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**FOR IMMEDIATE RELEASE**

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North Suburban Human Rights Authority  
Report of Findings  
Elgin Mental Health Center  
HRA #09-100-9019

**Case Summary:** The findings did not substantiate the allegation that the consumer received an unjust punitive action without justification. The HRA's public record on this case is recorded below; the provider's response immediately follows the report.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Elgin Mental Health Center (EMHC), Forensic Treatment Program, Unit N. In November 2008, the HRA notified EMHC of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that a consumer received an unjust punitive action without justification. The rights of consumers receiving services at EMHC are protected by the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102).

To pursue this investigation the HRA reviewed, with written authority, a portion of the clinical record (May and July 2008) of the consumer whose rights were alleged to have been violated. An on-site visit was conducted in January 2009, at which time the allegations were discussed with the consumer's current and previous Case Workers. The consumer was also interviewed via telephone.

**Background**

Consumers receiving services at EMHC's Forensic Treatment Program have been remanded by Illinois County Courts to the Illinois Department of Human Services (DHS) under statutes finding them Unfit to Stand Trial (UST) and Not Guilty by Reason of Insanity (NGRI). Placement evaluations determine the most appropriate inpatient or outpatient setting for forensic treatment based on a number of factors including age, gender, mental health diagnosis, and security need. Unless a person is specifically ordered to receive services in an outpatient setting, court ordered referrals under state forensic statutes call for placement in a secure inpatient setting. The Forensic Treatment Program has 315 beds.

**Findings**

The consumer reported that he told a Psychologist that he wanted to have intercourse with her; the consumer stated that he did not mean intercourse in a sexual way, but meaning more like a connection or dealing between persons or groups or meaning as an exchange of thoughts or feelings per the dictionary. The consumer said that his building pass was subsequently pulled after this statement was made. The consumer believes that he is being targeted for any little thing and that staff members are automatically taking away his pass.

According to the clinical record, the consumer was admitted to the Center in January 1999. He was adjudicated NGRI. His mental status is described as being alert, oriented to time, place, person and situation. He is also described as evasive, guarded but calm, cooperative and friendly.

On June 26, 2008, the Social Worker documented that the consumer requested to be seen by a Psychologist on another unit. This Psychologist was contacted and advised of the request; the Psychologist stated that she sets firm limits with the consumer when she sees him in the hallway. The following day the Social Worker documented that the consumer again made the request, and also saying that the Psychologist is a real *sweetheart* and that he would rather be with her than go to groups. Three days later, the consumer told the Social Worker that he was in love with the Psychologist and he wanted to marry her. The consumer denied any intent to act on his feelings, saying they were normal.

The chart contained a progress note written on June 30<sup>th</sup> by the Psychologist which stated that the consumer has a preoccupation with her, wanting to know her whereabouts, says that he loves her and wants to be with her. It was documented that the consumer worked with the Psychologist while he was a consumer on another unit. The Psychologist wrote that the consumer is very friendly with her when he runs into her in the hallway or gym and tries to have a social conversation. The Psychologist documented that she has been polite and has kept her conversations very brief. It was further documented that the consumer has a history of being inappropriate toward female staff. The Psychologist wrote that about a month ago [May], the consumer approached her in the gym and told her that he had always wanted to have intercourse with her. She wrote that she asked him what he meant and the consumer replied that he had always wanted to talk to her. It was documented that the conversation ended at that statement.

On July 1<sup>st</sup>, the consumer met with his unit Psychiatrist and it was documented that the consumer was evasive during the interview, saying that he just meant *talk* when he said intercourse. The Psychiatrist documented that due to the May incident and the statement made on June 30<sup>th</sup>, the consumer's building pass would be held until further notice. The pass was restored on July 18<sup>th</sup>. It is noted that on July 22<sup>nd</sup>, the Psychologist contacted the unit, saying that she ran into the consumer while in the hallway and he told her that he loved her; the pass was again pulled. On July 23<sup>rd</sup>, progress note documentation showed that the treatment team recommended a 30-day restriction. The team met with the consumer and advised him of the restriction. On August 22<sup>nd</sup>, progress notes indicated that the treatment team met with the consumer and after discussing the building pass restriction, it was recommended that the pass be restored.

At the site visit, it was explained that a building pass means that a consumer can leave the unit and walk to a scheduled activity without staff presence. When the pass is pulled, the consumer still participates in off unit activities, but a staff member must accompany him to the activity. It was explained that passes are pulled for safety reasons. It was stated that the consumer has a history of this behavior (obsessing about a female staff member) and was moved from another unit for this reason.

The Center's Off-Unit Supervision of Forensic Patients policy states (in part) that the Center is a medium security program and specific procedures must be in place when escorting consumers without grounds pass privileges off the unit and within the fenced perimeter of the FTP complex. The policy indicates four levels of supervision needed whenever a consumer is taken off the unit, but not off grounds. The four levels include: 0 means two staff must provide an escort; 1 means one staff to one consumer; 5 indicates one staff member to five consumers; 10 means one staff member to ten consumers; P means that the consumer has a Pass for unsupervised on-grounds privileges. The policy states that prior to leaving the unit, the consumer shall be screened to determine 1) if they present an unauthorized absence risk; 2) if their clinical condition is appropriate as it relates to being in the areas; 3) if they are considered a behavior management problem; 4) if

they have complied with the facility program and/or unit rules and regulations. The policy states that a review of the consumer's status is to be completed on a weekly basis.

**Conclusion**

Pursuant to Section 5/2-102 of the Mental Health and Developmental Disabilities Code, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan."

The findings do not substantiate the allegation that the consumer received an unjust punitive action without justification. However, given that this consumer has a history of becoming preoccupied with female staff members, it is difficult to understand why the May *intercourse* incident was not reported and/or documented until a month later.

**Comment**

On July 9<sup>th</sup>, it was documented that the consumer's right to review or get copies of his progress notes was restricted due to the concern over staff safety. The HRA takes this opportunity to state that each consumer has the absolute right to review and obtain copies of his clinical record. This right cannot be restricted.

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## **RESPONSE**

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

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Pat Quinn, Governor



Carol L. Adams, Ph.D., Secretary

**Division of Mental Health - Region 2**  
**Elgin Mental Health Center - Singer Mental Health Center**

**RECOVERY IS OUR VISION**  
 Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

April 7, 2009

Mr. Dan Haligas - Chairperson  
 North Suburban Regional Human Rights Authority  
 9511 Harrison Street, W-300  
 Des Plaines, IL 60016-1565

Re: HRA #09-100-9019

Dear Mr. Haligas:

Thank you for your always thorough investigation. Protecting the rights of consumers is always paramount. Per your findings the allegation was not substantiated.

As far as your comment regarding the consumer's right to review his record, we agree that the consumer should have been given the opportunity to review his chart. We have re-educated the staff regarding this right and have given the consumer access to his chart so that he could review the incident in question.

I would request that this response be attached to the report and be included with any public release of your Report of Findings.

Sincerely,

Tajudeen Ibrahim, BA  
 Acting Hospital Administrator

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