FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTH SUBURBAN REGION

REPORT #23-100-9007
ELGIN MENTAL HEALTH CENTER

INTRODUCTION

On November 1, 2022, The North Suburban Regional Human Rights Authority voted to open an investigation into complaints against Elgin Mental Health Center (EMHC). The specific complaints under investigation are:

The provider allegedly violated a recipient's right to adequate and humane care and services. (405 ILCS 5/2-102):

- The provider did not provide adequate fresh air time.

The provider allegedly violated the recipient's right to refuse medication. (405 ILCS 5/2-107) Provider staff continuously threatened the recipient to take psychotropic meds, saying that if he doesn't, they will label him as "difficult".

The provider did not provide written consultation around the administration of psychotropic medication. (405 ILCS 5/2-102(a-5))

The provider allegedly violated a recipient's right to possess personal property (405 ILCS 5/2-104).

The provider allegedly violated a recipient's right to an adequate grievance system (CMS § 482.13 Condition of participation: Patient's rights)

Elgin Mental Health Center (EMHC) is a State Psychiatric Hospital run by the Illinois Department of Human Services (IDHS). The hospital currently has 366 forensic beds and 42 civil beds. Clients receiving services at EMHC's Forensic Treatment Program (FTP) have been remanded by Illinois County Courts to the IDHS under statutes finding them Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI).

Method of Investigation

To proceed with this investigation, the HRA reviewed the recipient's clinical record (with authorization) from the service provider and obtained additional case information from an

interview with the FTP director and the EMHC director. At the time of the investigation, none of the doctors, nurses, or the nurse manager for the recipient were still employed at EMHC or available for statements. The current FTP medical director reviewed the case record and responded to HRA questions in writing to the best of his ability.

CASE REVIEW

The recipient was adjudicated Unfit to Stand Trial and was admitted to EMHC on August 22, 2022 to be restored to fitness. The recipient's admission form indicates that the recipient has a high potential for readmission within thirty days due to his history of schizophrenia and current refusal to take medication.

Medication

The record notes that the recipient continued to refuse psychotropic medication from the time of admission until August 31. A psychiatry note from August 24: indicates: *"[the recipient] continues to refuse all psychotropic medications"*. A social work note from the same day indicates: *"[the recipient] declined to take psychotropic medications without being provided with the 'research data showing the effects on your brain.'"* A psychiatry note from August 30 indicates: *"[recipient] refuses any psychotropic medications and became increasingly frustrated when writer explained the need for them . . . continue treatment plan and encourage medication."* This is the only note in the record that indicates the provider encouraged the recipient to take psychotropic medication. Nothing from the record suggests that the provider threatened the recipient to take medication in the manner alleged by the original complaint and there were unfortunately no provider staff from the time of the recipient's treatment to provide further information.

The record contains a medication consent form for Lithium signed by the recipient on August 30, 2023 to indicate "*The physician has talked with me about the following: What the medicine(s) are intended for to me do for me; The possible side effects of the medicine; Any food-drug interactions which may occur with the medic1ne(s); Other treatments and their effectiveness, availability and risks*" This form also indicates that written information regarding the above named medication was provided and discussed.

A psychiatry note from August 31 documents that the recipient changed his mind and decided to take psychotropic medication: *"he has thought about medications and would like to take lithium. He responded he is not opposed to lithium because lithium is an element and seems more natural than other medications. Risks, benefits, alternatives discussed with patient."*

In a written statement to the HRA, the FTP Medical Director elaborated on possible reasons for this change of mind: *"It's not uncommon for individuals [to change their minds about taking medication] as they acclimate themselves to a hospital environment, process the recommendations of the treatment team, and speak with other patients to change their mind and take recommended medication, and providers work with patients to find an option that they are amenable to that is appropriate for their condition."*

The recipient decided to stop taking lithium on September 22. A psychiatry note from that day indicates: *". . . recipient expressed 'I am only on medications because staff told me I would stay longer if I were not cooperating. You can just take me off them.'"*

According to the medical record and the FTP Medical Director the recipient's lithium 450mg twice daily dose was stopped after the morning dose on September 22. The recipient was given two further lithium 300mg doses to taper off, and then the medication was discontinued after the morning of September 23.

