FOR IMMEDIATE RELEASE

East Central Regional Human Rights Authority
Heritage Behavioral Health Center
Case #17-060-9011

Case Summary: The HRA did not substantiate any of the complaints against the provider. No provider response was required.

Report of Findings

The East Central Human Rights Authority, a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning Heritage Behavioral Health:

1. The Center failed to provide adequate crisis care when it had a service recipient arrested without appropriate cause.

2. The Center inappropriately had a recipient's benefits cancelled.

3. The Center inappropriately insisted that it serve as a recipient's representative payee.

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/1-100 et seq.), the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/1 et seq.), regulations that govern community mental health centers (59 Ill. Admin. Code 132) and Social Security Administration (SSA) requirements (20 CFR 416).

To investigate the allegations, an HRA team met with and interviewed Center staff, examined recipient records, with consent, and examined pertinent policies.

Heritage Behavioral Health Center, based in Decatur, Illinois, provides a range of addiction and mental health services.

Complaint Statement

According to the complaint, an individual with a 19-year history of mental health needs was in a manic state. She received some in-patient electroconvulsive therapy (ECT) but after refusing additional ECT, she was discharged to the Center's crisis unit where after three days she made a statement that she was unsure whether she had molested a child. The Center counselor had the recipient arrested and she was sent to jail. The Center serves as representative payee, did not provide her with her money and had her benefits cancelled because she was in jail. The

complaint also stated that the Center insisted that it serve as the individual's representative payee and it is believed that the Center gives clients no choice on being payee.

Interviews

An HRA team met with Center representatives to discuss the allegations. The Center explained that it offers 40 different programs but its primary services include outpatient counseling, case management, and assertive community treatment (ACT). ACT employs teams of of 5 to 6 staff who provide services to individuals with a history of inpatient psychiatric services and face challenges with regular housing arrangements. Evidence-based practices are used to assist individuals transitioning into the community and to provide needed supports. The amount of supports vary ranging from daily to weekly assistance and sometimes only monthly supports. The team includes a program manager who typically completes an assessment, an employment specialist, a peer specialist, a registered nurse and a substance abuse specialist. A physician and a nurse practitioner also serve on the team. The physician who is a psychiatrist directs the team, treatment, and services with the program manager determining how treatment is delivered. The physician also assists with psychiatric consults. And, the ACT team works in concert with the crisis team. A team member is always on-call, 24 hours per day, 7 days per week.

The Center shared examples of Center services including the crisis residential unit, a detox program, drug court programs and group homes. Admission staff also assist individuals living in mental health nursing homes to move out consistent with the Williams Consent Decree. The purpose of the Williams Consent Decree is to assist individuals residing in certain types of nursing homes that primarily serve individuals with mental health needs in receiving services in the most community-integrated setting as possible. Center group homes are one resource for assisting individuals in transitioning out of nursing homes.

According to the staff interviewed, the Center serves approximately 1200 individuals per year in its mental health and substance abuse programs. Most individuals are from Macon County; however, the Center is expanding to Dewitt County. The age range of individuals served is from age 5 to adult. An individual with a serious mental illness would be expected to be a long-term service recipient.

As per staff reports, the Center provides rights information upon assessment and upon admission to services; rights information is also reviewed as part of treatment planning. The individual would determine if other family members would want to be involved in treatment planning but if an individual has a guardian, it is preferred that the guardian be involved in services and treatment planning.

The Center reported that the staff involved in the situation regarding the molestation disclosure included the program manager and therapy staff, neither of which continue to be employed by the Center. The individual had received services since 2007. The individual received updated rights information on 08-25-16. Staff indicated that the individual received ACT services. Staff explained that the individual had an admitting diagnosis of Bipolar Disorder, Generalized Anxiety Disorder, Cocaine Use Disorder and Cannabis Use Disorder. Her symptoms included grandiose ideation, delusions, depression, hypersomnia, and ineffective coping/problem-solving skills. A goal was to be medication compliant on a daily basis. Staff described the individual as

wanting to do the right things in life and not worrying about doing the wrong things. Staff observed that she could be very depressed and flat. When she was manic, staff stated she would have delusional thinking, be very talkative, have a flight of ideas, have insomnia, be intrusive and exhibit hyper-sexuality.

