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**METRO EAST HUMAN RIGHTS AUTHORITY**

**REPORT OF FINDINGS**

**HRA CASE # 18-070-9001 & 18-070-9003**

**ALTON MENTAL HEALTH CENTER**

The Metro East Regional Human Rights Authority (HRA) has completed its investigation of a complaint at Alton Mental Health Center (AMHC), a state-operated, medium security mental health care facility located in Alton, Illinois. The facility serves 125 patients between the ages of 18-55. Of that number, approximately 110 (66 male and 44 female) are on the forensic unit. The civil unit houses a maximum of 15 patients and includes one overflow bed which is used for emergency purposes only. Alton Mental Health Center employs 250 staff members to ensure that patients are supervised 24/7.

The allegation being investigated is: The facility violates consumers' rights when it reduces telephone communication time and incorporates other restrictive measures regarding the use of telephones.

If found substantiated, the allegation represents violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5).

**METHODOLOGY**

To pursue the investigation, an HRA interviewed the AMHC Administrator, the Director of Quality Management, as well as staff, and obtained and reviewed agency policies and the Alton Mental Health Center Consumer Handbook.

**FINDINGS**

**18-070-9001** – The complaint states that the phone policy is in the process of being changed and the new policy is being piloted on the female unit. The HRA began receiving numerous complaints that AMHC changed its telephone policy which resulted

in a reduction of times for telephone access, time limits for calls and restrictions on incoming and outgoing calls.

On July 20<sup>th</sup>, 2017, the HRA received a call about the new policy stating that phone usage on the female unit (C-2) at AMHC was being restricted; there are 22 patients currently on the unit. The caller stated that phone times are now assigned by room number. Each call is for 10 minutes, patients cannot trade phone times and there is no open phone time. After calling AMHC, a copy of the sign-up sheet was sent to the HRA. The new sign-up sheet reads as follows: “11:40-11:50, 11:50-12:00, 12:55-1:05, 1:05-1:15 in the daytime with 2 phones being used. Evening phone times are 8:00-8:10, 8:10-8:20, 8:20-8:30, 8:30-8:40, 8:40-8:50, 9:00-9:10, 9:10-9:20, 9:20-9:30, 9:30-9:40, 9:40-9:50, 9:50-10:00, 10:00-10:10, 10:10-10:20, 10:20-10:30, 10:30-10:40, 10:50-11:00. Phone calls are limited to 10 minutes. Phone Schedule is for Monday-Friday. Phone times during the day hours are 11:40am through 1:15pm and are off during lunch time (12:00- 12:55). Phone times in the evening are 8:00pm-11:00pm. If the patient phone is not being used by the patient listed for that time, staff permission has to be given for another patient to use the phone during that time.”

After receiving the sign-up sheet, the HRA Coordinator contacted the AMHC Administrator to discuss the new policy. She stated that there is a new pilot phone policy being implemented on the female unit and will eventually expand to all the units. She stated that certain, vulnerable individuals on the unit were not getting phone time with the previous phone policy and that those individuals were not comfortable speaking up about wanting phone time. She stated that certain people are not receiving calls at all and others are on the phone constantly. The previous policy stated that phone calls were to be limited to 10 minutes if another patient requests to use the phone. She stated that there is one and a half hours of assigned times in the morning and the same amount of open time for the phones in the morning from 6am-11am. She stated that phone times are scheduled by room number so that each person can use the phone and that family members will know what time to expect calls. She stated that there are currently 2 phones on the unit and when the new phone system is installed, there will be 2 additional phone lines.

Per several conversations with staff and patients, there was great confusion on the unit with both staff and the patients because they were initially instructed on 7/19/17 that on 7/20/17, during Community Meeting, C2 female unit patients will start signing up for telephone times. The time slots allow for 22 patients to sign up for 2 time slots per day and patients will sign up for telephone times according to their number picked in community meeting.

There is a discrepancy between what was initially explained to the staff and patients, however, after speaking with a staff member just days later, it was disclosed that the

patient sign-up sheet is not being implemented due to the confusion and phone times are now being assigned by room number.

On August 10<sup>th</sup> the HRA Coordinator called staff to get an update on the phone policy. Staff stated that there is very limited phone time during the day due to phones being shut off during active treatment. Phones are on from 11:40-12:15 for open phone time and there is no longer a sign-up sheet during the day. Phones are off for lunch and come back on at 12:45 and stay on until 1:15. Phones come back on from 6-7pm for long distance calls only. From 7 to 8pm there is group on the unit and phones are turned off for that and turned back on from 8:50-9:40pm for the 10 minute sign up per room. Then, 9:40-11:00 is open phone time. When you calculate this new time for phone usage, it does not leave room for each patient to have a 10 minute call. The HRA Coordinator called the Administrator to confirm the new phone times and she stated that phones are on in the morning from 11:40-12:15 at staff discretion and come back on at 8:00pm for assigned room times. When everyone is done, there is open phone time until 11:00pm.

