



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #17-100-9036
Elgin Mental Health Center

Introduction

In June 2017, the North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (hereafter referred to as the Center), Forensic Treatment Program after receiving a complaint of alleged rights violations. The complaint accepted for investigation was that a patient is having difficulty obtaining needed dental care.

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

Patients receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has approximately 344 beds.

Methodology

To pursue this investigation, the HRA requested portions of the patient's chart with written consent; the chart was received and reviewed. A site visit was conducted at which time the allegation was discussed with hospital personnel.

Findings

The patient reported that he has had difficulty obtaining needed dental care. He explained that he had obtained arrangements for outside dental care and was examined by this DDS (Doctor of Dental Surgery) in December 2016. Following that appointment, he wanted to see another outside DDS, but the facility required so much paperwork from the DDS (license number) that this caused an unnecessary delay in obtaining treatment. It was further stated that a filling had fallen out in January 2017 and it did not get filled-in (by the Center DDS) until June 2017.

A review of the clinical record showed that in December 2016, the patient was seen by a private dentist. The examination showed "full mouth x-rays; composite restoration on #13; needs fillings on 9 other teeth, crowns on 3, and wisdom teeth removed; no teeth that need immediate treatment." A Dental Treatment progress note dated June 4, 2017, noted an examination by the Center's DDS. The entry stated that the patient was seeking outside dental treatment at a family

dental care in Elgin and restorative treatment for #18 and 31. On June 11, 2017, a cavity was filled by the Center's DDS.

At the site visit, staff members explained that the Center has an arrangement with two community dental programs for patients to receive needed care that is not able to be provided on the Center campus. A referral would be made and transportation is then arranged, with safety precautions at the forefront. Patients can use a personal DDS if they have the proper insurance, and if the DDS is willing to accept the patient. To see an outside DDS, the Center must receive a photocopy of the DDS Illinois dental license. It is also required that the dental office acknowledge that the patient would arrive to the office by uniformed security guards, that the patient would be handcuffed and possibly shackled, that the patient would be entirely responsible for payment for the services and that the DDS will not seek payment from the Center, the Department of Human Services or the State of Illinois. It was stated that this patient did not want to be seen by the Center DDS or the two outside entities. He did obtain approval to be seen by an outside dentist who was his cousin. The charge for this visit was over \$6,000. The cousin wanted the patient to pay the bill and the patient wanted EMHC to pay the bill. The patient then wanted to go to another outside dentist; he would secure an appointment with a nearby DDS. He would relay this appointment to Center personnel, and expect to go to an appointment made on a Monday (for example) for that following Friday. It was stated that he was told more than once that safety measures must be in place before any appointment can be accepted and that he must go through proper channels to secure off-campus medical procedures. The Social Worker stated that when community dental offices hear that the patient would be arriving with security guards and manacled, many decline due to the fear factor for themselves and the other patients. The dental services were delayed because the patient would not accept the options offered by the Center, and he was not successful in securing services from an outside dental practice. He eventually was seen by the Center DDS.

The Center's Patient Request for Medical/Dental Consultant or Testing states in part that "a patient has the right to request the opinion of a medical or dental consultant or to request medical or dental diagnostic testing at his or her own expense. The patient's physician and the Program's Assistant Medical Director shall review the request with approval given based on consideration of the individual case. A patient, or his or her guardian if any, may make arrangements for a medical or dental consultant to give his or her opinion concerning the patient's medical or dental needs. However, the following must take place prior to the consultation or testing: the patient's physician and the Assistant Medical Director must review the request and inform the Medical Director. Approval will be subject to consideration of the: 1) legitimacy of the request and the need for the procedure; 2) clinical competence of the patient; 3) safety or security risk, if any; 4) necessity for aftercare or follow-up services; 5) patient's ability to pay; 6) any need for facility provided transportation or escort. A forensic patient with a court authorized off-grounds pass privileges may be considered for a consultation or testing to take place away from the EMHC."

Conclusion

The Mental Health Code calls for adequate and humane care pursuant to an individual service plan. (405 ILCS 5/2-102a. The Administrative Code adds that dental exams and referrals will occur as often as conditions require (59 Ill. Admin. Code 112.30). Every patient receiving services at the Center has the option to be seen by a Center DDS, to be referred to two separate community dental practices or obtain a personal dentist if applicable. This patient was examined by a community DDS of his choosing; he then wanted a different dentist but this option proved to be difficult through no fault of the Center. In addition, the patient did receive services from the Center

DDS. The allegation that a patient is having difficulty obtaining needed dental care is unsubstantiated.

RESPONSE

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



Bruce Rauner, Governor • James T. Dimas, Secretary

Division of Mental Health/Elgin Mental Health Center

RECOVERY IS OUR VISION

Recovery is a Personal Journey of Hope, Growth, Choice, and Change

November 30, 2017

Ms. Patricia Getchell- Chairperson
North Suburban Regional Human Rights Authority
9511 Harrison Street, W-300
Des Plaines, IL 60016-1565

Re: HRA #17-100-9036

Dear Ms. Getchell:

Thank you for your thorough review. We are happy to hear these allegations were unsubstantiated. The Facility strives to provide our patients with the recommended and needed medical and dental services necessary to maintain proper health. We also recognize a patient's right to use private services offered in the community. We were happy to work with the patient to get the needed dental services completed.

Please feel free to include our response with any public release of your Report of Findings.

Sincerely,

Brian Dawson, B.S.
Hospital Administrator

BD/CH/aw