



JB Pritzker, Governor

Dulce M. Quintero, Secretary Designate

DATE: January 30, 2025

## **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 *Dulce M. Quintero*  
Secretary Designate *by Stewes*  
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 2 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 second quarter of FY25.

**Workplace Violence Incidents:**

See attached Workplace Violence Report.



# Quarterly Legislative Report

Date Range: 09/16/2024 to 12/15/2024

	Budgeted Beds		Admissions		Triages/ Deflections	Discharges		Staff-Patient Ratio ^	Census 12/15/2024	Discharged/Transfer Avg. LOS	Clients Served Avg. LOS	Avg. Daily Census
	Civil	Forensic	Total	Distinct		Total	Distinct					
Alton - 19	15	110	21	21	0	20	20	1.75	126	829.0	858.3	125.5
Choate - 29	79	0	9	9	0	16	15	2.39	56	112.4	618.3	50.3
Chicago Read - 39	148	0	43	43	0	47	47	1.70	160	151.9	1,842.5	159.0
Madden - 54	155	0	432	413	0	430	410	2.69	85	20.2	50.5	89.5
Elgin - 59	55	372	138	136	0	141	140	1.46	418	308.4	1,413.2	419.9
Chester - 66	0	284	55	55	0	38	38	1.62	280	1,120.8	1,283.6	283.2
Packard - 74	42	100	46	46	0	44	44	1.67	147	189.7	806.4	147.2
<b>Totals</b>	<b>494</b>	<b>866</b>	<b>744</b>	<b>717</b>	<b>0</b>	<b>736</b>	<b>708</b>	<b>1.70</b>	<b>1,272</b>	<b>207.3</b>	<b>1,191.1</b>	<b>1,274.6</b>

	Budgeted Beds		Admissions		Triages/ Deflections	Discharges		Staff-Patient Ratio ^	Census 12/15/2024	Discharged/Transfer Avg. LOS	Clients Served Avg. LOS	Avg. Daily Census
	Civil	Forensic	Total	Distinct		Total	Distinct					
TDF - 41	0	629	5	5	0	3	3	0.54	445	6,068.0	4,372.5	444.8

Department of Human Services  
 Division of Mental Health

**Workplace Violence Quarterly Report**  
 FY25 Q2 (September 16 – December 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)
9/26/2024	STA Trainee	Assault	Patient	FC B	Yes	Yes	5	YES
10/26/2024	RN I	Assault	Patient	FC B	Yes	Yes	0	YES
11/8/2024	MHT III	Assault	Patient	Locust	Yes	Yes	2	YES
11/8/2024	MHT Trn I	Assault	Patient	Locust	Yes	Yes	0	NO
11/13/2024	Social Worker IV	Assault	Patient	FC B	Yes	No	0	NO
11/15/2024	STA II	Assault	Patient	FC A-1	Yes	Yes	7	YES
11/15/2024	STA Trainee	Assault	Patient	FC B	Yes	Yes	1	YES
11/15/2024	Social Worker II	Assault	Patient	FC A-1	Yes	Yes	0	YES
11/15/2024	RN II	Assault	Patient	FC A-1	Yes	Yes	7	YES
11/20/2024	RN I	Assault	Patient	Locust	Yes	No	0	NO
11/20/2024	MHT Trn I	Assault	Patient	Locust	Yes	No	0	NO
11/22/2024	STA I	Assault	Patient	FC B	Yes	Yes	0	YES