On August 15, 2017, the HRA Coordinator sent an email to the Administrator requesting a copy of the phone pilot details being implemented on the female unit and received the following response: "Here is the pilot: As of right now, most people are doing really well with it and I have had several patients thank us for letting them have time on the phone. I will let you know when we move it across the hill...Unit C2 is piloting what will become a hospital-wide policy on telephone use. The following is the sanctioned and correct phone schedule (only on C2 or now): Phones are on from 1800-1900, during which 10 minute slots are assigned by room number (there is no phone sign up). Phones are on from 1900-2000 for programming. They come on again at 2000 and remain on until the remainder of the room-assigned times are completed. Once completed, the phones are available, unassigned/free, until 2300, when they are turned off for the remainder of the night. From 1140 to 1215 and 1245 to 1315, the phones may be turned on (optional and at staff discretion) for unassigned/free use."

The HRA Coordinator made the following observation of the new phone policy which they eventually shared with Administration: The AM assigned times are not being provided. There are 35 minutes of open phone time before lunch and 30 minutes after lunch for 22 individuals with only 2 phones and, according to the Administrator, the AM phone times are optional and at staff discretion. Calculations show that would only leave 5 minutes for each of the 22 patients to use the phone during the AM. The previous AMHC policy stated that phone calls should be limited to 10 minutes if another patient needs to use the phone, however this would not be possible given the time restraints being placed on phone usage. Regarding PM phone usage: The Administrator states that the phone comes on at 8:00pm, however staff states they come on at 8:50 for the 10 minute assigned times and that from 9:40-11:00 there is open phone time. Other than the staff assisted long distance calls from 6:00-7:00, it appears that the total phone time is

about 3 hours and 25 minutes per day and when divided by 11 patients per each of the two phones, each recipient could get a maximum of 18 minutes of phone time per day. This observation was shared with the Administration on August 23, 2017 via email which read: "Since the phone policy is in the trial stages, I want to share with you the HRA's concerns. The HRA received complaints that the phone policy is not being followed and that phone time is now extremely limited. The clarification that I received from both you and a staff member does not match what the HRA was initially told. The HRA has concerns that phone times are now very restrictive and violate patient's rights." The Administrator's emailed response is as follows: "Good afternoon, we appreciate the feedback from HRA as these changes were made in order to meet patient needs. We will follow up to reduce any inconsistencies with the policy being followed on the unit. The new phone policy did reduce the phone accessibility by an hour as the 7-8pm unit group is held at that time and the phone being on while the therapeutic group was occurring prevented participation. No other changes impacted the amount of time available and does add an equal opportunity for all of the patients to use the phone. This change for all patients having available time to make their calls and have conversations is not setting well with a few of the patients that in the past have had the majority of control over the phones. We have received positive feedback from several of the ladies on C unit where the pilot is occurring that they are now able to utilize the phone. I hope this answers HRA's concerns, if you have additional suggestions we welcome them as our goal at AMHC is to create an environment where all AMHC patient's voices are heard and they are able to benefit from the therapeutic environment we offer."

In November 2017, the HRA was notified that patients were unable to make business related calls during regular business hours due to the new phone policy. When patients need to access an outside entity during business hours, it is almost impossible given the phone availability of only 15 minutes during the day (11:45 am to noon). The phones come back on after lunch for open times from 12:15-1:15, however this is when most businesses take their lunch hour.

On 11/18/17 an email to was sent to the DHS Director of the Division of Mental Health from the HRA Director: "Hello, I wanted to alert you to repeated complaints the Human Rights Authority is receiving about phone access at Alton Mental Health Center. Normally, we would take these complaints through our Human Rights Authority case investigation process, but because we are receiving repeated complaints and because phone access is not only a guaranteed right, it can be particularly crucial at this time of year, we wanted you to be aware of the reports as soon as possible."

"We currently have 2 open Human Rights Authority cases. One case complaint indicates that phone access guidelines were not being followed and then became more restrictive; this complaint concerns C unit. Another case complaint states that phones were not turned on until 9 p.m. and that was too late to reach family; this complaint concerns B

unit. Today we received a report that there are 14 individuals on one side of the C female unit and 7 individuals on the other side of the same unit (we are told there is an imaginary line on the unit and the more aggressive individuals cannot cross the imaginary line even to access the phones). Those 14 individuals on one side are to share phone access only during the following times: 11:45 a.m. to noon (15 minutes), 5 pm to 5:30 pm (30 minutes), and then 8 to 11 pm (3 hours). Calls are limited to 10 minutes which means that only 1 individual will get a full 10 minutes of time in the a.m., 3 individuals between 5 and 5:30 and the remaining must wait until 8 pm. The reports indicate that there are similar restrictions occurring on each of the 5 forensic units at Alton and that phone access at Alton may be even more restrictive than Chester MHC, the most secure facility in the state. When patients need to access an outside entity during business hours, it is almost impossible given the phone availability of only 15 minutes during the day (11:45 am to noon).”

