2015 IL App (5th) 140228-U

NO. 5-14-0228

IN THE

APPELLATE COURT OF ILLINOIS

FIFTH DISTRICT

In re CARL T., Alleged to Be a Person Subject to Involuntary Admission and Authorized Involuntary Treatment	)	Appeal from the Circuit Court of Union County.
(The People of the State of Illinois, Petitioner-Appellee,	)	
v.	)	No. 14-MH-37
Carl T., Respondent-Appellant).	)	Honorable Mark M. Boie, Judge, presiding.

PRESIDING JUSTICE CATES delivered the judgment of the court.
Justices Welch and Schwarm concurred in the judgment.

ORDER

¶ 1 *Held*: The "capable of repetition yet evading review" exception to the mootness doctrine applies to the issues raised on appeal. The trial court's orders authorizing the involuntary admission of the respondent to an inpatient mental health facility and the involuntary administration of psychotropic medication are supported by clear and convincing evidence.

¶ 2 The respondent, Carl T., appeals from orders of the circuit court granting the State's petitions to involuntarily admit him to an inpatient mental health facility and to involuntarily administer psychotropic medication. The respondent contends that the State

failed to prove by clear and convincing evidence that he was a person subject to involuntary admission as defined in section 1-119 of the Mental Health and Developmental Disabilities Code (Mental Health Code) (405 ILCS 5/1-119 (West 2012)). The respondent also contends that the State failed to satisfy the statutory requirements for involuntary administration of psychotropic medication set out in section 2-107.1(a-5)(4) of the Mental Health Code (405 ILCS 5/2-107.1(a-5)(4) (West 2012)). We affirm.

¶ 3 On April 19, 2014, Deputy Bart Hileman, an officer with the Union County sheriff's office, was driving toward the emergency room entrance of Union County Hospital when he observed a vehicle pulling up to the emergency department entrance. Deputy Hileman looked on as the driver, later identified as the respondent, slowed down, threw something out of his vehicle, and then quickly pulled away. Deputy Hileman exited his vehicle to retrieve the tossed object. He discovered that it was a hand-printed letter, folded in the shape of a paper airplane. The letter contained bizarre and accusatory claims of misconduct by Anna police officers, Union County officials, and others.

¶ 4 Concerned by the content of letter and the behavior of the driver, Deputy Hileman began to search for the vehicle. Two officers from the Anna police department assisted in the search. The respondent's vehicle was spotted pulling into the parking lot of a nearby Walmart store. The officers attempted to stop the vehicle, but the respondent continued to move through the parking lot. Eventually, the officers were able to block the vehicle. Deputy Hileman and an Anna police officer approached the respondent and directed him to step out of his vehicle. The respondent refused. He started shouting that he wanted his attorney, and that he wanted the police to contact FedEx. He stated that

FedEx was his next of kin. The respondent then leaned over and placed his hand between the driver's door and the driver's seat. At that point, Deputy Hileman reached into the partially opened window of the vehicle, unlocked the door, and pulled the respondent from the vehicle. The respondent was handcuffed and transported to the Union County sheriff's department. While in custody, the respondent became more agitated and began to rant. He claimed that two Anna police officers had engaged in sexual relations with his wife and caused his family to break apart. He also claimed that the government had placed devices inside his brain to monitor his thoughts.

¶ 5 On April 21, 2014, Deputy Hileman filed a petition in the circuit court of Union County, seeking an order to detain the respondent for an evaluation at Choate Mental Health and Developmental Center (Choate Center), to determine whether he was a person subject to involuntary admission. The incident report documenting Deputy Hileman's encounter with the respondent was filed in support of the detention petition.

¶ 6 Additional documents were filed in support of the petition, including copies of a petition for protective order and a related order, and a copy of an incident report from the Johnson County sheriff's department. The petition for protective order was filed in the circuit court of Johnson County on March 5, 2014, by the respondent's ex-wife, and alleged that the respondent had threatened her and her son with physical harm. The related order, dated March 27, 2014, extended an emergency order of protection that had been granted to the ex-wife on March 5, 2014. The report from the Johnson County sheriff's department documented a contact with the respondent in December 2013. During the contact, the respondent reported, among other things, that he had been forced

to leave his apartment because someone was using the electrical outlets in his apartment to shock him; that he was having ear pain because someone put something in his ears while he was asleep; and that the pipes under the sink told him to leave his apartment door unlocked so someone could get him.

¶ 7 On April 21, 2014, the circuit court of Union County entered an order authorizing the detention and evaluation of the respondent at Choate Center. After reviewing the petition and supporting information, the court determined that there were reasonable grounds to find that the respondent may be a person subject to involuntary admission; that an inpatient evaluation was necessary in order make that determination; and that there were sufficient facts to establish the existence of an emergency requiring the respondent's immediate hospitalization.

