilogy for assessment on 10/08/15. Progress notes state, "LPHA [Licensed Practitioner in the Healing Arts] met with client at Trilogy for initial intake interview and mental health assessment. LPHA and client discussed client's specific interest in services and available options for engagement. Client expressed an interest in obtaining case management services and assistance with locating housing. Client expressed history of schizophrenia and indicated that she has been receiving outpatient psychiatry from [a behavioral health] clinic. Client reported extensive paranoia about the provider there attempting to make her angry. Client reported recently moving from her own apartment in the northern suburbs in with her sister due to issues with her landlord. Based on client's report, it appears as though client's psychiatric symptoms became exacerbated. Client reported getting into a physical altercation with the landlord and was hospitalized. Client reported a history of anger outbursts and physical aggression in the past. LPHA to contact client back regarding appropriateness for services due to client's reported history of aggression towards others. Staff to follow-up."

The Mental Health Assessment contains a section on Presenting Problem/Reason for Seeking Services which gives the reason for the recipient's referral: "Client reported that she is interested in case management services to obtain linkage to psychiatry, medical care in the Chicagoland area, computer classes, and housing assistance to secure subsidized housing. Client reported that she is interested in learning how to do 'journals' and other ideas that she has on her mind."

The record contains a Mental Health Assessment Services Summary entered on 10/13/15 by the same LCSW. It states, "LPHA received a phone call from client regarding following up about services. LPHA had the incorrect phone number to reach client and was provided with the accurate phone number. LPHA informed her that Lead Intake Coordinator ... and LPHA had discussed client's self-report of aggression and anger management issues. LPHA informed client that there are two conditions under which Trilogy would be able to provide client with services that she is requesting. Client became agitated and verbally aggressive, stating, 'you can't control me! You can't brainwash me and play mind trickology on me!' Client continued to express that LPHA was being disrespectful as she is an older adult and should be referred to as 'Ms...' and not just by her first name. LPHA respected client's wishes. Client continued to express that LPHA only 'heard' that client got into an altercation and that Trilogy cannot 'discriminate against' her based on that information alone. LPHA attempted to offer redirection with client and explore the conditions under which staff would be able to serve her including that all her services would initially be provided on-site so that staff could continue assessing client's behaviors and staff would not be transporting her in their cars, and the second condition would be that she would complete medication training with staff on-site several times per week to ensure that she was compliant with her medications. LPHA further expressed concern for safety matters of all people (as client reported history of physical aggression with most recent being in March 2015 against her landlord, which she reported during the MHA on 9/28/15) and that

safety plans are made with other clients as necessary to provide services. Client continued to become verbally aggressive and agitated and did not respond to redirection despite several attempts. LPHA ended the call as the conversation was not yielding any useful outcomes. LPHA received another phone call from client where she was yelling into the phone aggressively stating that LPHA did not have power over her and could not tell her what she 'can and can't do.' LPHA informed client that Trilogy would not be able to serve her at this time due to disagreement with the conditions. Client stated, 'well you can't request any records about me! I know you talked to [the recipient's behavioral health provider]... I know that for a fact!' Client continued to express paranoid ideations regarding LPHA communicating and obtaining protected health information from [the provider]. LPHA recommended that she attempt to utilize services elsewhere, such as [Chicago area social service organization]. LPHA ended the call again as she continued to yell over the phone and state, 'you can't control me!' LPHA to complete closing paperwork as client is not agreeing to the conditions under which LPHA ... and LPHA have recommended and client was unable to respond to redirection and reality orientation."

The Mental Health Assessment contains an area which describes the recipient's History of Mental/Behavioral Health Treatment. It states, "Client reported that the 3rd or 4th time she was hospitalized she was sent to [state mental health facility] in the 1980's because she was 'fighting or something happened.' Client stated, 'I may have been trying to cut someone with a knife' and reported that she had been hospitalized for about one month. Client reported that she had been going 'back and forth for a long time' to the hospitals. Client reported most recent hospitalization was in March 2015 due to getting into a fight with the manager of the building she was living in. Client reported that the building manager took client's package into her manager's office and refused to give it to client. Client reported that the building manager told her to leave her office after she was trying to inspect the package. Client reported that she and the building manager started 'tussling over it' and indicated getting into a physical altercation. Client reported police were called and then they took her to the hospital."

The Mental Health Assessment Analysis is included in the record and in part it states, "...In a phone conversation on 10/13/15 client was combative and minimized concerns about her history of aggression towards others. Client reported that she has acted in self defense, however expressed an external locus of control in regards to her behavior and response after becoming angered. Client presents with risk factors including her paranoia and delusional ideation, difficulty with reality testing/orientation and challenges with responding to redirection. It is recommended that conditions be established prior to beginning work with client including that all services be provided on-site, Trilogy staff refrain from driving clients in their cars, and medication training be provided on-site several times per week to ensure client is compliant with her medications...."

On the same day as above, the LPHA entered a note into the record which indicated that the locus assessment had been completed for the recipient and it states, "Client scored a total of 20 which recommends medically monitored non-residential services. LPHA agrees with this assessment and believes client would benefit from services at the ACT [Assertive Community treatment]-level of care if she will agree to conditions under which Trilogy will serve her including medication training several times per week and on-site services only, however client indicated declining these conditions."