Staff indicated that the individual met with her counselor frequently to monitor medication compliance. In July 2016, she was seen by her counselor approximately 15 times. After a hospitalization, a nurse typically meets with an individual daily for a while. The individual was taking several medications, including Risperidone, Benztropine Depakote, Haldol, Invega Sustenna (an antipsychotic given every 4 weeks) and Trental (given every 3 months). Staff indicated that the appropriate case management contacts and services were made on behalf of the individual.

According to Center staff, the individual's treatment plan included budgeting and money management which resulted in the Center becoming her representative payee. Staff reported that she started using her money wisely and was working on becoming her own payee again. Staff stated that it is not a Center requirement that the Center become representative payee in order to receive Center services. For the individual, the Center had been her payee since 2010; her mother had previously been the payee but requested the Center to become payee. The individual was described by staff as having difficulty with paying bills and being exploited by peers. Ultimately the Social Security Administration makes the determination as to who will serve as payee with the objective to follow a monthly budget to ensure that needs are met. Staff stated that the individual could discuss any financial concerns with her case manager.

The HRA questioned the molestation disclosure and staff reiterated that the involved case manager is no longer with the Center. However, staff reported on notes dated from the Fall of 2016 that the patient confessed to molesting a child and wanting to turn herself in to police. By the end of the day, she requested transportation to the police station and insisted that staff accompany her for support as per the notes. Staff stated that the Miranda warning was read and she signed a release with the police department. Staff acknowledged that the individual was probably in a baseline hyper state, but, she was not grandiose, had been on her medications and had not retracted her statement.

Staff further reported that the individual was believed capable of understanding her rights at the time of disclosure, and no one coerced the individual to go to the police station. According to staff, the individual stated that she was going to go to the police regardless and felt it important that staff also be available for support while she made the disclosure. Staff stated that they did not have the individual arrested, that she was going to go to the police regardless and the individual's decision was reviewed by both supervisory and case management staff. As per documentation, staff did not think that the individual's disclosure was delusional. Staff indicated that the documentation reflects the individual's feelings of guilt. The individual continues to attend psychiatric appointments from the jail.

With regard to representative payee services and benefits, staff stated that they were required to notify the Social Security Administration when someone is in jail and then the SSA makes any benefit determinations.

The HRA team concluded its interviews by inquiring about staff training opportunities as well as agency quality assurance mechanisms. Staff reported that all new staff receive orientation on individual rights, responsibilities, assessment and treatment planning. The agency provides "lunch and learn" sessions that cover a variety of topics, including illness management, evidence-based practices, recovery, etc. Quality assurance activities include a process called "wrap-up" in which checks are done regarding service provision and treatment planning to confirm processes were followed and various elements were completed. The agency also conducts monthly staff supervision sessions.

Record Review

With the individual's consent, the HRA examined her records. According to a full mental health assessment completed on 10-13-16, the individual had been a part of the ACT team for approximately 2 years, diagnosed with Bipolar I Disorder with psychotic features and described as being "very unstable off and on for many months." She was hospitalized for just over a week in July after which she was in crisis again and went to stay with a family member until she was admitted to the crisis unit on 08-01-16 "… due to hearing voices, paranoia and suicidal thoughts and stayed until 8/16." She then stayed with a different family member but then was hospitalized for suicidal ideations from 08-26-16 until 09-13-16. During the hospitalization, she received ECT and was transitioned to the crisis unit on 09-13-17. She then reported to staff that she had molested a child and "at her request, she was taken to the police station to confess this and file and report." The recipient also reported to staff that she had been regularly using drugs. According to the assessment she was arraigned, charged and sent to jail. This assessment occurred after she was sent to jail. The assessment stated that the individual has delusions when not taking medications, has a history of mixed episodes that include delusions and hallucinations, and, when manic, has rapid speech, is impulsive, does not sleep, uses illegal substances and engages in behaviors that put her at risk. When depressed, the individual was described as crying for long periods, becoming irritable, having suicidal feelings and losing pleasure in most activities. The individual was described as having a history of stays in the hospital and in the agency's crisis unit. With regard to the individual's functioning level, the assessment stated that she was independent with most daily activities but needed assistance with money management. Her mental status at the time of the assessment described her as being depressed, cooperative and oriented with fair insight and judgement. Her memory was listed as being intact and attention fair to moderate. She reported auditory and visual hallucinations, paranoia and delusions, and a normal but flighty and slow thought process. Her primary identified need for treatment was for an altered thought process and mood swings. The individual's symptoms were consistent with diagnoses related to Bipolar I Disorder, Psychotic Features, Generalized Anxiety Disorder and Substance Abuse. The assessment stated that the individual's functional impairments related to her diagnoses included impairments in the areas of stability, money, problem solving, substance abuse, leisure, work, coping skills and behaviors. The assessment's treatment recommendations included, case management consultation to coordinate care, treatment planning and discussion of problems or issues pertaining to care with other providers involved in her care as well as ACT services to provide support to promote stability, medication administration, personal care and living/social skills. ACT also included counseling, case management, medication training/monitory, community support and psychiatric services. Her GAF (Global Assessment of Functioning" score is 29 with a note that the individual's behavior "…is considerably

