



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

OFFICE OF THE MENTAL HEALTH ADVOCATE

John O. Pastore Center
57 Howard Avenue, 4th Floor
Cranston, RI 02920

September 29, 2020

Representative Alex Marszalkowski
Chairperson, Subcommittee on Human Services
House Finance Committee

Subject: Eleanor Slater Hospital Transition & Redesign Plan

Dear Chairperson Marszalkowski and members of the House Finance Committee:

Thank you for the opportunity to provide written testimony on the proposed plan submitted by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to “redesign” Eleanor Slater Hospital (ESH). The Office of the Mental Health Advocate opposes any plan to close ESH as a hospital of last resort for our fellow Rhode Islanders in need of this level of care and treatment. While I support the Department’s initiative to place patients in the least restrictive setting suitable to their needs, the fact remains that for some people with the most complex and severe mental disabilities ESH is the least restrictive alternative where they can remain safe with their needs met.

Many, if not all, of the psychiatric patients at ESH were admitted only after years of unsuccessful treatment in the community. Patients and their family members have expressed concern that without the high level of care and treatment provided by ESH they will be in danger of serious harm in the community, including cycling through emergency departments, homelessness and incarceration. Please see the attached letter from one patient’s guardian, who asked me to share his concerns with the committee. This articulates the frustration and concerns voiced by countless other patients, family members, and others concerned with the wellbeing of ESH patients.

ESH’s plan to discharge long term psychiatric patients to nursing homes is dangerous, as these facilities are not equipped to safely care for patients with complex psychiatric needs. We lack a sufficient array of services in the community to safely provide care to all who need it. The Truven RI Behavioral Health Study, which was commissioned by the General Assembly and published in 2015 lays out the gaps in our system of care. Any effort to discharge a majority of ESH patients must be accompanied by a robust plan for developing and funding a comprehensive

system of care in the community that is ready to care for them upon their discharge, not at some unspecified point in the future. ESH must remain an integral part of the continuum of services ensuring that individuals with severe persistent mental illness receive the care and treatment they deserve and need.

Any plan to substantially alter the services offered by ESH must be undertaken with input from stakeholders such as patients, family members, direct care staff and advocates who have knowledge and understanding of the needs of this population, to date that has not occurred.

I share the Department's concern as to the physical condition of the AM and Regan buildings. This is a direct result of years of neglect and must be remedied by an investment in the facility, not by a plan to shut the entire facility down resulting in harm to and abandonment of the patients. I support any reorganization plan that funds the renovation or new construction necessary to maintain the patients in a safe and comfortable environment.

Thank you for your consideration. I am happy to answer any questions that may arise after hearing the testimony at tonight's hearing.

Respectfully Submitted,

A handwritten signature in black ink that reads "Megan N. Clingham". The signature is written in a cursive style with a long horizontal flourish at the end.

Megan N. Clingham, Esq.
Mental Health Advocate

Cc: Representative Marvin L. Abney, Finance Committee Chairperson
Members of the House Finance Committee

62 Tanager Road
Seekonk, MA 02771
July 18, 2020

Nancy Fogarty
Chief Quality Officer
Eleanor Slater Hospital
111 Howard Avenue
Cranston, RI 02920

Re: Madeline Haddad

Dear Ms. Fogarty:

My name is Joseph M. Haddad, and I am Madeline Haddad's brother, as well as her court-appointed legal guardian since July 1991. Madeline has been institutionalized at the Institute of Mental Health, now the Eleanor Slater Hospital since April 1991. For the past two years Madeline has been housed at the Regan 4 Building. Prior to that, she spent most of her time at the Adolph Meyer Building in several different wards, the most recent being AM 11.

On Saturday, July 18, 2020, at 10:30 a.m, I received a "DISCHARGE NOTICE LETTER" regarding Madeline by certified mail from Eleanor Slater Hospital. In regard to Madeline, the letter stated: "Your doctor and the hospital have determined that you no longer require care in the hospital and are ready for discharge."

I strongly disagree with this surprise and shocking decision because I do not believe that Madeline is medically ready for discharge or that her discharge plan will not meet her health care needs. Therefore, I request an appeal to review the discharge decision within five business days of this discharge notice. On Saturday, July 18, 2020, I immediately called your office and left a message on your voicemail. I also contacted Madeline's Mental Health Advocate and left a voicemail. I will follow up on Monday.

A look at Madeline's medical record from 1991 to the present will definitely show that she is not medically ready for discharge. On July 8, 1991, it was Dr. Nina Nizette's medical opinion that "Madeline suffers from chronic differentiated schizophrenia which affects her judgement and impedes her ability to care for herself. Because of that condition Madeline is not competent to administer to her own affairs or to act in her own best interest."