“Our HRA Coordinator has spoken to Alton Mental Health Center administration repeatedly to try to resolve the matter informally but the policy has not changed but to no avail. Any assistance that you can provide in helping to ensure guaranteed communication rights, and especially in light of the upcoming holiday season, would be greatly appreciated. If you have any questions, please do not hesitate to let me know. Thank you for your review.”

On 11/29/17 the HRA emailed the DHS Director of the Division of Mental Health about the issue who contacted the Hospital Administrator. The response from the AMHC Administration to the DHS Director, received on 12/15/17, reads as follows:)

“Good afternoon Director, I have conducted many trips down to the C unit to ensure the phone schedule is being followed since the program began and increased those rounds today and will continue to monitor it. There has not been an 1145 phone use time on the schedule since the inception of this program as treatment programs end at 1145am and transport back to the units occur. I have included below the phone schedule. It was noted today that the phone was turned on early at 1132am to 1138am so that a patient could speak with their lawyer. Staff have indicated that on a few occasions that they have had to give more than one verbal prompt to a few patients that were going past the time use which was preventing others from using the phone. As indicated in our previous discussion, AMHC has a couple of patients and one primary that has voiced their displeasure in the phone program due to their dominance of using the phones prior to the implementation of this program. AMHC strives to provide equal access to all the patients we serve. The program has had a positive impact for the majority of the patients on that unit. I will continue to keep a close eye on this program to address any inconsistencies that may arise. Please let me know if there is any additional information that I may provide you.

Phones are available during the following times-

- 12:00-1:00 pm - open phone use (anyone wanting to use the phone)
- 5:00 – 6:00 pm – open phone use (anyone wanting to use the phone)
- 6:00 – 7:00 pm – long distance (or open when LD calls are completed)
- 8:00 – 10:00 pm - Each patient has an assigned 10 minute phone time (based on room assignment)
- 10:00 – 11:00 pm - open phone use (anyone wanting to use the phone)”

During the site visit, it was disclosed that 2 more phones were added to the female unit, leaving a total of 4 phones for 22 patients. There is now time for business calls in morning before active treatment, however, patients must sign up for that time in advance.

**18-070-9003** – The complaint states that a male patient has had trouble contacting his family since the new phone policy was implemented facility wide. The patient’s family members go to bed before the phones are turned back on between 8:00 and 9:30pm and the patient has missed out on phone conversations with loved ones as a result.

The new phone policy was implemented facility wide in September of 2017. AMHC administration admitted to receiving a complaint in September 2017 that a male patient on B unit was unable to reach family members via phone because phones were not being turned back on until late and his family was in bed. Staff stated that there have been multiple complaints regarding the new phone policy on the male units.

### **MANDATES/REGULATIONS**

According to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102):

Sec. 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 Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment 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. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan.

According to the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-103):

Sec. 2-103. Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation.

(a) The facility director shall ensure that correspondence can be conveniently received and mailed, that telephones are reasonably accessible, and that space for visits is available. Writing materials, postage and telephone usage funds shall be provided in reasonable amounts to recipients who reside in Department facilities and who are unable to procure such items.

(b) Reasonable times and places for the use of telephones and for visits may be established in writing by the facility director.

(c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission.

### CONCLUSION

The HRA **substantiates** the accusation that AMHC violated patients' rights when it impeded patients' use of telephone communication.

The Mental Health and Developmental Disabilities Code states that unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission. This restriction does not fit into any of these circumstance categories. The Code also states that "reasonable" times and places for using phones and having visitors may be established in writing by the Director but the HRA feels that the policy's specified telephone times are not "reasonable" due to the restrictiveness of the policy and very limited phone access.

According to the Code, communication is a right, not a privilege. The manner in which consumers are assigned phone times is confusing and could impede communication if a consumer needs to make a call outside his/her scheduled time.

The intent of the Administrator was to ensure that vulnerable patients were guaranteed access to the phone, however this issue should have addressed in individual treatment plans and not used to restrict the available phone times for all patients.

### **RECOMMENDATIONS**

The HRA **recommends** that Alton Mental Health Center administration follow the Mental Health and Developmental Disabilities Code and recognize that phone access is a guaranteed right, not a privilege and amend the phone policy to reflect this right.

AMHC should not restrict all patients' rights to communication to try and ensure a few select patients do not exceed their phone time. As per the Code's guaranteed communication right as well as adequate treatment pursuant to a treatment plan, it is **recommended** by the HRA that staff should address the needs of the vulnerable patients, cited in this report, in their treatment plans and goals should be set to assist these individuals' access the phones. Additionally, patients who take advantage of the phone usage by ignoring the facility policy of 10 minutes of phone use when other patients need the phone should also be dealt with in their individual treatment plans.

### **SUGGESTIONS**

Review the practice of allowing staff discretion in determining access to the phones or any guaranteed right.