

ILCS 5/1-119(3)(iii) (West 2010)) does not exclude consideration of behaviors occurring close in time to the filing of the petition for involuntary admission or those that formed the basis for the filing of the petition.

(4) The trial court's involuntary admission order was not against the manifest weight of the evidence.

(5) The trial court's involuntary treatment order was supported by sufficient evidence of the dosages, benefits, and harms for all proposed medications.

(6) The trial court's involuntary treatment order appropriately designated individuals authorized to administer psychotropic medication to respondent.

(7) The State complied with section 2-102(a-5) of the Code (405 ILCS 5/2-102(a-5) (West 2010)) by showing respondent was given written information about proposed alternative-choice medications.

¶ 2 On January 21, 2011, the trial court found respondent, Anita J., to be a person subject to involuntary admission and ordered her hospitalized for no more than 90 days. The same date, it authorized the involuntary treatment of respondent with psychotropic medication. Respondent appeals, arguing (1) the State failed to comply with involuntary admission standards by failing to present evidence regarding her decisional capacity and behavioral history; (2) the court's order was not supported by clear and convincing evidence that she lacked the capacity to understand her need for treatment; (3) the court improperly authorized respondent's involuntary treatment with psychotropic medication without first receiving evidence about the dosages, benefits, or harm of all proposed medications; (4) her statutory rights were violated because the court's order failed to designate persons authorized to administer the psychotropic medications; (5) the State failed to prove respondent was given written information about proposed alternative-choice medications; and (6) the court's order for involuntary treatment was not supported by clear and convincing evidence that respondent lacked the capacity to make a reasoned decision about her medications. We affirm.

¶ 3 Respondent is an individual with a 20-year history of mental illness and at least two previous hospital admissions. On January 13, 2011, a petition was filed that sought her involuntary admission to a mental-health facility. The petition requested respondent be immediately hospitalized, alleging she was mentally ill and (1) due to her illness, was reasonably expected to place herself or another in physical harm or in reasonable expectation of being physically harmed; (2) due to her illness, was unable to provide for her basic physical needs so as to guard herself from serious harm; and (3) refused treatment or failed to adhere adequately to prescribed treatment, was unable to understand her need for treatment, and reasonably expected based on her behavioral history to suffer mental or emotional deterioration which would result in a reasonable expectation of physical harm to herself or another or her inability to provide for her own basic needs.

¶ 4 On January 18, 2011, Dr. Stacey Horstman, respondent's psychiatrist, at McFarland Mental Health Center (McFarland), filed a petition, seeking to involuntarily administer psychotropic medicine to respondent. The petition alleged respondent suffered from schizoaffective disorder, bipolar type, and exhibited deterioration of her ability to function and threatening behavior. Dr. Horstman asserted she explained the risks and benefits of the recommended treatment to respondent, respondent objected to the treatment, and respondent lacked the capacity to make a reasoned decision about treatment because she was impaired by her mental illness.

¶ 5 On January 21, 2011, the trial court conducted separate hearings on both petitions. At the hearings, the State presented the testimony of Dr. Horstman and respondent testified on her own behalf. The parties are familiar with the evidence presented and we will

discuss it only to the extent necessary to put their arguments in context.

¶ 6 Following the involuntary admission hearing, the trial court found clear and convincing evidence had been presented to show respondent had a long history of mental illness, she stopped taking her medication against her doctor's recommendation, and her condition had deteriorated. The court determined respondent's condition, if not treated, could lead to more aggression and her inability to provide for her basic physical needs. It granted the petition on that basis and ordered respondent hospitalized for a period not to exceed 90 days. As stated, the court then conducted a hearing on the involuntary treatment petition. It found respondent lacked the capacity to give informed consent or to refuse medication, noting she refused to acknowledge her schizophrenia diagnosis. The court granted the petition, allowing psychotropic medication to be involuntarily administered to respondent for a period of 90 days.

¶ 7 These appeals followed.