Fresh-air Time
The unit schedule shows that the unit has daily scheduled fresh-air time on a small patio from 9:30-10 am and 3:15-3:30pm. All units maintain the schedules as printed, unless there are specific reasons to deviate (i.e. construction, etc.). A note in the record from September 15 indicates that fresh-air time was cancelled that day due to a lack of security to take the patients to the outside area. Patients also have scheduled courtyard time (a larger area with recreational/exercise equipment) once/week, with an additional courtyard time scheduled in the summer months. According to the provider, for the first ten days of treatment, all patients are under observation to determine what level of staffing ratio is required for them. In order to be taken to the courtyard for physical activity, a patient must be on a 1:10 staffing ratio.

Property Rights
The complaint originally alleged that the provider didn't inventory the recipient's personal items correctly and confiscated the recipient's cups because they were not allowed on the UST program. This investigation could not determine if the recipient's personal items were or were not inventoried correctly. Regarding the cups, an undated note from the treatment improvement plan indicates that the recipient tried to bring his red plastic cup to the dining room for breakfast and was told that patients are not allowed to bring their own cups. According to the plan, these unit rules had already been discussed "again and again". The record contains no other information about this situation, and the HRA could not find a restriction of rights notification. The provider was not able to elaborate on this situation.

Grievances
A psychiatry note dated September 22 reports that the recipient went on a "hunger strike" for 72 hours to *"protest for his multiple complaints he filed at a timely manner, they have been submitted to the social worker."* A progress note from later that day describes that he was given the opportunity to discuss his complaint with the social worker and said*: "'I don't want to sit down with the SW I just want her to respond in writing'. The social worker was informed the recipient wanted her to respond to him in writing."*

A progress note from September 23 indicates the *"recipient met with the social worker to address the concerns he expressed . . . SW went over each concern [the recipient submitted] and explained that she cannot control the things that he dislikes on the unit, and encouraged him to bring his concerns to the treatment team or nurse manager and if they are unable to resolve them then at that point [the concerns] will be forwarded to her . . . and she will pass them along to administration. [The recipient] was receptive to feedback but still seemed unsatisfied."*

The facility record sent to the HRA does not contain any written complaint forms submitted by the recipient or any written responses by the provider. The FTP medical director confirmed with the HRA that there were none in the record despite the reference to complaints being filed.

The complainant sent the HRA eleven EMHC Patient Concern/Issue forms (photocopies) completed by the recipient and dated between September 2 2022 and November 2, 2022. Of these eleven concern forms, two of them contain written staff follow-up information to indicate that the forms were received by staff. These two forms do not contain information to indicate that they were ever received by the program director. Of the nine concern forms without staff writing, it is not possible to confirm if these were ever received by EMHC staff.

POLICY REVIEW
HRA revied the following policy's from EMHC:

- **Medication Refusal, Emergency and PRN Medication:** This policy was found to be in alignment with the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/).

- **Contraband/Restricted Property:** procedures for this policy state that: "*All items identified . . . as presenting a potential risk to the individual consumer or to the unit shall be itemized on a Restriction of Rights form and retained by unit staff until the consumer's treatment team evaluates the consumer's ability to exercise the right to possess and use the items safely.*" This policy was found to be in alignment with 405 ILCS 5/

- **Personal Property Retained on the Unit:** This policy is aligned with 405 ILCS 5

- **Patient/Family/Guardian Concerns & Grievances.** Procedures for this policy state that: *"Staff will hand forms completed by patients to the Social Worker III or designee for review and response. The Social Worker III will attempt to resolve the concern/complaint with input from the Treatment Team and will indicate the proposed solution on the form, as well as whether it was accepted (exhibit 1), returning the response to the consumer within 2 working days. The form will then be forwarded to the Program Director for review and/or further action."*
    - This policy should (but does not) indicate that all written complaint forms should be retained in the patient record. Although relevant administrative codes and statutes do not specify this point, without appropriate retention of completed concern forms, EMHC cannot demonstrate that they have adhered to this policy or to CMS § 482.13.

