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HUMAN RIGHTS AUTHORITY-SPRINGFIELD REGION

REPORT 19-050-9008
Heritage Behavioral Health Center

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation into potential rights violations at Heritage Behavioral Health Center in Decatur. The complaint is that Heritage inappropriately terminated a client's services.

Substantiated findings would violate adequate and humane care and services protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5) and Medicaid Community Mental Health Services Rules (59 Ill. Admin. Code 132).

Heritage offers a variety of behavioral-health related programs including case management, community support, therapy/counseling, crisis intervention, substance abuse treatment and homeless care to some 5,400 people of all ages in the area. The HRA met with three administrative representatives who were familiar with this client and the situation in question. Relevant policies were reviewed along with the client's record with authorization.

The complaint states that Heritage dropped the client from services in October 2018 after providing him counseling, grocery and doctor appointment assistance, allegedly for giving caseworkers gifts or money. The client's services were reportedly terminated while the caseworkers who took money from him were not terminated.

FINDINGS

Interviews

The staff explained that this client was previously served in a neighboring county where he lives until the provider there shut its doors. Heritage reached out to some of those stranded clients and offered their services, which is where this client finds himself today. A clinician told us that she arranged an assessment for him after he called the center in distress and she sent a crisis worker to his home about twenty miles away. He was subsequently set up in their

community support program that helps individuals gain the necessary skills to live independently and participate fully in their communities. Although not typical and not a requirement, caseworkers continued to provide him transportation using their own vehicles to and from the center or other places given his situation. A treatment plan has since provided him with counseling/therapy twice per month for depression and anxiety and case management twice per month that includes budgeting for groceries. Heritage is not the client's representative payee, nor do they provide the medications that he gets privately.

It was further explained that a case manager usually picked up the client at his apartment and drove him to the counseling appointment, then to the grocery store and then home. They said that contrary to the complaint, services have not been terminated, just the transportation. This came to an end in October 2018 following a meeting with the client about their concerns for recurring incidents that made female case managers uncomfortable. Most of the examples mentioned were of invading boundaries: refusing to get out of their cars, touching an arm or face, researching their personal information on line and calling one at 2 a.m. when she had not given him her number. Other examples involved trying to give staff money or wanting them to be his estate beneficiaries. He reportedly asked one case manager to become his payee and suggested that she and her boyfriend live in a house with him. The worker declined the offer and informed her superiors that the client said he was going to leave \$1100 in her car. Heritage told the HRA that the client reported of staff having taken his money two or three times which they turned in to the Inspector General, but all were unsubstantiated. They tried sending two staff at a time and a male which the client did not like. A new service agreement was therefore written up to allow a designated male case manager to meet him at the grocery store or a doctor appointment. They reiterated that transportation is not a program requirement and that this client is high functioning and can use a taxi or the region's public transportation options, one in particular that has routes between his hometown and Decatur. According to the staff, they have spoken to the client as recently as March 2019 and he is aware that his treatment plan remains effective, although in need of routine review at this time, and that he must sign the new treatment agreement.

In follow-up interviews the staff were asked if the client was suddenly dropped from the rides without warning and whether anyone has ridden on public transportation with him to test its feasibility. They said they had numerous conversations with him about the inappropriate incidents and need to consider other transportation options. They believed he understood the situation. No one has ridden public transportation with him. Regarding money allegedly given to employees, Heritage recalled \$300 and \$1100 amounts that the Inspector General investigated for potential client exploitation. They had no cause to discipline or fire the accused employees since the claims were unsubstantiated. The HRA reviewed multiple Inspector General reports on Heritage for the same timeframe and was able to verify the \$300 amount in which the client admitted to giving the cash to an employee for car repairs, but that employee denied it and there was no proof of the exchange so the matter was unsubstantiated. We have found no report on the other investigation to date, but we have some indication that it was not accepted by the Inspector General.

