

PABLO STEWART, M.D.
Psychiatric Consultant
824 Ashbury Street
San Francisco, CA 94117
415 264-0237
Fax 753-5479
E Mail pab4emi@aol.com

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Dr. Melvin Hinton
Chief of Mental Health
Illinois Department of Corrections

**Re: IDOC's continuing emergency due to its lack of adequate psychiatric services
for the mentally ill offender population**

Chief Hinton,

This is to formally notify the Illinois Department of Corrections of its continuing emergency due to the lack of adequate psychiatric services for the mentally ill offender population. As I stated in my report to the Court of May 22, 2017:

“Despite the substantial improvements to the mental health care delivery system, IDOC continues to have challenges in meeting the first-year requirements of the Settlement Agreement. Among IDOC’s challenges is the grossly insufficient and extremely poor quality of psychiatric services. This overwhelming shortage and lack of standards undermines all of the efforts of IDOC to meet the first-year requirements of the Settlement. These psychiatric services deficiencies include but are not limited to problems with the proper continuation of medications for offenders entering IDOC, lack of timely follow-up for offenders prescribed psychotropic medication, lack of following standard protocols for ascertaining side effects, extreme delays in obtaining psychiatric evaluations, non-participation of psychiatrists in the treatment planning process, lack of timely follow up for offenders assigned to crisis beds, and problems related to those offenders designated as requiring inpatient level psychiatric services. Of note, the overall quality of the psychiatric services provided to the mentally ill offenders of IDOC is exceedingly poor and often times dangerous.”¹

Unfortunately, during the first four months of the 2nd year of the Settlement Agreement, the monitoring team has determined that the above-described conditions persist in the facilities inspected.

As you are aware, I have met with you and your vendor and have offered concrete

¹ First Annual Report of Monitor Pablo Stewart, M.D., pg. 10.

recommendations to address this psychiatric emergency. To date, I have not been presented with any viable plan by the vendor or IDOC detailing an approach to deal with this critical problem.

It is my opinion that Telepsychiatry can play a role in addressing this emergency. Telepsychiatry, however, has many limitations. These include but are not limited to:

- unauthorized for initiating treatment or for evaluating patients in crisis;
- only used for medication renewals;
- unauthorized in treating patients requiring language translation services;
- unauthorized in treating patients with speech, vision, hearing or cognitive disabilities.

In addition, procedures need to be established to ensure:

- all Telepsychiatry encounters occur in confidential settings;
- mentally ill offenders give informed consent to participate in Telepsychiatry and can opt out if they would rather be seen in person;
- Telepsychiatry providers have thorough access to the mentally ill offender's medical record;
- the record of the Telepsychiatry encounter is filed in the mentally ill offender's medical record in real time.

As stated above, Telepsychiatry is part of an overall solution but is not the solution in and of itself. Any solution to this emergency necessarily involves the hiring of additional psychiatrists, psychiatric nurse practitioners and/or primary care physicians.

I must reiterate that IDOC is in a state of emergency regarding its provision of psychiatric care. It is exceedingly imperative that IDOC immediately appoint a Director of Psychiatric Services who has the authority to hire, fire and redeploy the current psychiatric staff. This Director must also have the authority to set rates of compensation for psychiatric providers. Finally, this Director must be available to consult with practitioners in the field as they provide care to the mentally ill offender population of IDOC.

I remain available, as I have throughout my tenure as Monitor in this matter, to consult with IDOC staff regarding strategies to address this emergency situation.

Yours truly,

A handwritten signature in black ink, appearing to read "Pablo Stewart". The signature is fluid and cursive, with the first name "Pablo" and last name "Stewart" clearly distinguishable.

Pablo Stewart, M.D.
Rasho Monitor