**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)
10/3/24	STA I	Assault	Patient	Unit B-2	Yes	Yes	0	Yes
10/11/24	STA I	Assault	Patient	Unit B-3	Yes	Yes	0	Yes
10/25/24	STA I	Assault	Patient	Unit B-1	Yes	Yes	1	Yes
10/27/24	STA I	Assault	Patient	Unit A-3	Yes	Yes	5	Yes
10/27/24	STA I	Assault	Patient	Unit E-1	Yes	Yes	4	Yes
10/27/24	STA I	Assault	Patient	Unit A-3	Yes	Yes	1	Yes
10/28/24	STA I	Assault	Patient	Unit A-2	Yes	Yes	1	Yes
10/3/24	STA I	Assault	Patient	Gym	Yes	Yes	0	Yes
11/3/24	STA I	Assault	Patient	Unit C-3	Yes	Yes	2	Yes
11/9/24	STA I	Assault	Patient	Unit C-3	Yes	Yes	2	Yes
11/24/24	STA I	Assault	Patient	Unit A-3	Yes	Yes	0	Yes
11/24/24	STA I	Assault	Patient	Unit A-3	Yes	Yes	0	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)
09/16/24	RN II	Assault	Pt	B-S	Yes	Yes	0	Yes
09/19/24	Clinical Psychologist	Assault	Pt	A-S	Yes	Yes	0	Yes
09/25/24	Sign Language Interpreter	Assault	Pt	A-S	Yes	Yes	0	Yes
10/01/24	RN I	Assault	Pt	C-S	Yes	Yes	3	Yes
10/08/24	Social Worker II	Assault	Pt	B-S	Yes	Yes	0	Yes
10/10/24	MHT II	Assault	Pt	C-S	Yes	Yes	54	Yes
10/10/24	RN I	Assault	Pt	C-S	Yes	Yes	60	Yes
10/31/24	MHT II	Assault	Pt	C-N	Yes	Yes	4	Yes
11/03/24	MHT II	Assault	Pt	C-S	Yes	Yes	42	Yes
11/03/24	RN II	Assault	Pt	B-S	Yes	Yes	42	Yes
11/24/24	MHT II	Assault	Pt	A-S	Yes	Yes	31	Yes
11/26/24	RN I	Assault	Pt	B-S	Yes	Yes	15	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)
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**\*Report not received**

**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)
9/19/24	RN I	Assault	Patient	M Unit Treatment Room	Yes	Yes	1	Yes
9/24/24	STA I	Assault	Patient	M Unit Dayroom	Yes	Yes	58	Yes
9/24/24	STA I	Assault	Patient	M Unit Dayroom	Yes	Yes	0	Yes
9/28/24	Security Officer	Assault	Patient	Dix Unit	Yes	No	0	No
9/28/24	Security Officer	Assault	Patient	Dix Unit	Yes	No	0	No
10/7/24	STA I	Assault	Patient	M Unit Restraint Room	Yes	Yes	4	Yes
10/7/24	STA I	Assault	Patient	M Unit Restraint Room	Yes	No	0	No
10/7/24	STA I	Assault	Patient	M Unit Restraint Room	Yes	No	0	No
10/7/24	RN I	Assault	Patient	M Unit Restraint Room	Yes	No	0	No
10/9/24	RN I	Assault	Patient	H Unit West Hallway	Yes	Yes	0	Yes
10/25/24	STA I	Assault	Patient	Jenks Unit Hallway	Yes	Yes	8	Yes
10/29/24	Social Worker II	Assault	Patient	F Unit Day Room	Yes	Yes	9	Yes
11/2/24	STA I	Assault	Patient	Jenks Unit Hallway	Yes	Yes	3	Yes

11/7/24	Security Officer	Assault	Patient	G Unit Restraint Room	Yes	Yes	0	Yes
11/13/24	Security Officer	Assault	Patient	G Unit Hallway	Yes	Yes	5	Yes
11/14/24	STAI	Assault	Patient	Jenks Unit Hallway	Yes	Yes	5	Yes
11/16/24	STA I	Assault	Patient	Brunk Unit	Yes	Yes	1	Yes
11/17/24	Security Officer	Assault	Patient	H Unit	Yes	No	0	No
11/21/24	STA I	Assault	Patient	I Unit Hallway	Yes	Yes	0	Yes
11/25/24	STA I	Assault	Patient	G Unit Rn Station	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)	Medical Treatment Required (Yes or No)	Number of days off Work Per Injury	Worker's Comp Claim (Yes or No)
9/21/2024	MHT II	Assault	Patient	Pavilion 6	No	No	0	No
9/22/2024	RN I	Assault	Patient	Pavilion 3	No	No	0	No
10/21/2024	MHT II	Assault	Patient	Pavilion 5	Yes	Yes	63	Yes
10/31/2024	Social Worker II	Assault	Patient	Pavilion 6	Yes	Yes	1	Yes
11/5/2024	RN I	Assault	Patient	Pavilion 6	Yes	Yes	7	Yes
11/16/2024	RN I	Assault	Patient	Pavilion 3	Yes	Yes	3	Yes
11/16/2024	RN I	Assault	Patient	Pavilion 3	Yes	Yes	3	Yes
11/26/2024	MHT II	Assault	Patient	Pavilion 3	Yes	No	0	No