influenced by delusions or hallucinations…." The World Health Organization Disability Assessment Scores define the parameters of scoring and state that a score between "**21 – 30** Behavior is considerably influenced by delusions or hallucinations *or* serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) *or* inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)"

The HRA examined documents dating back to the individual's jail detainment. An ACT note stated that the case manager and the individual contacted police at the individual's request and the police stated that she would need to turn herself in or a warrant would be issued. As per the individual, family stated that that they were going to sue Heritage and they were against her turning herself in to police. Family reportedly told the individual that she "should have kept my mouth shut because the boy was too young to tell on me. She requested writer [case manager] to take her to the police station to turn herself in." The police then took the individual to the hospital after reporting that she wanted to kill herself. The case manager met with the individual in the hospital emergency room and discussed what was happening with regard to the arrest; then, the individual requested to proceed with being booked in jail after which the individual's psychiatrist was contacted, reviewed the situation and agreed to her request of being discharged from the hospital and taken to the jail to be booked. The case manager then met with the individual at the jail where she stated "I am here because of some things that happened. I knew I needed to say something at this time but I was scared. I am not upset because I will not be able to see my kids and maybe lose them for a long time. I just really need some help at this time because I am at a loss for words, I did say I was suicidal when I got in the ambulance care. I thought about if after talking with some people that it would not be the best way out. It would only hurt my kids and I know that is not right. I just need to make sure to keep taking my meds and get everything on track at that point. I am not suicidal just depressed and anxious about being here."

The next day, crisis intervention notes documented that the individual was on suicide watch last evening after being arrested for sexual assault charges; she was placed in a suicide smock and given suicide bedding. The client admitted to a sexual act involving a child, discussed whether or not the story was made up, discussed that she had smoked "weed" the day of the incident and discussed the individual's report of the incident which was detailed. The crisis note stated that the case manager would work with client on sex offending therapy as well as substance abuse and trauma resolution to the extent possible in the jail setting. A case manager note stated that she will request a jail counselor to follow up with client, that client has medications at the jail, and that the jail counselor will be notified about family concerns that the client may not be fit to stand trial and may benefit from a fitness evaluation. Some follow-up discussion occurred later in the day regarding sex offender therapy and again questioned if the individual had made up things or lied although it was unclear how the individual responded.

After a couple of days in jail, the individual again met with her case manager and they discussed the individual's fear of how others might treat her in jail given her charges; the case manager talked to her about not disclosing all information to fellow detainees. There was a case manager note that the individual had spoken with family who kept telling her she was innocent and it was either her mental illness or her medications that contributed to the incident. A Center nurse later

arrived and reviewed medication; there was documentation that the individual may have had greater substance abuse needs than had been originally known by the Center.

Later in the month, an ACT note documented that the case manager met with the individual's family prior to a hearing. The family reported concern about the length of jail time and their inability to post bond.

On a couple of later dates, the case manager documented therapy with the client at jail. In one of these sessions, the individual reported that family questioned if she had actually molested a child and felt the individual's mental health needs were at issue. A nurse note from November indicated the possibility that the individual had an unknown history of using crack cocaine which may have inaccurately impacted her mental health diagnosis; however, her medication regimen was continued. A hearing later in November indicated that a hearing extension was continued to try to get the case heard in mental health court which would require a psychiatric exam.