¶ 8 Initially, the parties agree that these cases are moot. Specifically, the trial court limited the duration of its orders to periods not to exceed 90 days and those time periods have expired. "Any decision on the merits would result in an advisory opinion" and this court does "not render advisory opinions or decide moot questions." *In re James H.*, 405 Ill. App. 3d 897, 901, 943 N.E.2d 743, 747 (2010). However, we may reach the merits of respondent's appeal if we find an exception to the mootness doctrine applies. Respondent argues that both the public-interest and the capable-of-repetition-yet-avoiding-review exceptions apply to the facts of her case. See *In re Alfred H.H.*, 233 Ill. 2d 345, 350-51, 910 N.E.2d 74, 77-78 (2009). We first consider the court's order, authorizing respondent's involuntary admission to a mental-health facility.

¶ 9 "The public interest exception allows a court to consider an otherwise moot case when (1) the question presented is of a public nature; (2) there is a need for an authoritative determination for the future guidance of public officers; and (3) there is a likelihood of future recurrence of the question." *Alfred H.H.*, 233 Ill. 2d at 355, 910 N.E.2d at 80. This exception "is 'narrowly construed and requires a clear showing of each criterion.' [Citations] " *Alfred H.H.*, 233 Ill. 2d at 355-56, 910 N.E.2d at 80. While routine challenges to the sufficiency of the evidence fail to implicate issues of a public nature, questions involving statutory compliance do involve matters of substantial public concern. *In re Nicholas L.*, 407 Ill. App. 3d 1061, 1071, 944 N.E.2d 384, 393 (2011).

¶ 10 With respect to the trial court's involuntary admission order, the public-interest exception is applicable. On appeal, respondent raises issues of the State's compliance with sections 1-119(3) and 2-102(a-5) of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/1-119(3), 2-102(a-5) (West 2010)). Additionally, those statutory compliance issues appear to be ones of first impression that are in need of an authoritative determination and which are likely to reoccur in the future. As a result, we will address the merits of respondent's challenges to the court's involuntary admission order.

¶ 11 As another preliminary matter, we note the State correctly argues respondent has forfeited issues raised in connection with her challenge to the court's involuntary admission order by failing to raise her objections with the trial court. *James H.*, 405 Ill. App. 3d at 904, 943 N.E.2d at 750 ("A respondent subject to involuntary commitment should not be allowed to participate in a hearing on the merits only to obtain a new hearing by complaining of a procedural defect"). However, forfeiture is a limitation on the parties, not the court. *In re Charles H.*,

409 Ill. App. 3d 1047, 1055, 950 N.E.2d 710, 716 (2011). Although, in this instance, we choose to address respondent's challenges to the trial court's involuntary admission order, we reiterate the necessity of raising contemporaneous objections with the trial court. Such objections are of particular importance where, as here, the court's order is of short duration and issues become moot by the time they are heard on appeal.

¶ 12 On appeal, respondent argues the State failed to comply with the requirements of section 1-119(3) of the Code (405 ILCS 5/1-119(3) (West 2010)). She first contends the State was required, but failed, to present evidence about her decisional capacity.

¶ 13 Section 1-119 of the Code sets forth the grounds for subjecting a person to involuntary admission on an inpatient basis. It provides as follows:

" 'Person subject to involuntary admission on an inpatient basis' means:

(1) A person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;

(2) A person with mental illness who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis; or

(3) A person with mental illness who:

(i) refuses treatment or is not adhering ade-

quately to prescribed treatment;

(ii) because of the nature of his or her illness, is unable to understand his or her need for treatment; and

(iii) if not treated on an inpatient basis, is reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either paragraph (1) or paragraph (2) of this Section.

In determining whether a person meets the criteria specified in paragraph (1), (2), or (3), the court may consider evidence of the person's repeated past pattern of specific behavior and actions related to the person's illness." 405 ILCS 5/1-119 (West 2010).

¶ 14 Here, the trial court granted the petition to involuntarily admit respondent to a mental-health facility based upon grounds contained in paragraph (3) of section 1-119. Respondent first notes subsection (ii) of section 1-119(3) contains the requirement that the State show a person's mental illness prevents him or her from understanding the need for treatment. However, she argues that, where the treatment involves psychotropic medication, the State must also present evidence that the subject individual received complete written information about the recommended medication. Respondent maintains that, before a person can make a reasoned

decision about treatment, he or she must be provided with information about the treatment, including the risks and benefits of recommended medication. To support her position, respondent cites section 2-102(a-5) of the Code (405 ILCS 5/2-102(a-5) (West 2010)), providing as follows:

"If the services include the administration of electroconvulsive therapy or psychotropic medication, the physician or the physician's designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as alternatives to the proposed treatment, to the extent such advice is consistent with the recipient's ability to understand the information communicated."

