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**FOR IMMEDIATE RELEASE**

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North Suburban Regional Human Rights Authority  
Report of Findings  
HRA #18-100-9011  
Elgin Mental Health Center

**Introduction**

The North Suburban Regional Human Rights Authority (HRA) opened this investigation regarding Elgin Mental Health Center (EMHC), Forensic Treatment Program (FTP) after receiving a complaint of alleged rights violations. The complaint accepted for investigation alleged that a patient's personal property was taken some months ago (computer, flash drives, x-box, radio) so that the contents can be checked even though no allegations of wrong doing have been made regarding these possessions. After filing a grievance, the patient was kicked out of the distance learning program. It is also alleged that the patient has been restricted to the unit, restricted from active treatment and was restricted from visitation for a period of time without cause.

The rights of patients receiving services at EMHC are protected by the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5).

Patients 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 approximately 315 beds.

**Methodology**

To pursue this investigation, the HRA met with EMHC personnel to discuss the allegations raised in this complaint. The HRA reviewed portions of a patient's clinical record with consent (June-August 2017), and facility policies relevant to the allegations.

**Findings**

The clinical record reveals data on a male patient admitted to DHS in early 2010. According to chart documentation, in July 19, 2017, while on the M Unit, the patient was noted to have a 24" computer monitor. The staff member checked with the treatment team and the Chief of Security and was advised that this size screen is not allowed. On July 20, 2017, a property search was completed by security personnel at which time personal property items were taken as they were considered restricted items. A restriction of rights notice was completed which included the following confiscated items: two computers, an Xbox, 4 flash drives and a variety of additional computer items. The following day the patient was restricted to the unit for 90 days pending an ongoing investigation of the confiscated items by security personnel.

On July 22, 2017, the patient was heard shouting to a peer – “you’ll be dead too”; the patient was subsequently placed on a 1:1 observation during off-unit activities due to aggressive agitation. Of note, the patient told staff members that he was not threatening the peer, but said this in response to the peer’s statement that the patient would die while at the Center. The patient acknowledged to staff members that he should not have said what he said.

Because of the above noted precaution, a physician’s order was obtained indicating that the patient could leave the unit and visit with a 1:1 staff member within arm’s length of the patient. It was noted that the patient agreed to the 1:1. The Patient Information Booklet shows that visitation is three times per week – twice during the week and once on the weekend. The chart showed that the patient participated in visitation on the following days: July 29, August 3, 10, 12, 16, 23; September 6, 13, 20, 24, and 29<sup>th</sup> – which is once per week.

On August 10, 2017, the patient was transferred to the Hartman Unit. He remained on the unit restriction and the off-unit 1:1 status. On September 11, 2017, he received a Restriction of Rights Notice (ROR) for a digital TV converter. On September 14, 2017, the treatment team met with the patient and advised him that the ROR which prevented him from participation in off-unit activity would be discontinued. The modified treatment schedule included all of his previous off-unit activities as well as visitation with a 1:1 staff member. It was documented that he could complete the current distance learning program with 1:1 staff member supervision. But it was also documented that the team was still waiting advisement regarding the distance learning program. The modified plan was to be revisited in three weeks to determine if additional changes could be made.

On September 14, 2017, it was documented that the treatment team was advised by the Chief of Security that the patient was being suspended from the distance learning program due to inappropriate use of the computer.

At the site visit, the Chief explained that the patient’s computer was found to have inappropriate contents that required further review, the patient was found to have a computer hidden between his mattress, and he was found with many computer items that are considered contraband. The patient was described as a person with extensive computer knowledge. It was stated that while using a Center computer for distance learning, he was observed bypassing the security features. Thus he was subsequently suspended from the distance learning program.

The Center’s Contraband and Restricted Items policy revised September 2017, defines contraband as items that are illegal for an individual to have in their possession or are legal but considered dangerous for patients to have on units. The items are confiscated and turned over to the proper authorities or destroyed. Contraband items include (naming a few): illegal drugs, alcoholic, matches, lighters, guns. Restricted items are defined as lawful items that may be returned to the patient upon discharge. These include (naming a few): any computers or computer-related equipment (i.e. printers, modems, lap tops, personal PC, etc.).

The Center’s Visitation policy states that visitation may be restricted if the patient is perceived as being dangerous or an elopement risk. In addition, visitation may be restricted to prevent harassment, intimidation or deterioration of the clinical condition of the patient. Special treatment, restraints or special precautions may also be a basis to restrict visitation.

## **Conclusion**

Pursuant to Section 109.30 of the Illinois Administrative Code (59 ILCS),”The facility director shall be responsible for implementing this Part. He or she may restrict the possession or use of computers, peripherals, modems, CDs, disks, software, or other equipment used with the computer for all individuals in a facility, when necessary to protect an individual or others from harm, provided that notice of such restriction shall be given to all individuals upon admission. If it becomes necessary to restrict individuals who did not receive notice of the restriction upon

admission, the professional responsible for overseeing implementation of an individual's services plan may, with the approval of the facility director, restrict the right to property when necessary to protect the individual or others from harm”

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-103, “Except as provided in this Section, a recipient who resides in a mental health or developmental disabilities facility shall be permitted unimpeded, private, and uncensored communication with persons of his choice by mail, telephone and visitation. (c) Unimpeded, private and uncensored communication by mail, telephone, and visitation may be reasonably restricted by the facility director only in order to protect the recipient or others from harm, harassment or intimidation, provided that notice of such restriction shall be given to all recipients upon admission”

Pursuant to the Illinois Mental Health and Developmental Disabilities Code, Section 2-104, “Every recipient who resides in a mental health or developmental disabilities facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except in the circumstances and under the conditions provided in this Section. (a) Possession and use of certain classes of property may be restricted by the facility director when necessary to protect the recipient or others from harm, provided that notice of such restriction shall be given to all recipients upon admission”.

The complaint that a patient’s personal property was taken some months ago so that the contents can be checked is an accurate statement; nothing was found to show that this procedure violated the patient’s rights. The patient was kicked out of the distance learning program due to inappropriate use of the computer; rights were not violated. The patient was restricted to the unit; he was not restricted from active treatment and he was not restricted from visitation. It is concluded that rights were not violated.

Although it is concluded that rights have not been violated, the HRA would like to see the Center revisit the ban on all computers and computer equipment in the near future. Computer use is a necessity outside of the hospital setting and could be beneficial within the hospital setting as rehabilitation for some patients.

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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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Bruce Rauner, Governor

James T. Dimas, Secretary

Elgin Mental Health Center  
750 South State Street • Elgin, IL 60123

March 26, 2018

Ms. Patricia Getchell- Chairperson  
North Suburban Regional Human Rights Authority  
9511 Harrison Street, W-300  
Des Plaines, IL 60016-1565

Re: HRA #18-100-9011

Dear Ms. Getchell:

Thank you for your thorough review. We are content to learn these allegations were unsubstantiated. Be assured that both EMHC and DHS Legal are reviewing the access, use and possession of computers in the therapeutic environment.

Please feel free to include our response with any public release of your Report of Findings.

Sincerely,

Brian Dawson, B.S.  
Hospital Administrator

BD/TZ/aw