



FOR IMMEDIATE RELEASE

REPORT OF FINDINGS— 20-040-9007
SILVER OAKS BEHAVIORAL HOSPITAL
HUMAN RIGHTS AUTHORITY— South Suburban Region

INTRODUCTION

The South Suburban Regional Human Rights Authority (HRA), the investigative division of the Illinois Guardianship & Advocacy Commission has completed its investigation into an allegation concerning Silver Oaks Behavioral Hospital. The complaint stated that the recipient's parent was threatened with the Illinois Department of Children and Family Services- removal of her daughter if she did not admit her to its behavioral health hospital. If substantiated, this allegation would violate the Mental Health and Developmental Disabilities Code (the Code) (405 ILCS 5/100 et seq.).

Located in New Lenox, this 100-bed hospital provides specialized mental health and substance abuse treatment for adolescents, adults, and senior adults.

METHODOLOGY

To pursue the investigation, the hospital's Director of Risk Management, the Director of Intake, and the Director of Social Services were interviewed, and the hospital's response letter to the complaint was reviewed. The complaint was discussed with the recipient's parent as well and her records were reviewed with written consent. Relevant program policies were also reviewed.

Information from the record, interviews and program policies

According to the record, the 16-year old recipient was admitted to the hospital's adolescent behavioral health unit on December 13th, 2019. An assessment and referral progress note signed by two staff members documented that the recipient's parents gave verbal consent for her voluntary inpatient hospitalization on the 13th at 9:10 p.m. A corresponding application for the admission of a minor documented verbal consent was obtained from her parents. An "Intake Assessment" report indicated that the recipient's father had called 911 because they had a verbal disagreement and she said that she wanted to kill self. The recipient told the clinician that she had started having thoughts about suicide about a year ago but denied having any present thoughts about suicide. She reported engaging in self harming behaviors such as cutting her legs and thighs about a year ago. She reported smoking marijuana daily and drinking alcoholic beverages on most weekends and running away from home and other behavioral issues.

The recipient's record contained a copy of the "Rights of Individuals Receiving Mental

Health and Developmental Disabilities Services" stating that "...you have other rights that concern procedures of admission and discharge. These rights do not appear on these pages. However, you DO have a copy of these procedural rights; if you have admitted yourself voluntarily, look on the back of your voluntary application." The assessment worker signed the form indicating that rights were orally explained and given in writing on the 14th at 1:20 a.m. According to a progress note, the recipient's parents had refused to sign any consent forms but were willing to give verbal consent and said that their understanding may be clearer in the morning before leaving the hospital.

For December 14th, 2019, the record indicated that the recipient was examined by a psychiatrist and a general medical physician on that same day. A form documented that the recipient had a mental illness or emotional disturbance of such severity that hospitalization was necessary, and the minor would likely benefit from inpatient treatment. The space on the form where the physician was to certify that rights were admonished prior to examination was left blank. A psychiatric evaluation report documented that the recipient reported having chronic depression, anhedonia, social withdrawal, and poor concentration. She reported having panic attacks about once a month with shortness of breath, tightness in her chest and crying episodes. She had refused medications and would be assessed again. The psychiatric evaluation documented that the recipient had the capacity to make a reasoned decision about treatment. The recipient reportedly was verbally informed about the risks, benefits and alternatives to all medications and verbalized an understanding about the information provided and was agreeable to trial medications.

For December 14th, 2019, a social services' note indicated that the recipient was quiet but cooperative when the clinician had met with her to complete the admission paperwork. The recipient reported having a history of self harming behaviors, visual hallucinations, trauma, etc. Her mother was called for collateral information and was reportedly agitated and said that she was coming to get her. It was recorded that her mother was informed about the 5-day request for discharge process. Another social worker's note indicated that the recipient's parents were angry when they presented to the hospital on that same day at 11:45 a.m. Her father said that "you can't deny my parental rights" and demanded to be allowed to take her home. It was recorded that education regarding psychiatric hospitalization of a minor was provided but her father continued to be hostile and was informed that the meeting would be terminated if his behavior did not stop. Her parents were "assured" that the individual would be discharged from the hospital when the clinical team deemed appropriate. Her parents reportedly signed the admission paperwork and tried to manipulate her discharge date. It was recorded that her mother said that "I'll only sign this if she can go home today." Again, her parents were informed that she would be discharged when clinically appropriate. Another social services' note documented that the recipient's father loudly said that he wanted the individual to be discharged from the hospital before her birthday on Tuesday (December 17th). Her parents claimed that the social worker said that the individual would be going home on that same day. However, the social worker denied the recipient's parents' assertion and told them that she would let the psychiatrist know that they wanted him to call them.

For December 14th, 2019, the recipient's record contained an application for admission of a minor signed by her parent on that same day. According to the nursing notes, the recipient was

tearful and said that “I don’t need to be here [because] I’m fine.” She reportedly was informed that a psychiatrist’s order was needed before she could be discharged from the unit. She told the nurse that she had already asked a physician about being discharged and was informed to talk to another physician about this issue. She had a visit with her parents on the behavioral health unit on that same day. She reported having problems with sleeping and requested medication around 10:00 p.m. She was offered tea because her parents had not given consent for any medication at night. She reportedly accepted the tea and went to bed without any incident.

