



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Alexian Brothers Center for Mental Health
HRA #17-100-9011

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Center for Mental Health. In November 2016, the HRA notified Alexian Brothers Center for Mental Health of its intent to conduct an investigation pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation alleged that staff members are reluctant to provide clients with client advocate information; a client feels unsafe in the program; there is a lack of discharge planning and housing applications are not being provided; and client confidentiality has been breached.

The rights of patients receiving mental health services at Alexian Brothers Center for Mental Health are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5).

To pursue this investigation, the HRA reviewed portions (July 2016-November 2016) of the client's clinical record with written consent. Also reviewed were Center policies relevant to the allegations. A site visit was conducted at which time the allegations were discussed with Center personnel.

The HRA acknowledges the full cooperation of the Center personnel.

Background

The focus of this investigation was the Transitional Living Program (TLP) located in Arlington Heights. According to the web-site, this program gives the client the opportunity to prepare for living independently while being in a safe, therapeutic environment. Counselors are available to offer support, guidance, and resources to help with the challenges of learning to live independently. They will also assist the client in securing resources, looking for a place to live, and assisting in the recovery process. While taking part in this residential program the client will maintain a structured day program and participate in case management services to monitor symptoms, medication, and treatment progress. Sliding scale rents are available for residents of Wheeling and Palatine townships and are based on income level. As part of Transitional Living, the client will have access to the following services:

- On-site apartment living to ease the transition to independent living after the program is complete.
- Structured therapeutic programming that includes multiple groups to strengthen coping strategies and develop skills to assist with post-program success.

- Ongoing supportive case management and interaction with the treatment team to evaluate recovery and ensure individualization of care.
- Symptom monitoring to ensure positive treatment progression.
- Medication monitoring and education by staff who will instruct the client on taking medications and taking it correctly.

Findings

According to the materials reviewed, the client entered the Transitional Living Program in September 2015; at that time she signed a service agreement. The service agreement states (in part) that the program is not a housing program but rather a treatment program which considers the client's individual treatment needs and provides an environment where the client can further develop the skills and confidence needed for independent living. The apartments are semi-furnished and all apartments house two clients of the same gender. By signing the agreement, the client agrees to engage in and schedule a minimum of 12 hours of positive day structure each week. Positive day structure can include: TLP programming, case management appointments, workshop, employment, school, etc. The client is expected to act in a respectful manner toward staff, neighbors, and roommate. Disorderly conduct is not acceptable. Staff can have the client removed immediately for possession of weapons or illegal substances on site, illegal activity on site, threatening behavior toward roommate, neighbors, staff or others, or violent behavior. If necessary, staff may call upon law enforcement officials to assist in removing a client from the premises. The agreement further states that the client agrees to meet with a designated staff person at least once a week. These meetings are designed for discussing, developing and implementing the treatment/recovery goals.

To address the allegation that staff members are reluctant to provide clients with client advocate information, the HRA reviewed the clinical record and noted that at the time of admission the client was given and signed a Client Rights and Responsibilities document. This document notes that the client has the right to present grievances or to appeal adverse decisions related to the care. The document provides the number and address for the Client Advocate. The clinical record contained a progress note dated July 2016, which documented that the writer (of the progress note) recommended that the client call the client advocate to address her concerns; the client responded that she had already left a message for the advocate. Another note dated September 2016, documented that the client stated that she had the client advocate number and that she will continue to use it as needed. At the site visit it was stated that at the time of admission, all clients are given a copy of the Client Rights and Responsibilities document that contains information regarding how to present a grievance. When necessary, all clients are encouraged to file grievances with the program's advocate, or outside sources if needed. The Client Advocate was at the site visit and she told the HRA that she received calls from the client and addressed each call to the best of her ability.

To examine the allegation that the client felt unsafe in the program, the HRA noted the TLP admission criteria document which listed (in part) the following: age 18 or older with the diagnosis of chronic mental illness, not actively homicidal or suicidal, not aggressive, no history of arson. As stated earlier in this Report, the Service Agreement statement stated that causes for immediate termination include possession of weapons or illegal substances on site, illegal activity on site, destruction of property on site, threatening or aggressive behavior toward roommate, neighbors, staff or others, or violent behavior. The clinical record contained a few notations relevant to this allegation. In July 2016, the client was herself placed on probation for disrespectful behavior toward staff members and disorderly conduct. The day after being placed on the probation, she noted to staff members that the program was "out to get her, staff were attacking her" and that she did not