Work on sexual addiction homework was discussed in a therapy session in December 2016. The HRA found no documentation regarding discontinuation of benefits or representative payee status. The HRA did examine releases signed by the individual allowing for an exchange of information between the Center and the police, and between the Center and the public defender and court system.

Policies and Other Center Information

The HRA examined policies and other information pertinent to the allegations. Information regarding the ACT program documented that this is an evidence-based model providing comprehensive and intensive behavioral health services to persons, age 18 or older, with a serious and persistent mental illness who have had limited success in community placement due to substance abuse, frequent hospitalizations, criminal justice system involvement, etc. The ACT team provides three contacts per week for many individuals and a minimum of 4 in-person contacts per month. Various services are described, including full-scale assessments, crisis intervention, after-hours on-call and medication administration. Medicaid is listed as the funding base and thus, individuals must submit to annual eligibility requirements Administration criteria is documented and includes diagnoses, exhibited symptoms such as hospitalizations, homelessness, repeated arrests, and significant functional impairments including budgeting needs. Discharge criteria is also included. There is no evidence in this document that the Center requires individuals to have the Center serves as the representative payee in order to continue participation in the ACT program. Accompanying information on team-based services offered in the ACT program include more specific examples of the types of services; one example is environmental and other supports such as financial support and benefits counseling. Nowhere in this information does it state that eligible clients must allow the Center to serve as representative payee.

A Fiscal Policy, Entitled "Client Fees and Fee Procedures" discusses a client's obligation to provide "produce proof of income to be eligible for financial assistance from the State of Illinois for Substance Abuse or Mental health Services." This same policy addresses representative payees and states that "If a client demonstrates continued inability to maintain his or her own finance, Heritage may, in the client's best interest, pursue obtaining a protective payee to manage

the client's social Security entitlements. Heritage will be Representative Payee for Open clients only and only after all other possibilities have been exhausted…."

A Client Rights and Responsibilities Policy includes the right to participate in treatment, the right to files grievances without reprisal, the right to be informed of fees and the responsibility to meet financial obligations incurred due to treatment, etc. The procedural manual further discusses client rights/responsibilities. A section on client confidentiality guarantees that client information is kept confidential. The Confidentiality section further states that client access to records can be denied if access poses a threat of harm or endangerment of the client; the denial comes with an appeal mechanism. Furthermore, the confidentiality section states that clients have the right to question chart information by presenting the question in writing; after a clinical team reviews the request and feels it pertinent, the change in the record will be attached as an addendum. In addition, information cannot be disclosed without a release with some exceptions, including if there is danger of harm to self or someone else, if there is suspected child abuse, etc.

A Dispute Resolution procedure addresses the process for filing, solving and documenting any complaints.

The Client Handbook includes a rights section and states that individuals have the right to review records upon request but then states appeals can be filed if access is denied. Also, individuals can request a record amendment which may be denied, but then the client's original statement and the agency's response would be added to the file. Clients can ask for copies at a charge of $.25 per page "in most cases." For concerns about privacy, complaints can be filed to the Center's privacy contact as well as a federal contact. In addition, the handbook stated that client information can be reviewed by Center staff for treatment, billing and record maintenance unless protected by law and that staff receive training on confidentiality protections. The handbook describes the rights to refuse the release of information and to revoke releases of information. The handbook's confidentiality section concludes with the following statements" Heritage staff are mandated to report suspicions of abuse and neglect to the appropriate authorities. Federal law and regulations regarding confidentiality do not protect a client from being reported for suspected abuse or neglect, or from Heritage providing information about a crime committed by a client, whether the crime and/or abuse and/or neglect is committed on Heritage property or elsewhere." External advocacy contacts are listed in the handbook, including the Guardianship and Advocacy Commission. And, client responsibilities are delineated and require clients "To inform staff of any changes in your financial situation or insurance coverage." A grievance process is described which identifies mechanisms for appealing decisions up the agency's chain of command. A special mechanism for alleged rights violations is included in the handbook in which designated staff become involved, investigate, produce written reports, and subsequently involve ethics and integrity committees. A separate grievance policy addresses payer issues related to payments for services and involve the Illinois Mental Health Collaborative. The handbook's privacy notice states that the Center can disclose information to entities involved in the payment of care and can report crimes to law enforcement. The handbook concludes with a statement to be signed by the client/guardian and entitled "Heritage Behavioral Health Center, Inc. Client Rights, Consent for Treatment and Financial Agreement." This agreement lists client rights, describes confidentiality protections as well as exceptions, describes client record access "upon request," discusses treatment consents, and includes a financial agreement which

