



JB Pritzker, Governor

Dulce M. Quintero, Secretary Designate

DATE: September 30, 2024

## **MEMORANDUM**

TO: The Honorable John F. Curran, Senate Minority Leader  
The Honorable Don Harmon, Senate President  
The Honorable Tony McCombie, House Minority Leader  
The Honorable Emanuel "Chris" Welch, Speaker of the House

FROM: Dulce M. Quintero  
Secretary Designate  
Illinois Department of Human Services

SUBJECT: **Supervision of Facilities and Services Quarterly Report**

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The Illinois Department of Human Services respectfully submits the Quarterly Report on Supervision of Facilities and Services on behalf of the Division of Mental Health in order to fulfill the requirements set forth in 20 ILCS 1705/4(c).

If you have any questions or comments, please contact Laura Godinez, Deputy Director of Licensing and Quality Management at [Laura.Godinez@illinois.gov](mailto:Laura.Godinez@illinois.gov).

cc: The Honorable JB Pritzker, Governor  
John W. Hollman, Clerk of the House  
Tim Anderson, Secretary of the Illinois Senate  
Legislative Research Unit  
State Government Report Center

State of Illinois  
Department of Human Services  
Division of Mental Health  
**Supervision of Facilities and Services**  
**Quarter 1 Fiscal Year 2025**

The Illinois Mental Health and Developmental Disabilities Administrative Act, section 20 ILCS 1705/4, Supervision of Facilities and Services, requires that “the Department shall issue quarterly electronic reports to the General Assembly on admissions, deflections, discharges, bed closures, staff-resident ratios, census, average length of stay, and any adverse federal certification or accreditation findings, if any, for each State-operated facility for the mentally ill and for persons with developmental disabilities. The quarterly reports shall be issued by January 1, April 1, July 1, and October 1 of each year. The quarterly reports shall include the following information for each facility reflecting the period ending 15 days prior to the submission of the report:

1. The number of employees;
2. The number of workplace violence incident that occurred, including the number that were a direct assault on employees by residents and the number that resulted from staff intervention in a resident altercation or other form of injurious behavior;
3. The number of employees impacted in each
4. The number of employee injuries resulting, descriptions of the nature of the injuries the number of employee injuries requiring medical treatment at the facility, the number of employee injuries requiring outside medical treatment, and the number of days off work per injury.

**Admissions, deflections, discharges, bed closures, staff-resident ratios, census, average length of stay.**

See attached report.

**Adverse federal certification or accreditation findings.**

There were no adverse findings at the Mental Health Facilities during the first quarter of FY25.

**Workplace Violence Incidents:**

See attached Workplace Violence Report.



# Quarterly Legislative Report

Date Range: 06/16/2024 to 09/15/2024

	Budgeted Beds		Admissions		Triages/ Deflections	Discharges		Staff-Patient Ratio ^	Census 9/15/2024	Discharged/Transfer Avg. LOS	Clients Served Avg. LOS
	Civil	Forensic	Total	Distinct		Total	Distinct				
Alton - 19	15	110	21	21	0	20	20	1.75	126	393.0	917.6
Choate - 29	79	0	17	16	3	17	16	2.63	51	306.0	589.0
Chicago Read - 39	148	0	51	51	0	55	54	1.72	158	154.5	1,818.4
Madden - 54	155	0	480	463	0	479	460	2.73	84	15.5	53.9
Elgin - 59	55	372	128	125	0	123	120	1.45	421	332.9	1,416.8
Chester - 66	0	284	49	49	0	38	38	1.60	284	544.0	1,418.3
Packard - 74	42	100	40	40	0	43	43	1.69	145	354.3	781.1
<b>Totals</b>	<b>494</b>	<b>866</b>	<b>786</b>	<b>757</b>	<b>3</b>	<b>775</b>	<b>745</b>	<b>1.71</b>	<b>1,269</b>	<b>146.6</b>	<b>1,221.8</b>