**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)
9/21/2024	STA	Threat	Patient	Lincoln North	No	No	0	Yes
9/25/2024	STA	Assault	Patient	Lincoln South	Yes	Yes	4.5	Yes
10/10/2024	STA Tr	Assault	Patient	Lincoln South	Yes	Yes	4.5	Yes
11/4/2024	RN	Assault	Patient	Monroe	No	No	0	No
11/5/2024	Security	Assault	Patient	Jefferson	No	No	0	No
11/5/2024	RN	Assault	Patient	Jefferson	Yes	No	0	No
11/6/2024	RN	Assault	Patient	Jefferson	No	No	0	No
11/6/2024	RN	Assault	Patient	Monroe	Yes	No	0	No
11/17/2024	MHT	Assault	Patient	Monroe	No	No	0	No
12/8/2024	MHT	Assault	Patient	Monroe	Yes	Yes	4.5	Yes
12/11/2024	STA	Assault	Patient	Lincoln North	Yes	Yes	4	Yes
12/11/2024	STA	Assault	Patient	Lincoln North	Yes	Yes	3	Yes

**Hospital: TDF**

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)
NA	NA	0	NA	NA	NA	NA	NA	NA

Department of Human Services  
Division of Mental Health

**Workplace Violence Quarterly Report Comparisons**  
FY25 Q2 (September 16 – December 15, 2024)

<b>Q4 FY24</b>	# Undup Staff Threatened or Assaulted	# Physical Assaults Only	# Injuries	# Medical Tx	# Staff Off	# Total Days Off	# WC Claims
Alton	17	17	17	11	8	30	11
Chester	9	9	9	9	4	11	9
Chi-Read	13	13	13	13	9	190	10
Choate	3	3	3	3	1	1	1
Elgin	13	13	11	11	9	134	11
Madden	6	6	6	6	6	30	5
Packard	23	23	21	10	8	80	8
TDF	17	1	0	0	0	0	0
<b>TOTAL</b>	<b>101</b>	<b>85</b>	<b>80</b>	<b>63</b>	<b>45</b>	<b>476</b>	<b>55</b>

<b>Q1 FY25</b>	# Undup Staff Threatened or Assaulted	# Physical Assaults Only	# Injuries	# Medical Tx	# Staff Off	# Total Days Off	# WC Claims
Alton	12	12	12	6	4	19	6
Chester	10	10	10	10	8	35	10
Chi-Read	6	6	6	6	5	37	6
Choate	6	6	6	4	3	6	5
Elgin	26	26	26	24	15	173	25
Madden	12	12	4	12	8	101 (2 staff used 85 days)	7
Packard	21	21	20	8	7	19	8
TDF	12	1	0	0	0	0	0
<b>TOTAL</b>	<b>105</b>	<b>83</b>	<b>84</b>	<b>70</b>	<b>50</b>	<b>390</b>	<b>67</b>

<b>Q2 FY25</b>	# Undup Staff Threatened or Assaulted	# Physical Assaults Only	# Injuries	# Medical Tx	# Staff Off	# Total Days Off	# WC Claims
Alton	12	12	12	9	5	22	8
Chester	12	12	12	12	7	16	12
Chi-Read	12	12	12	12	8	251 (5 staff used 229 days)	12
Choate*	-	-	-	-	-	-	-
Elgin	20	20	20	14	9	94	14
Madden	8	8	6	5	5	77	5
Packard	12	11	7	5	5	20.5	6
TDF	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>76</b>	<b>75</b>	<b>69</b>	<b>57</b>	<b>39</b>	<b>480.5</b>	<b>57</b>

\*Report not received

During the fourth quarter of FY24, there was a 39% increase in staff threatened or assaulted resulting in injuries (from 64 in the third quarter to 80 in the fourth quarter). There was an increase of four staff receiving medical treatment, requiring days off work and having to file Worker's Compensation claims from the second to the third quarter. There was also a 19% decrease in number of days used, from the third to the fourth quarter, related to these injuries.

In the first quarter of FY25, there was no significant change in number of staff threatened or assaulted, number of injuries, number of injuries requiring medical treatment or the number of Workers Compensation claims. There was an 18% decrease in total days off. Of note, two Madden staff collectively utilized 85 days (84% of all days used).

During the second quarter of FY25, there was a decrease in number of staff threatened, assaulted and off work due to injuries. However, there was an increase in total number of days off work per injury. At Chicago Read MHC, five staff used between 31 and 60 days, a total of 229 of 480.5 (48%).