¶ 15 "When construing a statute, our goal is to determine and effectuate the legislature's intent, best indicated by giving the statutory language its plain and ordinary meaning." *In re Andrew B.*, 237 Ill. 2d 340, 348, 930 N.E.2d 934, 939 (2010). "We must consider the entire statute in light of the subject it addresses, presuming the legislature did not intend absurd, unjust, or inconvenient results." *Andrew B.*, 237 Ill. 2d at 348, 930 N.E.2d at 939. Additionally, "[r]eviewing courts will not depart from the statute's plain language by reading into it conditions, exceptions, or limitations that contravene legislative intent." *Andrew B.*, 237 Ill. 2d at 348, 930 N.E.2d at 939.

¶ 16 Here, the State was not required to show compliance with section 2-102(a-5) of the Code in connection with the petition for involuntary admission. Clearly, strict compliance with section 2-102(a-5) is required before psychotropic medication may be involuntarily

administered to a respondent. See *In re Louis S.*, 361 Ill. App. 3d 774, 780, 838 N.E.2d 226, 232-33 (2005). However, by its plain and ordinary language, that section involves the administration of specific treatments in the form of electroconvulsive therapy or psychotropic medication. A petition for involuntary admission concerns the inpatient hospitalization of a respondent, not the even more invasive step of administering psychotropic medication.

¶ 17 On appeal, respondent alternatively challenges the sufficiency of the State's evidence as it relates to her decisional capacity, arguing the trial court's order was not supported by clear and convincing evidence that she was unable to understand her need for treatment. She complains that Dr. Horstman did not provide a sufficient factual basis for her opinion that respondent did not understand her need for treatment.

¶ 18 "In proceedings to involuntarily commit an individual, the State must prove the necessary allegations, including the nature of the mental illness and its effect on the individual's decision-making capacity, by clear and convincing evidence." *In re Torski C.*, 395 Ill. App. 3d 1010, 1021, 918 N.E.2d 1218, 1228 (2009). A finding that a respondent lacks the ability to make treatment decisions "can be based upon the mental-health professional's subjective testimony regarding the particular mental illness from which a respondent suffers." *Torski C.*, 395 Ill. App. 3d at 1021, 918 N.E.2d at 1228. Where an expert testifies, "he must support his opinions with specific facts or testimony as to the bases of those opinions." *In re C.S.*, 383 Ill. App. 3d 449, 452, 890 N.E.2d 1007, 1010 (2008). "A trial court's decision on involuntary admission is accorded great deference on appeal and will not be overturned unless it is against the manifest weight of the evidence." *In re Robin C.*, 385 Ill. App. 3d 523, 528, 898 N.E.2d 689, 694 (2008).

¶ 19 As stated, Dr. Horstman opined respondent, due to her mental illness, was unable to understand her need for treatment. The record also shows Dr. Horstman testified she diagnosed respondent with schizoaffective disorder, bipolar type. Respondent had a 20-year history of mental illness and had been previously hospitalized. She had taken psychotropic medication on which she did well. In July 2010, respondent stopped taking her medication and evidence showed her condition began to deteriorate. She was evicted from where she had been living because she scared other residents. Respondent then went to live with family but her family members also began to feel unsafe with respondent in the home. She refused to resume taking prescribed medication citing health concerns that were unsupported by her medical records.

¶ 20 Additionally, Dr. Horstman described respondent as exhibiting paranoia, irritability, agitation, threatening behavior, poor hygiene, labile affect, and pressured speech. While in McFarland, respondent threatened a nurse and at least one other patient. She also had to be strongly prompted to maintain proper hygiene, even to the point of being threatened with security. Dr. Horstman further testified respondent was not eating very much food because she believed it had been tampered with.

¶ 21 Here, Dr. Horstman had the opportunity to observe respondent and reviewed her medical records. She testified regarding her findings and that testimony was sufficient to provide a factual basis to support her opinion with respect to respondent's decisional capacity. The trial court's finding that respondent was unable to understand her need for treatment was not against the manifest weight of the evidence.