Record Review

The client's most recent treatment plan, last updated in June 2018, lists Major Depressive Disorder and Fibromyalgia for diagnoses. Goals for the depression included one to cope, ease

depression and have some socialization via counseling/therapy twice per month. The frequency had been reduced from once weekly due to a lack of transportation. It was noted on the plan that he was making "little to no progress toward this goal" but to continue the objective as written, and under client quotes, "I can't say that I've made a lot of progress on the anxiety. I can say that it is tough to only have therapy every couple of weeks and build traction. A lot of ups and downs happen. I wish I could have more therapy, but I can't find transportation." A second goal addressed budgeting with support to motivate shopping, also twice per month. The author and client agreed to continuation after some progress on this goal. The third goal addressed the client's sadness that causes him difficulty expressing himself with doctors or understanding what they say to him. An objective would provide support during a doctor appointment at least once every two months, and likewise, the objective was continued after showing some progress.

A full mental health assessment was completed in September 2018, in which the clinician recommended the continuation of therapy and case management services at that time. The significant needs identified were safe, affordable public housing, a social support network, recreational services, psychotropic medications and stress management. "The most difficult treatment barriers [client] will face are physical health and transportation." The following treatment services were recommended: therapy/counseling, case management/community support and a psychiatric evaluation to determine the need for psychotropic medications and any subsequent medication monitoring.

Progress notes covering the entire 2018 year revealed the client's persistence in finding a Heritage beneficiary of his will, as early as January. Notes over the next two months highlighted his dislike for a male worker who served him at that time, and his stated preference for females. His requests were forwarded to management, and by March he was assigned to a female therapist. One of those entries referenced a talk with the client about boundaries, specifically of touching another staff person's arm. The client insisted he barely touched her and swore never to work with her again. There were several notes that followed over the next months about troubles with scheduling transportation; either the lack of available staff to pick him up or the client's cancellations for various reasons. His depression was reflected in the notes that followed from there. In May an administrator told him they would continue providing transportation to his therapy but that he had to explore public or faith-based options otherwise as additional transportation services were unavailable. He was driven to grocery stores, the bank and doctor appointments through July nonetheless. The client suggested trips to other places of interest, like malls or hardware stores in the meantime, and the staff steered his attention to destinations more appropriate for their abilities. In August the client inherited \$65,000 and expressed his reluctance to getting it at the chance of losing Medicaid services; case managers described his worsened symptoms of anxiety. In September a writer noted the client's offer to make her his beneficiary, suggesting he buy a house and have her inherit it when he passed away. The writer seemed to handle it well, admonishing and redirecting him. Days later he was said to be lacking progress with continued depression and anxiety and was quoted as saying that his therapy and grocery shopping with his case manager were the only things to look forward to. He remained hesitant however to explore other ways to engage socially. At about the same time he once again approached his case manager about making her his beneficiary, and she appropriately declined and tried redirecting him to focusing on his goals and objectives. He raised the house scenario a second time and the case manager repeated the inappropriateness and how it made her feel

uncomfortable. She proceeded to offer several ideas for community or church-related activities to join and then wrote that his progress in the area was “nonexistent”. For the rest of the month there was some back and forth between Heritage and the client about using their rides and services for unnecessary and improper purposes. He had called the crisis line about a toothache and wanted someone to take him to the dentist. They reminded him about an upcoming appointment that they would take him to, offered to reschedule for him and said that if he had an emergency, he should take a taxi or public transportation. The client later said his toothache was fine and he wanted to cancel the upcoming appointment. These exchanges carried on into October when the client wanted to rebook his appointment and a therapy session, and the staff explained there was no one available to pick him up at the times he wanted. They again suggested that he use public transportation for anything unscheduled, and he went on to complain about that option.

The HRA was provided a chronicle of incidents and interventions between Heritage and the client, dating back to 2017. To summarize the lengthy list:

- the client would only buy food for two or three days, not for two weeks as planned and then request more rides to the store;
- he would call the facility for non-urgent matters, request that staff come to his house while they were with other clients, sometimes after hours and on weekends;
- staff would report verbal abuse from him and they were advised to end the session if they felt unsafe;
- the client would refuse to get out of the car at the end of sessions, making staff late for other appointments. (It is not clear how frequent these instances occurred).

The list included:

- three accounts of the client touching a case manager’s body, on the arm or face, making them uncomfortable;
- three accounts of yelling at the staff or being confrontational with them while driving;
- one account of the client saying he researched staff, had an address, family member names and that he knew other places they had lived. He reportedly asked the staff if her employers knew her husband was a criminal;
- one account of having personal information about another staff;
- seven accounts of asking various staff to be his beneficiary, and six accounts of counseling the client against it, discussions of ethics and boundaries;
- three transfers of therapists and six transfers of case managers.