addresses payment issues and disclosure of information for billing purposes. There is no statement in the financial agreement that requires clients to have the Center serve as the representative payee. There is no information explaining how benefits might be cancelled except if the client chooses not to share information for billing purposes.

Mandates

The HRA examined mandates pertinent to the allegations. The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees the right to adequate and humane care within the least restrictive environment and consistent with a treatment plan with the involvement of the recipient and including the recipient's preferences. Section 5/2-100 states that no recipient of mental health services are to be deprived of any rights, benefits or privileges guaranteed by state or federal laws. The Code further explains financial rights in Section 5/2-105 which states: "A recipient of services may use his money as he chooses, unless he is a minor or prohibited from doing so under a court guardianship order. A recipient may deposit or cause to be deposited money in his name with a service provider or financial institution with the approval of the provider or financial institution. Money deposited with a service provider shall not be retained by the service provider. Any earnings attributable to a recipient's money shall accrue to him. Except where a recipient has given informed consent, no service provider or any of its employees shall be made representative payee for his social security, pension, annuity, trust fund, or any other form of direct payment or assistance."

The Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/5) guarantees that records be kept confidential unless the service recipient, age 12 or older, signs a release of information allowing for records disclosure. However, there are certain exceptions to this requirement, including:

> *Disclosure may be made without consent by any therapist or other treatment provider providing mental health or developmental disabilities services pursuant to the provisions of the Sexually Violent Persons Commitment Act or who previously provided any type of mental health or developmental disabilities services to a person who is subject to an evaluation, investigation, or prosecution of a petition under the Sexually Violent Persons Commitment Act…. (740 ILCS 110/9.3)*
>
> *Records and communications may be disclosed: (i) in accordance with the provisions of the Abused and Neglected Child Reporting Act….(740 ILCS 110/11)*
>
> *Upon the request of a law enforcement agency in connection with the investigation of a particular felony or sex offense, when the investigation case file number is furnished by the law enforcement agency, a facility director shall immediately disclose to that law enforcement agency identifying information on any forensic recipient who is admitted to a developmental disability or mental health facility, as defined in Section 1-107 or 1-114 of the Mental Health and Developmental Disabilities Code, who was or may have been away from the facility at or about the time of the commission of a particular felony or sex offense, and: (1) whose description, clothing, or both reasonably match the physical description of any person allegedly involved in that particular felony or sex offense; or (2) whose past*

modus operandi matches the modus operandi of that particular felony or sex offense. (740 ILCS 110/12.2 (c))

Records and communications of a recipient may be disclosed when disclosure is necessary to collect sums or receive third party payment representing charges for mental health or developmental disabilities services provided by a therapist or agency to a recipient; however, disclosure shall be limited to information needed to pursue collection, and the information so disclosed may not be used for any other purposes nor may it be redisclosed except in connection with collection activities. Whenever records are disclosed pursuant to this subdivision (12), the recipient of the records shall be advised in writing that any person who discloses mental health records and communications in violation of this Act may be subject to civil liability pursuant to Section 15 of this Act or to criminal penalties pursuant to Section 16 of this Act or both. (740 ILCS 110/10 (a)(12))

The Miranda Warning (Miranda v. Arizona) requires that before interrogating a person in custody, a peace officer shall inform the person that he/she has a right to remain silent, "that anything the person says can be used against the person in a court of law, that the person has the right to speak to an attorney and to have an attorney present during any questioning, and that if the person cannot afford an attorney, one will be provided for the person at no cost to the person."