FINDINGS
This investigation found the following:

The alleged violation of the recipient's right to adequate and humane care and services (405 ILCS 5/2-102) was ***unsubstantiated.***

- Although the HRA suggests that EMHC provide recipients with more daily fresh air time, this does not rise to a statutory violation.

The alleged violation of the right to refuse medication was ***not able to be substantiated or unsubstantiated***.

- Nothing from the record suggests that the provider threatened the recipient to take medication but there were no provider staff from the time of the recipient's treatment to elaborate on the record.

The alleged violation of the right to receive written consultation on the administration of psychotropic medication (405 ILCS 5/2-102(a-5)) was ***unsubstantiated***:

- The record contains a signed medication consent form that includes the risks and benefits of lithium and indicates that this information was also provided in writing.

The alleged violation of the right to possess personal property (405 ILCS 5/2-104) is ***substantiated***:

- The provider confiscated the recipient's plastic cups without saving them or providing a restriction of rights notification which violates the provider's own policy and 405 ILCS 5/2-104.

The allegation that the provider violated the recipient's right to an adequate grievance system (CMS § 482.13) is ***substantiated.***

- The HRA found that the written complaint forms submitted to the HRA that were signed by the social worker III do not appear to have been forwarded to the Program Director for review, in violation of EMHC's own policy.

RECOMMENDATIONS

1. Retrain relevant staff on the provider's Contraband/Restricted Property:
   a. Provide the HRA with proof of training.

2. Revise the Patient/Family/Guardian Concerns & Grievances to indicate that all written complaint forms should be retained in the patient record.
   a. Retrain relevant staff on this policy and provide the HRA with proof of training.

SUGGESTIONS

Over the past few years, the HRA has received a number of unsubstantiated complaints alleging that EMHC staff have coerced recipients into taking psychotropic medication by threatening increased hospitalization time. It is unrealistic for an HRA investigation to prove or disprove these types of allegations: An intentional threat would not be documented as such, and a statement of encouragement about medication from a clinical staff member could be experienced as a threat by a patient. The HRA suggests that EMHC provide messaging to clinical staff that if they feel the need to encourage patients to take psychotropic medication, staff must also remind recipients that they have the right to refuse it. The HRA suggests making more fresh-air time available to recipients, which has already been discussed with the provider in case report #22-100-9021.

RESPONSE

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

NORTH SUBURBAN REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 23-100-9007

ELGIN MENTAL HEALTH CENTER

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document, will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

__x__ We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

_____ We do not wish to include our response in the public record.

_____ No response is included.

Michelle Evans
NAME

Chief Executive Officer
TITLE

7/30/25
DATE

JB Pritzker, *Governor*

Dulce M. Quintero, *Secretary Designate*

Ms. Mariah Balaban
Human Rights Authority
9511 Harrison Street, W-335
Des Plaines, IL 60016-1565

HRA# 23-100-9007 July 30, 2025

Dear Ms. Balaban:

Thank you for your letter outlining your findings. EMHC shares your commitment to ensuring that all patients receive adequate, humane care, retain their personal property rights, and have access to a fair and effective grievance process.

In response to the recommendations in your report, EMHC is currently retraining unit staff on the Contraband/Restricted Property policy. This training is scheduled for completion by August 30, 2025, and documentation of completion will be submitted to HRA at that time.

Additionally, EMHC has revised the facility's grievance policy and is actively retraining staff on the updated procedures. Proof of this training will also be provided to HRA upon completion.

As part of our Fiscal Year 2026 Strategic Plan, EMHC has launched an Active Treatment initiative aimed at fostering a culture of recovery, engagement in treatment, and a coercion-free environment. As an initial step, we have adjusted the facility process to ensure consistent access to fresh air time. We look forward to sharing the outcomes of this initiative with HRA in the future.

Respectfully,

Michelle Evans, DSW, MBA
Chief Executive Officer