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Springfield Regional Human Rights Authority Report of Findings Andrew McFarland Mental Health Center HRA # 16-050-9011

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations at Andrew McFarland Mental Health Center in Springfield. The allegation is that the facility refuses to provide a patient with services in the least restrictive environment, pursuant to her individual services plan.

Substantiated findings would violate the patient's right to have her views of a least restrictive environment considered as permitted in the Mental Health and Developmental Disabilities Code (405 ILCS 5).

McFarland is a Department of Human Services hospital with a 50-bed forensics program including Kennedy Hall, a minimum security unit where the patient resides. The issues were discussed with staff involved in her care and treatment planning, and relevant policies were reviewed as were sections of her record with authorization.

COMPLAINT SUMMARY

The patient had been taking college courses on-line as provided in her treatment plan and she did so well in her studies that she was invited to join the honors program, which meant she would have to attend classes on the college campus. Even though she had court approval and was awarded off-grounds with supervision privileges, her psychiatrist allegedly prohibited her from joining the classes because there was no related policy.

FINDINGS

Records

According to monthly treatment plan reviews from October 2015 to June 2016, this patient was found Not Guilty by Reason of Insanity (NGRI) in 2010 and has a Thiem date, or maximum commitment date of 2052. She resided in Kennedy Hall throughout the sample period

and while considered a low elopement risk had advanced from on-grounds, unsupervised to offgrounds, supervised privileges.

Problem 1 in her treatment plan is the NGRI status, the goal for which is to advance through progressive liberties to the point she is granted a conditional release. Taking responsibility for her actions, developing feasible reintegration plans, voicing appreciation for the harm she caused, following hospital rules, working with her social worker and completing her on-line course assignments are among her objectives. It is mentioned throughout each review that while she made significant achievements within the progressive liberties process, she has not yet reached the point where the treatment team is ready to recommend release.

A February review states that the treatment team submitted a recommendation to the court for a privilege level increase allowing her access to the college campus for completing academic tasks in pursuit of her degree and vocational tasks off grounds in pursuit of a certified nursing assistant renewal. The review notes that she was completing 100% of her unit programming, following all hospital rules, working well with her social worker and diligently on her college courses and that she received an honorary award from the college vice president for earning a grade point average of 3.5 or higher.

An order allowing the privilege increase was granted on March 14th. It authorizes the hospital to issue passes, at their discretion, to be off grounds with staff supervision to "complete educational tasks necessitating her presence on the [college] campus" to attain her degree and to complete vocational tasks off grounds to renew her certified nursing assistance.

A June review references the order and states that the patient had just completed a very successful visit to the college campus where she took placement exams, met with a counselor and got a student ID.

Interviews

The patient was interviewed privately on the matter. She explained how well she was doing in her on-line courses and in her progressive liberties. The courses are included in her treatment plan and the treatment team and particularly the unit's clinical director are very encouraging about them. She presented a March 22nd letter from the college honors director in which he welcomed her to the program based on her academic accomplishments. Attached was a selection of honors courses, fifteen hours of which must be completed, all on campus. Requesting a class or two at a time she thought was reasonable but has been denied. She believed her opinion of whether the program was appropriate was being ignored and that her psychiatrist objected off the mark for a ridiculous reason, saying there was no hospital policy on going to college. She insisted this was an ideal progressive liberty and that she had no idea what else was to be expected of her. She mentioned how the judge considered her capable and that she gave the hospital no troubles with her privileges, currently allowed to roam the grounds up to an hour without supervision.

The patient's psychiatrist was unable to attend our site visit and was interviewed prior. She confirmed that her reasons to deny the opportunity were having no policies or procedures in place for the patient to go unsupervised; she considered it a liability and no one has done it before. Reminded it would be under supervision, she agreed it could be possible but, knowing the history, still a liability of risk to others in that setting. She said she encouraged the patient to seek a conditional release and do it that way.

Administrators at our visit were unconcerned about policy but said that someone in a hospital should not be going to college, and, as far as considering the patient's views, college was not treatment. Reminded that it was an objective in her treatment plan, they were asked who or what was done to explore the options such as consulting her student counselor on joining via teleconference or other ways, reducing the requirements or bending any rules possible for a unique student, and no one answered. They agreed that could be done, but remained emphatic that she should stay with on-line courses.

We followed up with the unit's clinical director who said he had been in contact with the student counselor and discussed ways to make the honors program possible. The college offered to allow two projects in place of two weekend retreats and reduce the number of classes she would have to take on campus, but she would still need to attend a few in person, which McFarland is unwilling to allow.

CONCLUSION

McFarland's procedural guide on treatment planning (TS101) calls for the staff to work with those served to incorporate "values of recovery, such as choice, empowerment, satisfaction and hope." Individualized goals and objects are included to attain, maintain or re-establish emotional and/or physical health and maximum growth. Plans are reviewed every thirty days.

Under 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.... 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 5/2-102a).

The college honors program is a privilege, not a Code-protected right. On-line courses appear as a goal objective within her treatment plan however, and her Code-protected right is to have her views of the least restrictive environment considered, which, in her opinion, is joining the honors program. That was eventually done at the HRA's urging. The court allowed supervised access to the college campus at McFarland's discretion and a few possibilities were considered although they fell short of the administration's satisfaction. The college courses and pursuit of her degree are still available on-line pursuant to her treatment plan, and, since she lives on a minimum security unit and has achieved one of the highest privilege levels available at the facility, we cannot say that McFarland refuses to provide services in the least restrictive environment in this patient's case. Her rights are <u>not</u> being violated.

SUGGESTIONS

Court reports need to reflect her academic achievements including qualification to the honors program.

Since treatment plan objectives have the patient and her social worker developing aftercare plans and likely aftercare plans are identified as community residential placements for which she will need income to pay rent, it would benefit her to keep reviewing ways to "honor" the court order and the educational pursuits and nursing certifications within. Seems like a great way to help her set up for some income.