For December 15th, 2019, the progress notes indicated that the recipient said that “I’m only here for an evaluation period” and minimized the events leading up to her admission to the hospital. She reportedly was fixated on being discharged from the hospital and asked when can a family meeting be scheduled to facilitate this. Her parent gave verbal consent for the administration of Melatonin, which had previously been refused. Another progress note indicated that the social worker and the recipient’s parents had a phone discussion about the individual’s admission to the hospital. Her mother reported that the recipient has a history of running away and her father was fearful that she would do this again and tried to prevent her from leaving the house by holding her down on the bed. Her mother said this would not have happened if she had been home. Her parents told the social worker that they wanted the recipient to be discharged from the hospital “tomorrow,” and that they wanted to talk to the assigned psychiatrist immediately. Her mother said that she would be coming to the hospital on the 16th and would “stay all day” or until the individual was discharged. She reportedly was reminded that the recipient’s discharge date was not confirmed.

For December 16th, 2019, a social services’ note indicated that the hospital’s clinical team had a meeting with the recipient’s parents concerning her care. Her parents had verbalized concerns because they believed that the individual was admitted to the hospital for the “wrong reasons.” Her mother reported that the recipient was “fearful” of a male patient and was assured that steps would be taken to keep her safe. Her parents were informed that the recipient’s progress would be reviewed at the clinical team meeting scheduled for the 17th. According to a psychiatric note, the recipient told the clinician that she did not think there was something wrong with her. She denied having a mood instability and minimized her history of self harm, poor mood, and anxiety. The psychiatrist documented that the recipient was not compliant with medication because she did not want to take medication and was focused on discharge.

For December 17th, 2019, the progress notes documented that the recipient was preoccupied with being discharged from the hospital and told a nurse that she was ready to go home and that the hospital was making her feel depressed. A family session was held, and her parents insisted that the individual should be discharged on that same day. The social worker reportedly explained that the recipient was scheduled for discharge on the 18th, but her parent did not believe that she needed to stay one more night in the hospital. A “Discharge Summary” report documented that the recipient’s family was against her hospital’s stay and that she was released from the hospital’s behavioral health unit on the 18th. Her parents reportedly did not believe that the individual was depressed and refused the medication recommended. Also, it was recorded that referral information for intensive outpatient and partial hospital programs were refused upon her discharge from the unit. The HRA found no mention of the Illinois Department

of Children and Family (IDCFS) or any threats that the recipient could be removed from her parents' care during the record review.

The HRA was unable to interview the Assessment and Referral Counselors involved in this case because they are reportedly no longer employed by the hospital. The hospital's Director of the Intake Department explained that the minor recipient was transported to the hospital's emergency department because she said that she wanted to kill self. She told the investigation team that, when minors are referred, a clinical assessment is done, and a determination is made concerning whether the person needs to be hospitalized. The recipient reportedly is examined by a physician. A minor recipient's parent is informed that the Illinois Department of Children and Family (IDCFS) will be contacted due to medical neglect if the parent refuses to sign the admission application. The investigation team was informed that the staff person would have documented any discussion with the recipient's parents about the IDCFS in her record. However, this was not found during the record review. The recipient's parent told the HRA that her daughter had threatened to kill self because she was not allowed to go to a party. Her mother reported that she had signed an application for the minor recipient's admission to the hospital's behavioral health unit because she was threatened with interventions from the IDCFS if refused.

Additionally, the staff interviewed reported that verbal consent is usually obtained for the recipient's admission to the hospital. Another application is usually completed when the parent(s) come to the hospital to sign the admission application. The recipient's record contained two applications for admission dated December 13th, 2019. One application documented that verbal parental consent was obtained on the 13th and was witnessed by a second staff person. A second application was signed by the recipient's parent on the 14th. Additionally, the hospital administration provided documentation indicating that all newly hired behavioral health staff members and student intern workers receive training on the request for discharge and mandating reporting requirements during orientation. The most recent follow up training on discharge was completed in January of 2020. All mandated reporters must sign an "Acknowledgement of Mandated Reporter Status" form.

According to the Silver Oaks Behavioral Hospital "Admission Screening Guidelines" policy, the hospital will comply with all regulatory standards related to the admission of patients to a psychiatric hospital. Patients may be screened by a Pre-Admission Screening Professional that includes a physician, a registered nurse, and other qualified examiners. Patients must be seen by a physician within 24 hours of admission. A physician's order for admission is needed. A person 16 years of age or older or a person younger than 16 years of age who is or has been married may request admission to the hospital. A parent, managing conservator or guardian of a person younger than 18 years of age and is not or has not been married may request the admission of the patient, except in cases where the guardian or managing conservator is an employee or agent of the state or a political subdivision of the state. A patient must have the capacity to consent for treatment as determined by the physician or the hospital must initiate emergency detention proceedings. The request for admission must be in writing and signed by the individual making the request. The patient must be informed of his or her rights as a voluntary patient prior to the person's admission to the hospital.