	Budgeted Beds		Admissions		Triages/ Deflections	Discharges		Staff-Resident Ratio ^	Census 9/15/2024	Discharged/Transfer Avg. LOS	Clients Served Avg. LOS
	Civil	Forensic	Total	Distinct		Total	Distinct				
TDF - 41	0	629	10	10	0	15	15	0.54	445	3,234.8	4,338.3

Department of Human Services  
Division of Mental Health

**Workplace Violence Quarterly Report**  
FY25 Q1 (June 16 – September 15, 2024)

**Hospital: Alton Mental Health Center**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Patient, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	Medical Treatment Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
6/16/2024	M H Tech Trn 1	Assault	Patient	Locust	Yes	Yes	0	YES
6/17/2024	Reg Nurse 2	Assault	Patient	Locust	Yes	Yes	3	YES
6/26/2024	Sec Therp Aide 1	Assault	Patient	FC B	Yes	Yes	5	YES
7/1/2024	Sec Therp Aide 1	Assault	Patient	FC B	Yes	No	0	NO
7/6/2024	M H Technician 2	Assault	Patient	Locust	Yes	No	0	NO
7/26/2024	Reg Nurse 2	Assault	Patient	Locust	Yes	No	0	NO
8/13/2024	Reg Nurse 2	Assault	Patient	FC B	Yes	Yes	0	YES
8/23/2024	STA Trainee	Assault	Patient	FC B	Yes	No	0	NO
8/28/2024	Reg Nurse 1	Assault	Patient	FC B	Yes	No	0	NO
09/01/24	Sec Therp Aide 1	Assault	Patient	FC-B	Yes	Yes	10	Yes
09/05/24	Sec Therp Aide 1	Assault	Patient	FC-B	Yes	Yes	1	Yes
09/11/24	M H Technician 2	Assault	Patient	Locust	Yes	No	0	NO

**Hospital: Chester Mental Health Center**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Patient, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	Minor First Aid or Medical Intervention Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
6/20/24	STA I	Assault	Patient	E-1	Yes	Yes	10	Yes
6/22/24	STA I	Assault	Patient	Unit A-3	Yes	Yes	1	Yes
7/02/24	STA I	Assault	Patient	Unit A-1	Yes	Yes	1	Yes
7/07/24	STA I	Assault	Patient	Unit B-3	Yes	Yes	2	Yes
7/25/24	STA I	Assault	Patient	Unit B-3	Yes	Yes	0	Yes
8/1/24	STA I	Assault	Patient	Unit B-3	Yes	Yes	0	Yes
8/2/24	STA I	Assault	Patient	Unit B-1	Yes	Yes	7	Yes
8/19/24	STA I	Assault	Patient	Unit A-1	Yes	Yes	8	Yes
8/24/24	STA I	Assault	Patient	Unit A-3	Yes	Yes	5	Yes
9/9/24	STA I	Assault	Patient	Unit A-3	Yes	Yes	3	Yes

**Hospital: Chicago Read Mental Health Center**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Patient, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	Medical Treatment Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
7/1/24	RN2	Assault	Patient	J-East	Yes	Yes	14	Yes
7/23/24	MHTT	Assault	Patient	C-South	Yes	Yes	1	Yes
7/28/24	RN2	Assault	Patient	A-North	Yes	Yes	7	Yes
8/7/24	RN1	Assault	Patient	B-South	Yes	Yes	7	Yes
9/14/24	RN1	Assault	Patient	C-South	Yes	Yes	8	Yes
9/16/24	RN2	Assault	Patient	B-South	Yes	Yes	0	Yes

**Hospital: Choate Mental Health Center**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Patient, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	Minor First Aid or Medical Intervention Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
7/22/24	MHT	Assault	Patient	MH	Yes	No	0	No
8/2/24	MHT	Assault	Patient	LTC	Yes	Yes	2	Yes
8/5/24	MHT	Assault	Patient	UTC	Yes	Yes	1	Yes
8/10/24	MHT	Assault	Patient	UTC	Yes	Yes	3	Yes
8/13/24	MHT	Assault	Patient	Dayroom	Yes	Mo	0	Yes
8/18/24	MHT	Assault	Patient	Bedroom	Yes	Yes	0	Yes