feel safe with staff. During this time, it was noted that the client's mental health symptoms might not be managed well since she had not seen her therapist for several weeks. It was also noted that the client was making an effort to sever ties with the program in anticipation of her leaving. A few months later, the client reported to staff members that another client had "hacked" her computer/email and she could not get into her accounts to change her passwords. This went on for some time (the hacker allegedly accessing possible medical information, retail accounts, college information, etc.). Toward the end of September 2016, a crisis intervention/progress note was written which stated that the client had not been going to DBT (Dialectical behavior therapy), not actively engaging in her online courses for college, and not going to treatment provided by the program. It was recommended that she engage in a higher level of care such as PHP (partial hospitalization program) which she refused. She reported that she was too traumatized by the peer that had hacked her computer. The writer of the note reminded the client of the crisis line which the client refused to use; it was documented that the client wanted TLP to do something about the injustice between her and the peer. The client stated that the program should be protecting her; it was noted that she had not called the police. About a week later, she met with her psychiatrist and it was noted that she had pressed legal charges against this peer, and that she still did not feel safe in the program as long as he is present. In addressing this allegation during the site visit, program personnel stated that of course they want all clients to feel safe in their program. Should a client not however, there are a few options – the client can meet with program personnel and the offender to address the matter, the client advocate can be contacted or the client can call the police. It was stressed that the program's purpose is to promote independence, so when something of this nature arises, they will guide the client to the appropriate resource(s) and encourage the client to make the contact. Regarding the situation with the client identified in this investigation and the hacker, it was stated that the matter was being addressed by law enforcement.

To examine the allegation that there is a lack of discharge planning and housing applications are not being provided, the HRA reviewed the client's Individualized Treatment Plan. The Plan showed the following discharge plan: "cl [client] should continue abstinence from substances, increased interpersonal communication skills through DBT, identify housing options and be admitted into a school within the coming six months." The progress notes pertinent to the allegation were that housing options were being explored. In July 2016 it was noted that the client was looking at housing options and agreed that she needed help with housing; the Case Manager noted that they would get a plan to go over each place that she applied. A few weeks later it was noted that staff would fax the client's apartment application, she was given information on another residential location, she was given a transportation application and assistance was given with completing benefit access. At the site visit, program personnel again stressed that the program's purpose is to promote independence. All housing options (of which there are not many for individuals with a limited income and mental health diagnosis) are given to the client and it is the client's responsibility along with the Case Manager, to pursue housing options. All clients are assessed at the time of admission and discharge planning begins at the time of admission. All clients have a discharge plan based on their individual needs. The plan might change depending on the clients' needs. The goal is for each client to be discharged from the program into his or her own apartment, living independently. Or, the client might need to be discharged to a more structured residential program.

The program has a Care, Treatment and Services Policy that provides for appropriate planning and quality care through a written, individualized treatment plan that is based on an assessment of the client's clinical needs, functional strengths and limitations.

Regarding the allegation that client confidentiality had been breached, it was alleged that the breach occurred when counseling sessions were conducted in the apartment and not the office. Clinical documentation indicated that of the 12 sessions conducted during the period reviewed, 6 took place in the Case Manager's office, 4 took place in the apartment; and twice the client did not answer the apartment door for the appointment. Program personnel explained that sessions can and do occur in either the client's apartment or the Case Manager's office. It is the client's choice. But again, to promote more of a home-like/residential atmosphere versus a clinical one, sessions are encouraged to take place in the apartment. Should the roommate of the client be home at the time of the appointment, the roommate is asked to respect privacy matters by not being within earshot of the conversation.

The program's Confidentiality and Release of Psychiatric Patient Information policy states (in part) that, "Any records or communications made in the course of providing mental health or developmental disabilities services, including the fact that a person is (has been) or is not (has not been) a client shall be confidential and shall not be disclosed except as provided in the Act and HIPPPAA regulations, irrespective of the service delivery setting and whether or not the principal diagnosis is psychiatric."

Conclusion

Section 5/2-102 (a) of the Illinois Mental Health and Developmental Disabilities Code states that a recipient shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. Section 132.142 (d) (5), of the Illinois Administrative Code states that the client or guardian has the right to present grievances up to and including the provider's executive director or comparable position. Section 132.145 (f) (2), of the Illinois Administrative Code states that the client's record shall include referrals to other services and the provider's efforts regarding linkage to such services.

The record showed that the client was given and called the program's client advocate. Although the HRA cannot discount the claim that the client felt unsafe, the matter that was causing this unease was being addressed by law enforcement. There are no required amounts or quotas in policy or the client's treatment plan regarding housing applications; the record showed that the client had a discharge plan and housing applications were being provided. The client was given the option of conducting her case management sessions in an office and she took advantage of that option. During the times that the sessions were conducted in the apartment, the session could have been stopped by the client if she felt confidentiality was being breached. Based on this information, it is concluded that client rights were not being violated; the allegations are unsubstantiated.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

May 1, 2017

Mr. Arthur A. Savage, Vice Chairperson
North Suburban Regional Human Rights Authority
North Suburban Regional Office
9511 Harrison Street, Room 335
Des Plaines, IL 60016-1565

RE: HRA #17-100-9011

Dear Mr. Savage,

Thank you for your letter, dated April 5, 2017 regarding the unsubstantiated findings of the investigation into the above referenced case.

We appreciate having the opportunity to work with the Human Rights Authority to ensure patient rights are not violated. If additional information is needed, please do not hesitate to contact me at the number below.

Sincerely,



Rick Germann
Associate Vice President
847-952-7471