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**HUMAN RIGHTS AUTHORITY – EGYPTIAN REGION**  
**REPORT OF FINDINGS**

**Case #17-110-9004**  
**Chester Mental Health Center**

**INTRODUCTION**

The Human Rights Authority (HRA) opened an investigation after receiving a complaint of possible rights violations at Chester Mental Health Center. The complaint alleges the following concerning the institution:

**1. A recipient is not being served in the least restrictive environment.**

If found substantiated, the allegations would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2 and 5/3) and Chester policies.

Chester Mental Health Center is a state-operated mental health facility serving approximately 240 recipients; it is considered the most secure state-operated mental health facility in Illinois.

To investigate the allegations, HRA team members reviewed the recipient's record, with consent, and examined pertinent policies and mandates.

**COMPLAINT STATEMENT**

The complaint alleges that the recipient is being denied a fair chance at being recommended for transfer to a less restrictive environment. The recipient reportedly has had few recent behavioral problems aside from excessive consumption of water. Despite mostly good behavior, the recipient is being denied a recommendation for transfer based on a 12 month plan intended to end ongoing troubles with excessive consumption of water as well as other treatment goals.

**INTERVIEW WITH STAFF [8/31/16]**

The HRA interviewed staff members at Chester about the recipient and his treatment. They described the recipient as using water intoxication to self-harm and becoming very violent when indulging in those behaviors. Staff has had the water shut off in the recipient's room for safety reasons. The recipient was briefly allowed in a unit with community restrooms, and became intoxicated soon after, requiring medical attention in the infirmary. All other attempts

since to allow the recipient unrestricted access to water have ended in water intoxication. Staff continue to counsel the recipient on water intoxication and its severity, but he continues to demonstrate little understanding of the weight of its effects. Staff are working on helping the recipient to develop coping skills and identify when they should be used. The recipient is currently being weighed four times per day and is required to go six months with water shut off with less than seven pounds of weight gain in a 24 hour period and six months with water turned on with less than seven pounds of weight gain in a 24 hour period before a recommendation for transfer will be considered.

### **FINDINGS (Including record review, mandates, and conclusion)**

#### **1. Complaint #1 – A recipient isn't being served in the least restrictive environment.**

The 10/13/16 Treatment Plan Review (TPR) states that the recipient has been receiving mental health treatment periodically since the age of 13, and was committed to Chester after being found guilty on charges of first degree murder. The recipient has historically struggled with hallucinations, suicidal and homicidal thoughts, aggressive behavior and trouble with drug and alcohol abuse. The recipient also has issues with indulging in water intoxication. In the 10/13 TPR, it is also stated that the recipient was stable, not generally aggressive, taking medication appropriately, not experiencing hallucinations, and not self-harming at that time. It also stated the recipient still had some minor problems with aggressive behavior (threatening staff) and remained in denial about issues with water intoxication. The recipient is diagnosed with PTSD (post-traumatic stress disorder) with psychosis, schizoaffective disorder and marijuana abuse.

More recent evidence (cited in the 10/13 TPR) of the recipient's need for medical care ranges from 8/19/14-8/2/16. These behaviors were mostly self-harm related such as reporting voices telling the recipient to self-harm on 11/11/14, 1/6/15, and 6/19/15 as well as gaining significant amounts of weight overnight due to excessive water consumption on 11/20/14, 4/22/15, 7/15/15, 8/21/15, 8/24/15, 9/9/15, 9/10/15, 9/22/15, and 8/2/16. After 8/2/16, no additional incidents were added to the "recent evidence" section in the 12/6/16, 1/3/17, 4/15/17 or 6/20/17 TPRs.