Since 1991, my family and I have worked with all of Madeline's Teams to continually address the above issues as well as her physical, mental, psychological, and medical needs. These include:

- her obsessive-compulsive behavior,
- her oppositional behavior, which makes it hard to work with her,
- her lack of responsibility and blaming others with leads to arguments,
- taking care of her personal hygiene,

- her opposition to taking new medications, and
- her constant complaining about her stomach and bowels.
- According to Reed Casper, one of her past Advocates, “Madeline’s behaviors are unique among the patients at Eleanor Slater Hospital.”

In addition, Madeline has had to overcome issues that were not of her own doing.

- As an infant, she was diagnosed with cerebral palsy, which affects her walking.
- She was in special needs classes in Pawtucket.
- She has poor eyesight in one eye.
- Several years ago, she had emergency life-saving surgery at Kent County Hospital because of a bloated stomach and a blocked intestine.
- Approximately two years ago, she was transferred from AM 11 to Regan because of her knee problems. She is now wheelchair-bound. She currently receives physical therapy for her knee.

There have been several attempts to place Madeline in an alternative setting outside of Eleanor Slater Hospital. Many years ago, she was placed in a group home in North Kingstown, but after several weeks, she was returned to Eleanor Slater due to frequent elopement. More recently, a nursing home reviewed her records but would not accept her because of her many complex issues.

The issues outlined above in her history have continued for the past 29 years. However, due to the powerful medications and 24-hour-a-day care she has received from her doctors, professionals, and staff, her problems are not as severe as they were before she was institutionalized. They do all exist on a day-to-day basis. However, there is no way Madeline could care for herself nor is she competent to administer her own affairs.

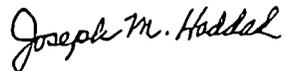
Personally, I have several issues with this discharge letter and process. For 29 years, my family and I have always made ourselves available to Madeline’s Teams. All we needed was a phone call, and someone would be there. We either came in to meet with the Team, or we would speak with Madeline over the phone to help the Team address an issue or a problem. Since 1996 I have gone to court for Madeline or attended Team meetings when asked. When Madeline was moved from AM 11 to Regan, I came to Regan on that same day to support her move.

Last week Dr. Costa called me and told me I would receive this Discharge Letter. Yet in June I participated in a telephone conference for Madeline’s 90-day evaluation; there was no mention of her being discharged. The Team even mentioned that the next evaluation would be in September. Also, every six months, Madeline goes for a court review. At her February court review, there was no mention of her discharge.

For the above reasons, I am very upset at receiving this form discharge letter without an explanation from Madeline’s doctors Dr. Bornschein, Dr. Costa, and Dr. Rachid. (These are the three doctors whose names appear on the discharge notice.) The hospital has not explained to

me why Madeline is being discharged so abruptly. No one has explained to me what the next plan is for Madeline. When was the decision made, and why was it made, and by whom?

Sincerely,

A handwritten signature in black ink that reads "Joseph M. Haddad". The signature is written in a cursive style with a large initial 'J'.

Joseph M. Haddad
Court-appointed legal guardian
for Madeline Haddad

ELEANOR SLATER HOSPITAL

DISCHARGE NOTICE

Name of Patient: Madeline Haddad
Attending Physician: Dr. Bomschein (medicine); Dr. Costa APRN - Psychiatry & Dr. Raswid - Psychiatrist
Date: 7.15.2020 MRN#: X01-71.83

Dear Patient: (name of patient) Madeline Haddad

Your doctor and the hospital have determined that you no longer require care in the hospital and are ready for discharge.

IF YOU AGREE with this decision, you will be discharged. Be sure you have already received your written discharge plan, which describes the arrangements for any health care you may need when you leave the hospital.

IF YOU DO NOT AGREE and think you are not medically ready for discharge or that your discharge plan will not meet your health care needs, you or your representative may **request an appeal to review the discharge decision within five (5) business days of your receipt of this Discharge Notice.** Contact the Chief Quality Officer at 111 Howard Ave, Cranston, RI 02920 or 401-462-3230.

IF YOU REQUEST A REVIEW within five (5) business days of requesting a Review of the Notice of Discharge the following will happen:

1. You or your representative will be asked for your contact information and the reasons why you or your representative think you need to stay in the hospital.
2. After speaking with you or your representative and your doctor and after reviewing your medical record, the Utilization Review Committee will make a decision, which will be given to you in writing.
3. While this initial ESH review is being conducted, you will not be financially responsible for Hospital days.
4. The CQO will schedule the appeal/review meeting and notify appropriate parties. The appeal/review meeting will allow for the patient and/or legal representative to present their

concerns to a physician selected by ESH who will render a decision on the appeal in writing within ten (10) days.

5. If the patient and/or legal representative is not satisfied with that decision, they may **appeal to the Executive Office of Health and Human Services pursuant to *Appeals Process and Procedures for EOHHS Agencies and Programs*, 210 RICR-10-05-02.**

If you wish, you may contact the Mental Health Advocate for assistance in this matter. The Office can be reached at: 401-462-6624.

The Alliance for Better Long-Term Care can also be contacted for assistance at 401- 785-3340.