**Hospital: Elgin Mental Health Center**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Patient, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	Minor First Aid or Medical Intervention Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
6/17/24	STA1	Assault	Patient	Dix Tech Station	Yes	No	0	Yes
6/18/24	STA1	Assault	Patient	H&I Restraint Room	Yes	No	0	Yes
6/19/24	STA1	Assault	Patient	Dix Unit Hallway	Yes	Yes	0	Yes
6/20/24	STA1	Assault	Patient	Jenks Unit Hallway	Yes	Yes	0	Yes
6/20/24	STA2	Assault	Patient	M Unit Hallway	Yes	Yes	0	Yes
6/27/24	MHT2	Assault	Patient	Brunk Center Hallway	Yes	Yes	0	Yes
6/29/24	Security Officer	Assault	Patient	H Restraint Room	Yes	Yes	0	No
7/13/24	RN1	Assault	Patient	M Unit Med Room	Yes	Yes	3	Yes
7/16/24	STA1	Assault	Patient	M Unit Hallway	Yes	Yes	10	Yes
7/16/24	SW2	Assault	Patient	M Unit East Dayroom	Yes	Yes	0	Yes
7/18/24	STA1	Assault	Patient	L Unit Nurses Station	Yes	Yes	0	Yes
7/23/24	STA1	Assault	Patient	L Unit Door by Tech Station	Yes	Yes	32	Yes
8/1/24	STA1	Assault	Patient	M&N West Dayroom	Yes	Yes	14	Yes
8/5/24	STA1	Assault	Patient	Dix Unit Mileau	Yes	Yes	25	Yes
8/5/24	STA1	Assault	Patient	Dix Hallway by Linen Closet	Yes	Yes	2	Yes

8/8/24	STA1	Assault	Patient	L Unit Dayroom	Yes	Yes	1	Yes
8/8/24	RN1	Assault	Patient	L Unit Porch area	Yes	Yes	13	Yes
8/10/24	STA1	Assault	Patient	M Unit Dayroom	Yes	Yes	3	Yes
8/13/24	STA1	Assault	Patient	Jenks Unit RN station	Yes	Yes	2	Yes
8/14/24	Security Officer	Assault	Patient	Jenks Unit Restraint Room	Yes	Yes	23	Yes
8/14/24	STA1	Assault	Patient	Jenks Unit Restraint Room	Yes	Yes	18	Yes
8/18/24	STA1	Assault	Patient	M Unit West Hallway	Yes	Yes	7	Yes
8/28/24	STA1	Assault	Patient	M Unit West Dayroom	Yes	Yes	10	Yes
8/29/24	Activity Therapist	Assault	Patient	M Unit Dayroom	Yes	Yes	0	Yes
8/29/24	Activity Therapist	Assault	Patient	H Unit AT Office	Yes	Yes	10	Yes
9/7/24	STA1	Assault	Patient	M Unit Dayroom	Yes	Yes	0	Yes

**Hospital: Madden Mental Health Center**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Patient, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	MFA	MI	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
6/18/2024	MHT1	Assault	Patient	Pavilion 6	Yes	Yes	Yes	Still out (60)	Yes
6/18/2024	MHT2	Assault	Patient	Pavilion 6	Yes	Yes	No	1	Yes
8/13/2024	RN1	Assault	Patient	Pavilion 5	No	No	Yes	2	Yes
8/13/2024	RN1	Assault	Patient	Pavilion 5	No	No	Yes	3	Yes



