



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Draft Report of Findings
HRA #20-100-9002
Turning Point Behavioral Healthcare Center

In July 2019, the North Suburban Regional Human Rights Authority opened an investigation of possible rights violations regarding Turning Point. The complaint accepted for investigation alleged that staff members within the Transitional Living Program are thwarting a client's efforts to find alternative residential placement.

Clients receiving services at Turning Point are protected by the Illinois Mental Health and Developmental Disabilities Code and the Illinois Administrative Code.

According to its web-site, Turning Point offers a variety of mental health services, including Individual, Family, and Couples Therapy, Case Management, Group Therapy, and Crisis Services. Turning Point's Residential Program, "Transitional Living Program", or "TLP," is a scattered-site supported living apartment program serving adults with chronic mental illness. The program's two-bedroom apartments are in the village of Skokie, within two miles of Turning Point Behavioral Health Care Center. TLP is time-limited and designed for individuals who want to be living independently in their own apartments but need to learn or improve their independent living skills before being able to do so. These residents share a two-bedroom apartment with another TLP client (of the same gender) and may remain in the program up to three years. In addition to working with their Case Manager on learning independent living skills, clients in TLP are required to be involved in 15-20 hours of structured activities each week.

Method of Investigation

To proceed with this investigation, the HRA requested and reviewed portions of the client's clinical record with consent. The HRA discussed the allegation with the client's Case Manager and the Case Management/Residential Coordinator. The HRA acknowledges the full cooperation of agency personnel.

Findings

A review of the materials showed information on a 50-year-old female client admitted into the transitional living program in December 2018. The client has a diagnosis of major

depressive disorder, posttraumatic stress disorder and borderline personality disorder. In January 2019, the police were called as the client's roommate felt threatened. In February 2019, due to repeated conflicts, the client was moved to a new apartment. The Case Manager documented that the client was provided with housing resources and that several applications were filled out for housing options. In March 2019, it was documented that the client reported that she needed to do something about housing. She told her Case Manager that HODC (Housing Opportunity Development Cooperation) would not accept her application due to her history of evictions. At this time, the Case Manager and client researched affordable housing options on-line and about five options were noted. It was further noted that the program had received a call from the landlord reporting on the excessive calls that were made by the client to him. It was documented that it was explained to the client that all clients begin housing searches at the time of admission and that the program is meant to be transitional. The client was advised that continued calls to the landlord and police may result in the client being asked to leave. The client was then directed to the Program Coordinator and Chief Clinical Officer for an additional explanation of the policy.

The client received a letter, dated April 29, 2019, informing her that her participation in the Transitional Living Program will be terminated on May 3, 2019. The letter noted that, "You've shared that the program has caused ongoing distress, has not been responsive to your requests, and is not able to provide and facilitate the level of assistance that you need and expect." It was further noted that the level of support in the program is not able to meet her needs and that staff will work with her over the next month to help find other housing options. The letter included several housing options. The letter concluded by saying that "although you will not be a member of the Transitional Living Program, your other supports at Turning Point will continue to be available, including family therapy, case management and an individual therapist when one becomes available." The letter also included a 24-hour crisis services number.

A letter dated June 18, 2019, noted that because the client was having a difficult time finding other housing options and could not vacate in May 2019, a meeting was to be scheduled to discuss the progress with finding alternative housing and the unpaid rent and utilities (the client had not paid rent or utilities in four months). The meeting was held with the Case Manager, Therapist, and Chief Clinical Officer and additional housing resources were explored. In addition, the client's level of functioning was discussed but she refused psychiatric services. The clinical record had documentation which showed that the Clinical Coordinator spoke to another agency and that they offered a program very similar to Turning Point's residential program. It was determined (by that agency) that the client would not be eligible due to program similarities.

At the site visit, it was explained that to be eligible for the residential program, the following must be met:

- the client must be 18 years or older
- the client must be receiving outpatient services through Turning Point (Outpatient Therapy, Case Management, and/or Psychosocial Rehabilitation)
- the client must have a consistent source of income in the source of disability (min. \$800/monthly)

- the client must be in one of the Medicaid programs (e.g. IlliniCare/ Cenpatico, Aetna)
- the client must have no history of substance abuse or have one year of sobriety
- the client must be able to take care of basic living skills independently
- the client must not have a primary diagnosis of substance abuse or MR/DD.

It was stressed that the program is not intended to provide long-term housing. It is designed for individuals with a chronic mental illness who need and want assistance with their independent living skills, who want to learn how to better care for themselves, who want to be more involved in the community, and want to live as independently as possible.

It was stated that the client identified in this investigation met the requirements for the residential program. After multiple overnight visits it was determined she would be a good candidate. As noted above, it was stated that early on, the client had difficulty with her roommate and after efforts to resolve issues were unsuccessful, the client was moved to another apartment; it was not any better at the second apartment. In April 2019, Turning Point determined that the client needed a higher level of care than they could provide and asked her to be out by the end of May 2019. She was not paying her rent, or her utilities and she was not meeting with her Case Manager. Letters were sent regarding the program termination, but the client refused to leave the apartment. On July 31st, 2019, Turning Point staff members removed all agency belongings (bed, table, chairs, etc.) from the apartment and terminated the lease. The client has remained in the apartment and the matter is being addressed legally.

Regarding the assertion that staff members thwarted the client's efforts to find alternative residential placement, it was stated that they did receive a call from another agency about this client. After consents were exchanged, the discussion showed very similar programming and the other agency determined that the client would not be successful in their program due to the similarities.

A review of the Residential Handbook mirrors what has been noted above. It that explains the program, the program goals (assist the client in developing and maintaining independent living skills and to achieve independent living status, etc.), services provided, client expectations, expenses, etc. The Residential Service Agreement addresses the structure (minimum of 15 hours per week of structured activities), medication, alcohol, illegal drugs, property, fees, pets, guests, etc. The Agreement has a termination section which states that a recipient may be discharged from the program in several ways. To summarize, a client can be terminated if: 1) if a client no longer wishes to participate in the program; 2) chronic violation of program and/or household rules; 3) if the medical needs of the client cannot be met or the behavior of the client places the client or others in danger.

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 132.145 (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.

Based on the information obtained, the allegation that staff members thwarted a client's efforts to find alternative residential placement is unsubstantiated.

RESPONSE

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