In the 10/13/16 treatment plan, the recipient had no report of negative behavior in any facility documents since 8/2/16 when he became upset after telling staff about current water intoxication issues and having his water shut off. The patient had also been reported in an 8/14/16 progress note as doing well, becoming more accepting of water protocol and working toward treatment goals as well as attending eight more activities than in the past recording period. An 8/17/16 progress note reported the recipient as becoming more accepting of his water consumption problem and demonstrating using "tools" taught by a therapist to deal with certain behaviors. In the TPR, the recipient is reported as a danger to self, but not a danger to others. The recipient's requirements for transfer were listed as (1) exhibit an ability to maintain non-threatening behaviors toward self and others; (2) meet criteria for treatment goals; (3) express a desire for transfer and be approved for transfer; (4) participate in 75% of assigned programming; and (5) successfully go 3 months with water shut off without any weight gain over 7lbs in 24 hours; however, later in the same TPR it is indicated that the recipient would be required to go 6 months with water shut off without any weight gain over 7lbs in 24 hours and 6 more months with water

turned on without any weight gain over 7lbs in 24 hours. This new requirement was adopted after the recipient engaged in water intoxication on 9/10/15 and was admitted to the infirmary, but was not updated in the TPR's requirements for transfer.

In the 12/6/16 treatment plan, the recipient's requirements for transfer were identical to those listed in the 10/13/16 treatment plan, including the discrepancy in the record of how many months the recipient would be required to go with and without water to his room without significant weight gain. No more "recent evidence" of why the recipient should be held in custody was added since the last report. The recipient was reported as stable, not aggressive, taking medication as directed, not experiencing hallucinations, and participating in two more activities than the last reporting period. The recipient also expressed an interest in transferring during this time period. The recipient continued to be identified as a danger to self, but not to others.

In the 1/3/17 treatment plan, the recipient's individualized plan goals were specifically laid out as (1) identify three symptoms of mental illness; (2) no angry outbursts; (3) identify three water intoxication triggers; (4) identify and take medications without help; (5) identify two aggression triggers and exercise to minimize aggressive behaviors. The recipient's progress with these goals was recorded in detail in the report. The recipient was recorded as "[having] fair insight into [his] mental health. [Acknowledging] that [he does] have mental illness; however still unable to identify related symptoms." The requirements for transfer remained largely the same with the addition of "**specifically** engaging in excessive water intake" added to the first point of "exhibit an ability to maintain non-threatening behaviors toward self and others." In order to meet this requirement, the recipient would have to successfully go 6 months with water turned off without gaining more than 7lbs in 24 hours as well as 6 months with water turned on without gaining more than 7lbs in 24 hours. With regard to angry outbursts, the recipient was recorded as "[having] 0 incidents of aggression. When meeting with [his] therapist [he minimized] past aggressive and other maladaptive behaviors." In regard to water intoxication, the recipient was reported as "[going] back on water tox protocol due to a 13lb weight gain" on 12/24/16 after having water turned on in his room on 12/12/16. The recipient was reported as "[taking his] medication without incident. [Reporting] no complaints of side effects or lack of effectiveness. Poor insight into how excessive water intake is a self-injurious behavior." The recipient's activity level significantly declined, but it was noted "decline mostly due to being unable to attend yard because of cold weather and gym being closed due to Christmas events." Based on the recipient's progress notes after the 1/3/17 TPR, it seemed that water intoxication problems had not gone away. On 1/25/17, the recipient's tumbler was confiscated after a weight gain of 13 pounds between weigh-ins; however, on 1/30/17, it was stated in a progress report that recipient "continues to do well with water tox issues."

In the 3/29/17 TPR, the recipient's individualized plan goals remained the same as the 1/3/17 report. The recipient's progress with these goals was once again recorded in detail. The recipient was reported as being able to identify one symptom of mental illness and admit past depression. The recipient was also reported as having no incidents of aggression during the reporting period. It was noted that "[recipient struggles] with boundaries and frustration when [recipient] feels [his] needs are not being met in a timely fashion. [He] can usually be calmed through verbal discussion". As far as being able to identify three triggers of water intoxication, the recipient is

reported as “not [acknowledging] that excessively drinking water not only places [him] at physical risk of harm; but is also preventing [him] from being able to transfer to a less restrictive setting”. It is also noted that the recipient was taking medication as prescribed and reporting no auditory or visual hallucinations at that time. For activities, the recipient had attended a total of 17 leisure activities and was reported as “doing very well the past couple of months. [He] is very pleasant and is cooperative while on the unit and while attending programming”. During this reporting period, the recipient appears to have improved in every area of the individualized plan goals except for issues with water intoxication.