Facility Representatives' Response

Facility representatives were interviewed about the complaint. They indicated that the recipient had been a voluntary walk-in seeking case management and social activities. She was interviewed by the Intake Coordinator, who told her that she would be contacted after the interview, however the Intake Coordinator misplaced the contact information and the recipient called back very upset. The Intake Coordinator had consulted with the Lead Intake Coordinator regarding the recipient's history, her affect, and her presentation. They felt that the recipient was very labile and unable to handle stress without becoming upset or possibly physically aggressive. The recipient's event with her landlord was only a piece of a long history of physical aggression for which the recipient showed no accountability and very little insight.

The program at Trilogy for which the recipient applied is ACT (Assertive Community Treatment). This program requires that 70% of services be provided at the client's home or off-site, and that the client be seen by the team psychiatrist. The Intake personnel did not feel that staff would be safe meeting with the recipient off-site and so they made the admission contingent upon the recipient receiving her services at the facility, including her medication training. Staff were asked if they mandated medication compliance and they indicated that clients always consent to treatment and medication, however if a client is not able to meet safely with a staff person 1:1 unless they are medication compliant, then they will be expected to take their medication to remain in the program. The safety of the staff is always a consideration and staff determined that if the recipient could not handle the stress of a phone call, then she might not be safe to interact with staff in her home or off-site. Also, the recipient reported that she was working with her own psychiatrist and she was compliant with her medication regimen.

STATUTES

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment, pursuant to an individual services 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 (405 ILCS 5/2-102 a). Additionally, the Code requires that the facility director of each service provider shall adopt in writing such policies and procedures as necessary to implement the rights of recipients. Such policies and procedures may be amplified or expanded but cannot restrict or limit the rights guaranteed to recipients under the Mental health Code (5/2-202).

The Mental Health Code describes the requirements for the administration of psychotropic medication and its refusal:

"An adult recipient of services...must be informed of the recipient's right to refuse medication... The recipient...shall be given the opportunity to refuse generally accepted mental health or developmental disability services, including but not limited to medication... If such services are refused, they shall not be given unless such services are necessary to prevent the recipient from causing serious and imminent physical harm to the recipient or others and no less restrictive alternative is available. The facility director shall inform a recipient...who refuses such services of alternate services available and the risks of such alternate services, as well as the possible consequences to the recipient of refusal of such services" (405 ILCS 5/2-107).

The Illinois Medicaid Community Mental Health Services Program Chapter 4 Part 132 states that "A client's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code (405 ILCS 5)." Included in these rights is "The right not to be denied, suspended, or terminated from services or have services reduced for exercising any rights (132.142)." Also, "Prior to the initiation of mental health services, the provider shall obtain written or oral consent from the client and the client's parent or guardian, as applicable" (132.145) and clients' records must document their consent or refusal of mental health services (132.100).

FACILY POLICY

Trilogy provided their Intake System Manual which provides an overview of the Intake system and is read by all staff within the first week of their employment. The entire Intake system is overseen by the Intake Coordinators with the stated goal "To assist people in their recovery from serious mental illness by helping them discover and reclaim their own capabilities and life direction." The policy states that the Intake Coordinator "will be the premier provider of services to the most at risk of the mentally ill population by reserving space for those with the most severe needs and symptoms." The description of services states, "Persons referred for Intake to Trilogy programs must be at least 18 years of age and have a severe mental illness, such as schizophrenia or other psychotic spectrum disorders, bipolar disorder, major depression, or other mental illnesses which do or may lead to limitations in the person's capacity to manage activities of daily living, interpersonal relationships, housekeeping, self-care, education, employment or leisure time. Their illness may also limit their ability to seek or obtain local, state, or federal assistance such as housing, medical or dental care, rehabilitation services, income assistance, food stamps or protective services. Priority for services is given to clients who meet the 'Target' population criteria as defined by the Department of Mental Health ["Individuals with serious mental illness are adults whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive services. The mental impairment is severe and persistent and may result in a limitation of their capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment or recreation. The mental impairment may limit their ability to seek or receive local, state, or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance and food stamps, or protective services"], persons who meet 'Target Eligible Criteria' are also able to receive services." If it is clear that an applicant's needs cannot be met by Trilogy's services, the Intake Coordinator will refer the client to a more appropriate service provider. Also, if the applicant is not accepted to Trilogy a letter confirming the applicant's non-acceptance, the reasons for the applicant's non-acceptance, and recommendations/referrals are sent to both the applicant and the referral source.

CONCLUSION

The complaint in this case indicates that the recipient, during the Intake process, was given the impression that if she was open and honest with the interviewer she would be accepted for services. However, the recipient felt that once she disclosed problems she had experienced with her former landlord, that she was denied services and thus punished for the very symptoms for which she sought treatment. The facility staff have stated, and it is supported by the record, that the recipient had a lengthy history of aggressive behavior, which suggested that she was not

appropriate for the Assertive Community Treatment program, which requires 70% of the services be provided at the client's home or off-site in a 1:1 meeting. The staff then offered the recipient a revised plan whereby she could come to the facility to receive services and to attend medication training. The recipient then refused services and was recommended for treatment elsewhere. The HRA does not substantiate the complaint that Trilogy denied a recipient case treatment services because she had problems with a former landlord.

SUGGESTION

1. Include in the facility policy the criteria for denying services or modifying service provision.