FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Chicago Behavioral Hospital
HRA #16-100-9019

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Chicago Behavioral Hospital. In July 2016, the HRA notified Chicago Behavioral Hospital of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that a patient on the dual diagnosis unit was discharged to a residential program. The residential program denied the patient admission because the patient was on medication. It was stated that hospital personnel should have known about the residential admission requirements and should not have recommended that program.

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) and the Illinois Administrative Code (77 Ill. Admin. Code 250).

To pursue this investigation, a site visit was conducted at which time the allegations were discussed with hospital personnel. Because the HRA was unsuccessful in obtaining authorization to review the patient's clinical record, the HRA focused its investigation on provider policy and practice.

Background

According to its web-site, Chicago Behavioral Hospital provides specialized mental health and substance abuse treatment. The hospital offers specialized programs to decrease symptoms of mental illness in inpatient and outpatient settings. The 125-bed hospital serves children, adolescents, adults and senior adults in the following inpatient programs:

The Extra Mile Veteran Care program provides services for those with Post-traumatic Stress Disorder (PTSD) and/or substance dependence.

The Women's Program offers treatment for depression, postpartum depression, depression during pregnancy, suicidal thoughts, homicidal thoughts, bipolar disorder, anxiety attacks, post-traumatic stress disorder and trauma from physical, emotional or psychological abuse.

The Geriatric Psychiatry Program addresses those struggling with one these symptoms along with dementia or Alzheimer's disease: depression, bipolar disorder, bizarre behavior, suicidal thoughts or gestures, hallucinations, and extreme delusional thinking.

The Adult Mental Health program provides stabilization and treatment for adults with symptoms for: suicidal thoughts or behaviors, homicidal thoughts or behaviors, hopelessness, depression, anxiety, PTSD, Bipolar disorder, Schizophrenia, hearing voices, seeing things that are not really there, and extreme anger.

The Addiction Program offers a detox treatment for those with a co-occurring mental illness, like depression and bipolar disorder. This program is offered for ages 18 and older.

The Adolescent Mental Health program addresses: attempted suicide, skipping school, isolating him or herself, self-injuring, angry and does not know why, feeling hopeless, tried to hurt someone else, overly critical of him or herself, feeling overwhelmed frequently, experiencing bullying regularly, bullying others regularly, hyperactive all the time, unable to sleep, unable to pay attention, experimenting with tobacco, using marijuana or other drugs, such as speed or ecstasy, and running away often and for long periods of time.

Findings

The facility speculated that this allegation came from a patient who had received services in the Extra Mile Veteran Care Program and offered the following. At the site visit, the Program Director stated that discharge planning begins at the time of admission. During the hospitalization course, the patient and his/her case manager collaborate to secure placement post discharge. Resource information is given to the patient and it is the patient's responsibility to contact the residential program to obtain placement. The Program Director interviewed stated that he does, with the patient's permission, ask that the calls be made in his office on the speaker phone so that he can hear what is being expected. It was also explained that this is a very challenging population (mental health and substance abuse), in that residential programs are not readily available. The Program Director explained that some area residential programs will accept patients who are on medication and some will not. And, the patient could relapse as soon as they leave the hospital grounds, which would negate any discharges plans. It was also stated that they were not aware of a failed discharge plan and had that been the case, the patient knows that he/she can call the caseworker for further guidance.

The facility's Discharge Planning policy states (in part) that the development of a discharge plan begins on admission. The discharge plan should prepare the patient and family for the transition to the next level of care; address the patient's and family's need for instructions about continued treatment; delineate how progress made in the current level of care will continue after discharge; identify problems to be addressed in the next level of care; identify the reasonability for ensuring that the presided follow-up is accomplished and include timely and direct communication with and transfer of information to other programs, agencies, or individuals that will be providing continuing care.

Conclusion

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 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 Illinois Administrative Code, 250.240 d) states that, "the hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care. The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care. When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs."

The facility has measures in place to obtain post-discharge placement and staff members were aware of the area's residential admission requirements. However, the onus should not fall completely on the facility. The patient has to inquire about and agree with the proposed residential placement prior to discharge, thus learning about stipulations such as medication restrictions. It is concluded that rights are not being violated.