In the 6/20/17 TPR, the discussion section reported that the recipient was able to identify water intoxication issues and ask for help. Staff encouraged him to use his coping skills. The recipient’s individualized plan goals remained the same as those in the 1/3/17 and 3/29/17 TPRs. The recipient was able to identify two symptoms of his mental illness: hearing voices and experiencing depression. The recipient also had no angry outbursts during the reporting period including verbal outbursts. When asked about water intoxication issues, the recipient was able to understand the medical complications it causes as well as acknowledge the agitation he feels after indulging in water intoxication. The recipient was reported as taking medication as prescribed and continuing to fight water intoxication issues. The recipient also attended 30 leisure activities during the reporting period and was reported as exhibiting no negative behavior during these activities. During this reporting period, the recipient showed significant improvement, including water intoxication issues, but still is very far from getting a recommendation for transfer based on the requirement for transfer calling for 12 months with no significant weight gain, 6 of those months without access to water and 6 of those months with access to water.

Chester Mental Health Center Transfer Recommendation for Behavior Management Patients Policy says "All transfers of behavior management recipients from the Chester Mental Health Center are effected in accordance with the Mental Health and Developmental Disabilities Code which mandates that treatment occur in the least restrictive alternative appropriate to that recipient. The recipient's treatment team must evaluate on an ongoing basis the recipient's continuing need for a maximum security environment...At such time the treatment team determines the recipient is clinically suitable for transfer to a less secure facility...the psychiatrist is to prepare a transfer recommendation (CC 01.02.00.02)."

Chester Mental Health Center Guidelines for the Treatment of Patients with Severe Maladaptive Behaviors states that “Chester Mental Health Center provides treatment for patients exhibiting severe maladaptive behaviors. Treatment will focus on the replacement of maladaptive behaviors with more socially acceptable behaviors. The treatment program will teach adaptive replacement behaviors as well as provide the environment to practice these skills.” The Policy also states that “Severe behavior management issues may be characterized by the following: (1) Unwanted or maladaptive behaviors which result in serious injury of self or another person; (2) the patient’s behaviors warrant placement in restraints with consideration being given to ambulatory restraints; (3) The patient’s behaviors are impeding his ability to achieve goals established for treatment as indicated by repeated episodes of seclusion or restraint” (TX.07.00.00.01).

The Mental Health and Developmental Disabilities Code states “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...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 5/2-102). The Code also states "The facility director of any Department facility may transfer a recipient to another Department facility if he determines the transfer to be clinically advisable and consistent with the treatment needs of the recipient" (405 ILCS 5/3-908).

### *Complaint #1 – Conclusion*

Due to the recipient’s ongoing struggles with water intoxication, the HRA finds this complaint to be **unsubstantiated**. The recipient does exhibit “severe maladaptive behavior” as defined in Chester’s policy in the form of self-harming tendencies. The recipient’s behavior has consistently barred him from achieving other important treatment goals, specifically water intoxication goals required for transfer to a less restrictive facility. The recipient is being denied a recommendation for transfer based on a long-term treatment plan (going 6 months without water to room with less than 7lb weight gain in 24 hour period and 6 months with water to room with less than 7lb weight gain in 24 hour period) pursuant to 405 ILCS 5/3-908. Until the recipient is able to achieve the water intoxication goals set forth in his treatment plan and prove he can succeed in a less restrictive facility, the HRA finds that Chester is not violating his rights. That being said, the HRA also has the following **suggestions** for Chester Mental Health Center:

1. The HRA **suggests** that Chester Mental Health Center keep more thorough and accurate records to avoid any confusion about criteria for patient transfer. During our record review for this case, we found conflicting criteria regarding the length of time the resident is to go without water intoxication in order to be transferred in both the 10/13/16 and 12/6/16 TPRs. Records should be updated and reviewed before sharing them with the recipient.
2. The HRA also **suggests** that the methods being used to stop recipient’s struggles with water intoxication be regularly re-evaluated to look for any methods that could be added or changed in order to increase recipient’s chances of eventual transfer to a less restrictive facility.