¶ 22 With respect to the involuntary admission hearing, respondent also argues the

State was required, but failed, to present evidence regarding her "behavioral history." She notes paragraph (iii) of section 1-119(3) provides for a showing that respondent was a person with a mental illness who "if not treated on an inpatient basis, [was] reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration and [was] reasonably expected, after such deterioration, to meet the criteria of either" of the first two paragraphs in section 1-119(3). 405 ILCS 5/1-119(3)(iii) (West 2010). Respondent complains that the State's evidence was limited to her current behavior and her current hospitalization and asks that this court "construe 'behavioral history' to require evidence of past behavior unrelated to *** respondent's current episode."

¶ 23 Pursuant to section 1-119(3)(iii), the trial court was required to consider respondent's "behavioral history" to determine whether she was reasonably expected to suffer mental or emotional deterioration if not treated on in inpatient basis. 405 ILCS 5/1-119(3)(iii) (West 2010). We find no requirement in the Code that excludes consideration of more recent events from a respondent's "behavioral history" when determining whether involuntary admission is necessary. Instead, the Code explicitly permits consideration of "actions related to the person's illness" when determining whether the criteria for involuntary admission has been met. 405 ILCS 5/1-119 (West 2010). Even an individual with no significant past behavioral issues could be reasonably expected to deteriorate further in her mental or emotional condition based the severity of her recent symptoms and behaviors. As a result, we find the term "behavioral history," as used in section 1-119(3)(iii) of the Code, encompasses a respondent's full history of behaviors, both those that are remote in time from events leading to the petition for involuntary admission and those that led to the filing of the petition.

¶ 24 Here, the evidence presented showed respondent had a lengthy history of mental illness and at least two prior hospitalizations. As discussed, respondent reportedly did well with medication but stopped taking it in July 2010. Thereafter, her condition deteriorated. She was asked to leave two different living situations because she scared other residents or made them fear for their safety. Dr. Horstman described respondent's symptoms, threatening behavior, and issues she had in caring for herself. She opined respondent's condition would continue to deteriorate if not treated on an inpatient basis. The trial court found clear and convincing evidence to support respondent's involuntary admission pursuant to section 1-119(3) of the Code. Its decision was not against the manifest weight of the evidence.

¶ 25 We next turn to the trial court's involuntary treatment order. In connection with that order, respondent argues (1) the State failed to present sufficient evidence about the dosages, benefits, and risks of all recommended medication; (2) the court failed to designate persons authorized to administer psychotropic medications; (3) the State failed to prove respondent was given written information about alternative-choice medications; and (4) the State failed to present clear and convincing evidence that she lacked the capacity to make a reasoned decision about medications.

¶ 26 Again, the issues respondent presents are moot and will not be addressed unless there is an applicable exception to the mootness doctrine. Respondent contends the capable-of-repetition-yet-avoiding-review exception applies and we agree. That exception applies when (1) the challenged action is "of a duration too short to be fully litigated prior to its cessation" and (2) there is "a reasonable expectation that the 'the same complaining party would be subjected to the same action again.' [Citation]." *Alfred H.H.*, 233 Ill. 2d at 358, 910 N.E.2d at 82. Under the

second prong of the exception, although the actions need not be identical, they "must have a substantial enough relation that the resolution of the issue in the present case would be likely to affect a future case involving [the] respondent." *Alfred H.H.*, 233 Ill. 2d at 359, 910 N.E.2d at 82. While determinations as to the sufficiency of evidence presented would not be likely to impact future litigation (*James H.*, 405 Ill. App. 3d at 902, 943 N.E.2d at 748), issues concerning statutory compliance would have bearing on a subsequent case that involves respondent (*In re Gloria C.*, 401 Ill. App. 3d 271, 276, 929 N.E.2d 1136, 1141 (2010)).

¶ 27 Here, respondent is able to meet the first requirement of the capable-of-repetition-yet-avoiding-review exception because the trial court's involuntary treatment order is unquestionably of too short a duration to be fully litigated prior to its cessation. Additionally, respondent has a long history of mental illness and prior hospitalizations and it is likely that she would be subject to the same action in the future. Although she raises sufficiency-of-the-evidence claims that would have no bearing on future involuntary treatment proceedings, she also raises issues of statutory compliance that could affect the outcome of a future action. As a result, we will reach the merits of respondent's appeal.