8/15/2024	SSW	Assault	Patient	Pavilion 3	No	No	Yes	0	No
8/13/2024	Phys Spec D	Assault	Patient	Pavilion 5	No	No	Yes	0	No
8/16/2024	MHTT	Assault	Patient	Pavilion 6	No	No	Yes	0	No
8/17/2024	Security Officer	Assault	Other	Pavilion 3	Yes	No	Yes	Still out (25)	Yes
8/23/2024	Rehab Counselor	Assault	Patient	Pavilion 8	No	No	Yes	0	No
8/26/2024	MHT1	Assault	Other	Pavilion 8	Yes	No	Yes	5	Yes
8/27/2024	MHT2	Assault	Patient	Pavilion 8	No	No	Yes	2	No
8/29/2024	MHT2	Assault	Other	Pavilion 3	No	No	Yes	3	Yes

**Hospital: Packard Mental Health Center**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Patient, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	Medical Treatment Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
6/15/2024	STA	Assault	Patient	Stevenson Hall	Yes	Yes	1	Yes
6/16/2024	STA	Assault	Patient	Monroe Hall	Yes	Yes	3	Yes
6/22/2024	MHT	Assault	Patient	Monroe Hall	Yes	No	0	No
6/25/2024	STA	Assault	Patient	Jefferson Hall	Yes	No	0	No
7/2/2024	STA	Assault	Patient	Jefferson Hall	Yes	No	0	No
7/5/2024	MHT	Assault	Patient	Jefferson Hall	Yes	No	0	No
7/5/2024	RN	Assault	Patient	Jefferson Hall	Yes	No	0	No
7/11/2024	RN	Assault	Patient	Monroe Hall	Yes	Yes	3	Yes
7/17/2024	MHT	Assault	Patient	Monroe Hall	Yes	No	0	No
7/17/2024	MHT	Assault	Patient	Monroe Hall	Yes	No	0	No
7/27/2024	STA	Assault	Patient	Jefferson Hall	Yes	No	0	No
7/28/2024	STA	Assault	Patient	Lincoln North	Yes	Yes	0	Yes
7/28/2024	MHT	Assault	Patient	Lincoln North	Yes	Yes	1	Yes
7/29/2024	STA	Assault	Patient	Stevenson Hall	Yes	Yes	3	Yes
8/16/2024	Security	Assault	Patient	Stevenson Hall	No	No	0	No
8/17/2024	Security	Assault	Patient	Monroe Hall	Yes	No	0	No

8/17/2024	MHT	Assault	Patient	Monroe Hall	Yes	Yes	5	Yes
8/18/2024	MHT	Assault	Patient	Monroe Hall	Yes	No	0	No
8/20/2024	RN	Assault	Patient	Monroe Hall	Yes	Yes	3	Yes
8/22/2024	CNM	Assault	Patient	Monroe Hall	Yes	No	0	No
9/10/2024	STA	Assault	Patient	Lincoln South	Yes	No	0	No

**Hospital: TDF**

Incident Date	Employee Title	Threat or Assault	Threat or Assault by Resident, Staff or Other	Location of Event	Injury Resulting from Assault (Yes or No)	Medical Treatment Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
6/17/24	STA	Threat	Resident	Alpha Unit	No	No	0	No
6/26/24	STA	Threat	Resident	Sally Port	No	No	0	No
7/1/24	STA	Threat	Resident	Echo Unit	No	No	0	No
7/12/24	STA	Threat	Resident	Alpha Unit	No	No	0	No
7/15/24	STA	Assault	Resident	Echo Unit	No	No	0	No
7/16/24	STA	Threat	Resident	Fox Unit	No	No	0	No
7/30/24	STA	Threat	Resident	Fox Unit	No	No	0	No
8/4/24	STA	Threat	Resident	Baker Unit	No	No	0	No
8/11/24	STA	Threat	Resident	Alpha Unit	No	No	0	No
8/29/24	STA	Threat	Resident	South Gym	No	No	0	No
9/1/24	STA	Threat	Resident	Alpha Unit	No	No	0	No
9/8/24	STA	Threat	Resident	Fox Unit	No	No	0	No