The Confidentiality Act states that a recipient can access his/her own records "upon request" (740 ILCS 110/4). The Act further says this about amending a record:

(c) Any person entitled to access to a record under this Section may submit a written statement concerning any disputed or new information, which statement shall be entered into the record. Whenever any disputed part of a record is disclosed, any submitted statement relating thereto shall accompany the disclosed part. Additionally, any person entitled to access may request modification of any part of the record which he believes is incorrect or misleading. If the request is refused, the person may seek a court order to compel modification.

(d) Whenever access or modification is requested, the request and any action taken thereon shall be noted in the recipient's record. (740 ILCS 110/4)

ACT regulations (59 Ill. Admin. Code 132.150) were reviewed; agency ACT descriptions appear to be consistent with Administrative Code requirements.

Social Security regulations that govern Supplemental Security Income (SSI) (20 CFR 416), in Section 416.211, state that there are exceptions to receiving SSI benefits, including if an individual is a resident of a public institution, defined in Section 416.201 as an institution operated/controlled by a county, state or federal government; and, a resident of a public institution includes being an "inmate." Section 416.635 describes the responsibilities of payees, including notifying Social Security Administration (SSA) of any change in circumstances that would impact benefits. Social Security Administration Publication #05-10076, entitled, A Guide for Representative Payees, lists required reporting events to the SSA; a beneficiary's confinement in a correctional institution is a part of this list.

Conclusions

Complaint #1: The Center failed to provide adequate crisis care when it had a service recipient arrested without appropriate cause.

Staff reported and the record reflects that the individual in this case requested that she be taken to the police to voluntarily self-disclose an incident of child molestation and requested that staff provide support. The individual signed releases. The record further indicates that she was at the Center's crisis unit after transitioning from a hospital admission. Thus, crisis care was being provided at the time she requested to file the police report and was provided subsequent to her confession and jail detainment. In fact, the individual has been receiving continual services from the Center while in jail, including sexual offender counseling and support. And, she was evaluated shortly have being taken into custody. Determining whether or not an individual was in such a manic state that she erroneously reported an incident is beyond the Authority's scope; however, the Center took steps to evaluate her condition and provide supports.

The Mental Health Code requires the provision of adequate and humane care and services. Although the individual is documented to have self-disclosed the molestation report, the Confidentiality Act allows a service provider to disclose certain types of information, including reports of child abuse and sexual offense.

Based on its findings, the HRA does not substantiate this complaint.

Complaint #2: The Center inappropriately had a recipient's benefits cancelled.

Staff reported that they were required to report the individual's situation to the SSA. Social Security regulations confirm that changes in an individual's circumstances such as being in a correctional facility are required to be reported and that individuals in public institutions are not eligible for SSI benefits. **Thus, the HRA does not substantiate the allegation.**

Complaint #3: The Center inappropriately insisted that it serve as a recipient's representative payee.

The recipient's record documented that the Center assumed the recipient's representative payeeship after the mother was no longer able to do it. Assessment and treatment planning documents indicated the recipient's need for assistance with budgeting. There was no documentation in the recipient's record or in the Center's financial policies that require the Center to serve as representative payee as a condition for receiving services.

The Mental Health and Developmental Disabilities Code includes the recipient's right to manage his/her own finances but also acknowledges that a recipient can allow a service provider to serve as representative payee.

Based on its findings, the HRA does not substantiate this allegation.

Comment: The HRA noticed some mixed policy information about recipient access to records with the Client Rights policy allowing an opportunity by the Center to deny such requests while

the Confidentiality Act requires access "upon request." The client handbook states that recipients can have access upon request but then states there is an appeal process if denied. Furthermore, Rights policy states that a request for record amendment can be denied with no clarification that the recipient's dispute can still be attached to the record regardless; however, the client handbook states that the client's original dispute will be attached to the record. The HRA suggests that the policies be corrected to reflect the actual Confidentiality Act requirements in Section 110/4 (client record access simply "upon request" and any written record dispute will be attached to the record). Also, the client handbook states that there can be a $.25 per page charge in "most cases" while the Act allows for a reasonable fee unless an indigent recipient requests copies at no cost; the HRA suggests that the provision for indigent recipients be included in the client handbook. The HRA also suggests including in the client handbook additional information about situations in which benefits can be cancelled.

The HRA acknowledges the full cooperation of the Center during the course of its investigation.