¶ 28 Respondent first argues the trial court failed to comply with the Codes requirements because its order set forth dosages for three medications when there had been no evidence presented at the hearing as to appropriate dosages for those medications. Specifically, respondent notes the State presented no evidence as to the proposed range of dosages for Haldol, Haldol Decanoate, or Zyprexa but the court included those medications and their dosages in its order. The State concedes that no dosage testimony was presented as to those three medications but cites the petition for involuntary treatment as containing the necessary information.

¶ 29 Pursuant to the Code, a trial court's involuntary treatment order must "specify the medications and the anticipated range of dosages that have been authorized." 405 ILCS 5/2-107.1(a-5)(6) (2010). Additionally, the court's order must be supported by evidence presented by the State "as to the anticipated range of dosages of the proposed psychotropic medication." *In re A.W.*, 381 Ill. App. 3d 950, 959, 887 N.E.2d 831, 839 (2008).

¶ 30 Respondent cites this court's decision in *A.W.*, 381 Ill. App. 3d at 958, 887 N.E.2d at 838-39, wherein we found the trial court's involuntary treatment order failed to comply with the Code "because it authorized specific dosages of psychotropic medications that were not supported by evidence as to those dosages." There, the record showed no testimony had been presented as to recommended dosages for the requested medications. *A.W.*, 381 Ill. App. 3d at 953-54, 887 N.E.2d at 834-35. Additionally, we rejected the State's contention that it was sufficient if the involuntary treatment petition listed the specific requested dosages. *A.W.*, 381 Ill. App. 3d at 959, 887 N.E.2d at 839. Instead, we held the petition's listing of anticipated dosages will not suffice "[a]bsent (1) the trial court's (a) taking judicial notice of the anticipated dosages listed in the petition or (b) admitting in evidence the petition for the purpose of establishing the anticipated dosages or (2) testimony that the proposed psychotropic medications are requested in the dosages as they are listed in the petition." *A.W.*, 381 Ill. App. 3d at 959, 887 N.E.2d at 839.

¶ 31 The present case is factually distinguishable from *A.W.* As discussed, in *A.W.* no evidence was presented as to recommended dosages and the petition was not referenced in any manner at the involuntary treatment hearing. Here, however, Dr. Horstman petitioned the court and sought respondent's involuntary treatment, identifying a total of 10 recommended medica-

tions along with requested dosages for each medication. During the involuntary treatment hearing, the State, without objection, directed Dr. Horstman to the petition and, in particular, the paragraphs containing the requested medications and their dosages. Dr. Horstman testified consistently with the petition and, except for the three medications now at issue, recommended the same dosage ranges as recommended in her petition. The trial court's order mirrored the petition.

¶ 32 Given the specific factual circumstance presented in this case, we find no error. Dr. Horstman petitioned the trial court for respondent's involuntary treatment, the petition was referenced during her testimony, she testified consistently with the information contained in the petition, and respondent failed to raise any objections. The record clearly shows the absence of dosage testimony for 3 out of the 10 recommended medications was an oversight by the State in its presentation of the evidence. Although we find no reversible error, we caution the State to be vigilant in its presentation of evidence and fully present the evidence at its disposal. Again, the issue also could have been easily remedied by a timely objection from respondent's attorney.

¶ 33 On appeal, respondent next argues the trial court's order failed to comply with the Code because it authorized involuntary treatment without receiving evidence about the benefits and harms of all medications. Specifically, she contends that, although the State failed to present evidence about the risks and benefits of Depakote, Trileptal, and trazodone, the court included those medications within its order.

¶ 34 Before it may authorize involuntary treatment with psychotropic medication, the trial court must find, by clear and convincing evidence, that the benefits of the proposed treatment outweigh the harm. 405 ILCS 5/2-107.1(a-5)(4)(D) (West 2010). Here, Dr. Horstman

provided such an opinion during her testimony. Although she failed to testify regarding the specific harms and benefits of three recommended medications, she did provide that testimony regarding the other seven. Also, the State submitted an exhibit containing each requested medication along with their benefits and side effects. At the hearing, Dr. Horstman identified the exhibit as the benefits and side effects of all the medications she was asking the trial court to prescribe. Under these facts, the State presented sufficient evidence from which the court could find the benefits of the proposed treatment outweighed the potential harm to respondent. The court's order did not violate the Code on this asserted basis.