There were also attempts to address the situation and referrals listed:

- an ethics committee consultation to verify strategies;
- trying several different case managers, including male staff and two staff;
- structuring appointments, setting limits and designating specific contacts for the client;
- eleven accounts of exploring alternative transportations or helping contact those agencies for information and scheduling, mainly including a medical transport, a public bus, taxis, and a faith-based group.

The HRA reviewed the new treatment agreement that was written for the October 2018 meeting at which the Heritage team confronted the client with their decision to end

transportation. It states that following an evaluation, Heritage would need to adjust services and would be able to provide community support through a designated male case manager who could meet the client at the location where assistance was needed. Transportation to that location would not be provided. Another section informs that Heritage employees are not allowed to accept or receive gifts from clients due to conflicts of interest. The client was to sign in acknowledgment and declare that he would not offer gifts of monetary value. It mentions nothing of the staffs' responsibility to refuse offers, except that administration is to be notified if an offer occurs.

CONCLUSION

Heritage policy states that high-quality, efficient treatment is best provided by using clinical interventions most appropriate to the individual's condition, via a treatment plan that reflects the service needs and concerns as identified in an evaluation. The plan is to list goals and objectives and must be reviewed as required by regulation and revised as often as the client's needs and response to treatment. Transportation is not identified in the Treatment Services policy.

Community Service Rules set standards for the operation of community mental health services that address the continuum of service provision (59 Ill. Admin. Code 132.10) as well as the connectivity of and linkages to services (59 Ill. Admin. Code 132.70). All programs are subject to ensuring that client rights are protected according to Chapter 2 of the Mental Health Code. (59 Ill. Admin. Code 132.30).

Under the Mental Health Code, "A recipient of service shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." (405 ILCS 5/2-102a). Adequate and humane care and services is defined as those, "...reasonably calculated to prevent further decline in the clinical condition of a recipient of services so that he or she does not present an imminent danger to self or others." (405 ILCS 5/1-101.2).

The complaint is that Heritage inappropriately terminated this client's services. That technically did not happen, and the program awaits the client's signature of compliance with a new treatment agreement while his treatment plan remains effective. The program insists that transportation is not a required service by policy or plan and provided ample documentation of the struggles staff had in supplying it, namely with personal safety and ethics. Given those problems collectively, ending the transportation seems appropriate. The problem is in how it was done. The new treatment agreement states that after evaluating, Heritage must adjust community support by ending the transportation. Meanwhile, the last evaluation provided in the record just four weeks earlier concluded that the client was severely depressed, was not making progress, needed continuation of his service level and a psychiatric evaluation for the use of psychotropic medications. It also concluded that physical health and transportation were major barriers to his needed treatment. Although the folks at Heritage consistently encouraged the client to use other modes of transportation, which he repeatedly declined, there is no documented warning that he would suddenly be dropped, which happened at an impromptu meeting that left

him without prepared options to get to his therapies, the grocery store or to doctor appointments so that he could continue the level of services as recommended. This was not an adequate and humane tactic, and Heritage should have targeted a deadline for him to accept alternative transportation services before ending theirs. This idea was presented to the staff in the follow up interviews in March. Furthermore, the new agreement states no reason for the service adjustment except that gifts were not to be exchanged. However unethical and conflicting, there is no evidence of gift giving and the client's pining for a beneficiary to newly acquired money is not the most egregious offense. The staff redirected appropriately whenever approached per the record, and Heritage did little else to assist their client toward a more reasonable beneficiary source. A violation of this client's right to adequate and humane care and services is substantiated.

RECOMMENDATIONS

- Restart transportation for the client to therapies, shopping and doctor appointments and set a proper deadline to secure alternative transportation options through combined efforts.
- Send staff to travel with the client on prospective options to test feasibility given his physical limitations.

SUGGESTIONS:

- Work with him to arrange an appropriate beneficiary and/or work with him on making referrals for other arrangements (e.g. ABLE Account, Special Needs Trust, etc.). It is reasonable to expect Heritage to help him solve a problem that so prominently threatened his access to mental health services.
- Work with him to find safe, affordable housing nearer the services he needs.