The hospital's rights statement includes the right to participate in all decisions involving the person's care, to be treated with respect and dignity and to be free of abuse and neglect.

The hospital's "Abuse Reporting" policy defines abuse as any physical injury, sexual abuse, or mental injury inflicted on a child other than by accidental means by a person responsible for the child's health or welfare. Neglect is defined as the failure to provide, by those responsible for the care and maintenance of the child, the proper and necessary support, education as required by law, or medical or other remedial care recognized under state law, other care necessary for the child's well-being, or abandonment by his parent, guardian or custodian, or subjecting a child to an environment injurious to the child's welfare. The policy stated that any hospital, hospital administrator, physician, registered psychologist, assistants working under the direct supervision of a psychologist or psychiatrist, case manager, school personnel, nurse or personnel engaged in the examination, care and treatment of persons having reasonable cause to believe any child with whom they have had direct contact has been subjected to abuse or neglect shall immediately report or cause a report to be made to the Illinois Department of Children and Family Services. The policy directs that the staff should document any suspicion of child abuse or neglect.

CONCLUSION

Section 5/3-503 states that,

(a) Any minor may be admitted to a mental health facility for inpatient treatment upon application to the facility director, if the facility director finds that the minor has a mental illness or emotional disturbance of such severity that hospitalization is necessary and that the minor is likely to benefit from inpatient treatment. Except in cases of admission under Section 3-504, prior to admission, a psychiatrist, clinical social worker, clinical professional counselor, or clinical psychologist who has personally examined the minor shall state in writing that the minor meets the standard for admission. The statement shall set forth in detail the reasons for that conclusion and shall indicate what alternatives to hospitalization have been explored.

(b) The application may be executed by a parent or guardian or, in the absence of a parent or guardian, by a person in loco parentis. Application may be made for a minor who is a ward of the State by the Department of Children and Family Services or by the Department of Corrections.

(f) Within 24 hours after admission under this Section, a psychiatrist or clinical psychologist who has personally examined the minor shall certify in writing that the minor meets the standard for admission. If no certificate is furnished, the minor shall be discharged immediately.

Section 5/3-508 states that,

Whenever a parent, guardian, or person in loco parentis requests the discharge of a minor admitted under Section 3-503 or 3-504, the minor shall be discharged at the earliest appropriate time, not to exceed 5 days to the custody of such person unless within that time the minor, if he is 12 years of age or older, or the facility director objects to the discharge in which event he shall file with the court a petition for review of the admission accompanied by 2 certificates prepared pursuant to paragraph (c) of Section 3-507.

The Authority cannot substantiate the complaint stating that the recipient's parent was threatened with the Illinois Department of Children and Family Services- removal of her daughter if she did not admit her to its behavioral health hospital. The record indicated that the adolescent recipient's parents gave verbal consent for the individual's admission to the hospital's behavioral health unit December 13th, 2019. Her mother signed an application for admission on the 14th. A certificate completed by a psychiatrist on the 14th documented that she had met the standards for hospitalization under the Code's Section 5/3-503. Her record lacked documentation of any discussion concerning the Illinois Department of Children and Family Services or threatening interventions if her parents did not sign the admission application. However, the progress notes documented that the recipient's parents were angry about the individual being admitted to the hospital's behavioral health unit and wanted to take her home on the 14th. Her parents had continued to request discharge and she was discharged from the hospital on December 18th, 2019. This meets the requirements of the Code's Section 5/3-508. The Authority finds no violations of the Code's Sections 5/3-503 or 5/3-508 or the program policies.

SUGGESTION

1. The hospital's staff is reminded to document any mention of the Illinois Department of Children and Family Services in recipient's records if applicable and that the Department should never be used in a threatening manner.

COMMENT

Section 5/3-208 of the Code states that,

Whenever a petition has been executed pursuant to Section 3-507, 3-601 or 3-701, and prior to this examination for the purpose of certification of a person 12 or over, the person conducting this examination shall inform the person being examined in a simple comprehensible manner of the purpose of the examination; that he does not have to talk to the examiner; and that any statements he makes may be disclosed at a court hearing on the issue of whether he is subject to involuntary admission. If the person being examined has not been so informed, the examiner shall not be permitted to testify at any subsequent court hearing concerning the respondent's admission.

In this case, the Authority acknowledges that the involuntary admission process was not pursued because the minor's parent signed an application for her admission to the hospital's behavioral health unit. However, the HRA noticed that the psychiatrist failed to certify that rights were provided prior to the examination as required under the Code's Section 5/3-208. The hospital is reminded that the psychiatrist failure to personally give rights under Section 5/3-208 would prevent testimony of examiner at the hearing if the involuntary admission process needed to be pursued.