¶ 35 On appeal, respondent further argues the trial court violated the Code by failing to designate persons authorized to administer the psychotropic medication. Pursuant to the Code, a court's involuntary treatment order "shall designate the persons authorized to administer the treatment." 405 ILCS 5/2-107.1(a-5)(6) (West 2010). "The purpose of this requirement is to ensure involvement by a qualified professional familiar with the respondent's individual situation and health status." *In re Jonathan P.*, 378 Ill. App. 3d 654, 655-56, 882 N.E.2d 1054, 1056 (2008). Additionally, "[b]ecause the involuntary administration of medication affects important liberty interests, strict compliance with statutory procedures is required." *Jonathan P.*, 378 Ill. App. 3d at 656, 882 N.E.2d at 1056. "[T]he failure to name specific individuals who are authorized to administer the medication warrants reversal" and even when the respondent failed to raise the issue with the trial court, it will be addressed as plain error due to the important liberty interests involved. *Jonathan P.*, 378 Ill. App. 3d at 656, 882 N.E.2d at 1056.

¶ 36 A trial court's involuntary treatment order has been deemed insufficient where it fails specify individuals by name who are authorized to administer psychotropic medication and,

instead, designates the entire staff of a mental-health facility or all the staff members who are licensed to administer treatment. *In re John N., Jr.*, 374 Ill. App. 3d 481, 488-89, 871 N.E.2d 130, 136-37 (2007) (Third District); See also *In re Gwendolyn N.*, 326 Ill. App. 3d 427, 760 N.E.2d 575 (2001) (Fourth District); *In re Jennifer H.*, 333 Ill. App. 3d 427, 775 N.E.2d 616 (2002) (Third District); *In re Gloria B.*, 333 Ill. App. 3d 903, 776 N.E.2d 853 (2002) (Third District). The facts of the present case are distinguishable.

¶ 37 Here, the trial court's order provided that "treatment will be administered by Peoples Exhibit at A. McFarland Mental Health Ctr." The record shows the State presented two exhibits, one of which was a list of McFarland personnel who were authorized to administer psychotropic medication. The court's order clearly references that exhibit. Also, rather than generically designating a category of individuals as those authorized to administer treatment, the court's order specified individuals by name. Each individual was also identified as a physician or registered nurse employed by McFarland. While the list was comprised of 42 individuals, we find it likely that a person admitted to a mental-health facility on an inpatient basis would come under the care and supervision of a number of individuals. During oral argument, respondent failed to provide information to this court that showed otherwise. Under these circumstances, we find the court complied with the Code and committed no error.

¶ 38 On appeal, respondent also maintains the State failed to comply with section 2-102(a-5) of the Code (405 ILCS 5/2-102(a-5) (West 2010)) and show respondent was given written information about alternative-choice medications. Again, that section requires that a respondent be advised, in writing, of the side effects, risks, and benefits of proposed psychotropic medication. 405 ILCS 5/2-102(a-5) (West 2010). Here, the record clearly refutes

respondent's contention. Specifically, Dr. Horstman testified that she provided written information about all of the recommended medications to respondent and that the information she provided was contained in People's Exhibit 1. That exhibit is in the record and contains information about all of the alternative-choice medications which were recommended by Dr. Horstman, alleged in the petition, and contained in the court's order. The State committed no error.

¶ 39 Finally, on appeal, respondent argues the trial court's involuntary treatment order was not supported by clear and convincing evidence that she lacked the capacity to make a reasoned decision about treatment. We find it unnecessary to address this claim as it solely concerns the sufficiency of the State's evidence. As discussed, neither such claims nor their resolutions would be likely to impact future litigation.

¶ 40 Under the circumstances presented in this case, we find no error in either the trial court's involuntary admission order or its involuntary treatment order. However, due to the circumstances presented, we find it necessary to reiterate comments made in *Louis S.*, 361 Ill. App. 3d at 783, 838 N.E.2d at 234:

"[C]ounsel involved in these proceedings would be well-advised to peruse the large number of cases dealing with the administration of involuntary treatment with the goal of affording the respondents with the rights they deserve and to which they are entitled. Continued adherence to the stated principles of the Code will not only foster confidence in our judicial system but will also ensure those who need help will receive it."

¶ 41 For the reasons stated, we affirm the trial court's judgment.

¶ 42 Affirmed.