¶ 8 On April 22, 2014, the respondent was evaluated at the Choate Center by a team of mental health professionals, including a psychiatrist, a clinical psychologist, and a licensed clinical social worker. The evaluation team noted that the respondent presented with active "paranoid, hostile & persecutory delusions"; that he was admitted because of deterioration in mental status related to treatment noncompliance; and that his mental illness caused or contributed to the conduct that led to his arrest and detention. They prepared an initial treatment plan which was filed with the court. The plan identified the psychiatric diagnosis (Axis I) as psychosis, not otherwise specified. The evaluation team noted that the respondent was paranoid and suspicious; that he repeatedly asked about Dr. Arora's medical credentials and "what area code he was from"; that he claimed officials from Union County were hacking his cell phones; and that he refused food. The team

further noted that the respondent lacked insight into his mental illness, and that he refused to sign a written medication consent, but provided oral consent for certain medications. After completing the evaluation, the team concluded that the respondent required immediate, inpatient hospitalization, and that without inpatient treatment the respondent was likely to remain at risk for unsafe conduct in the community. The team noted that a less restrictive environment was considered, but deemed inappropriate, and that the respondent could be discharged to a less restrictive environment once his condition was stabilized on medication.

¶ 9 Following the evaluation, the State filed a petition for the involuntary admission of the respondent. Inpatient certifications by the psychiatrist, Dr. Vikas Arora, and the clinical psychologist, Dr. Jon Washawsky, were attached in support of the petition.

¶ 10 The petition for involuntary admission was heard on April 30, 2014. Dr. Washawsky, the clinical psychologist on the evaluation team, testified that he had a lengthy meeting with the respondent during the initial evaluation on April 22, 2014, and that he met with the respondent for a brief period during the week prior to the hearing. Dr. Washawsky stated that the respondent was initially diagnosed with a psychotic disorder, not otherwise specified. The diagnosis was based on the clinical findings from the evaluation and a review of available medical records. Dr. Washawsky testified that the respondent suffered from a delusional thought process disorder, and that the symptoms included an intense set of paranoiac thoughts with strong delusional themes, a gross disorganization of thought content, and a flight of ideas where he jumped from one topic to another in a manic fashion. Dr. Washawsky noted that the respondent loudly

proclaimed that Union County officials had ruined his family; that Anna police officers had engaged in sexual relations with his ex-wife; that some people, perhaps Union County police officers, had been hacking into his cellular phones; and that he trusted no one in the 618 area code. The respondent also claimed that his son had been molested as a child, and suggested that the police may have been responsible.

¶ 11 Dr. Washawsky testified that the respondent became highly agitated and angry when he was asked about his history of mental illness, his recent arrest, and his ex-wife's alleged relationships with Anna police officers. He noted that when the respondent experienced periods of heightened anger and agitation, his paranoid and delusional thoughts intensified, and he posed an increased risk to harm himself or others. He also noted that the respondent lacked insight into his symptoms and had declined recommended psychotropic medications. Dr. Washawsky testified that the respondent had been having delusions, hallucinations, and intense paranoia for months, and that this extended period of decompensation led to the conduct resulting in the detention order and the order of protection. Dr. Washawsky opined that the respondent was a person with mental illness who was reasonably expected, unless treated on an inpatient basis, to engage in conduct that would place him or another person at risk for physical harm. He further opined that it was reasonably expected that without treatment, the respondent's condition would deteriorate to a point where he would be unable to provide for his basic needs and would place himself or others at increased risk for physical harm. Dr. Washawsky concluded that inpatient admission to Choate Center was necessary and that a less restrictive environment for treatment was not appropriate.

¶ 12 The respondent testified on his own behalf. During direct examination, the respondent was asked about the emergency order of protection that had been entered against him. The respondent stated that he had been divorced twice, and that his first ex-wife had filed for the order of protection. The respondent claimed that it was "the second false police report she has made like that." The respondent was also asked about his arrest in the Walmart parking lot. He testified that he went to Walmart to get some sinus medicine and was arrested in the parking lot. He stated that before he went to Walmart, he drove up to the entrance of Union County Hospital and threw out some papers which explained what government officials and Anna police officers had done to his family. The respondent stated that he truly believed that two Anna police officers had engaged in sexual relations with his first ex-wife. When asked why he believed this, he began to discuss an incident that occurred at his son's baseball game. His answer did not appear to be responsive to the question. When asked why he refused to take the psychotropic medication recommended by Dr. Arora, he stated that the medication "messes with your chemical imbalance." He noted that he had taken a psychotropic medication called Geodon in the past, and that while taking it, he experienced back spasms which prevented him from cleaning himself while in the restroom. When the respondent was asked how he "kept it together," he stated that he prays. He then stated that he would not harm anyone if he was released from the hospital.

¶ 13 During cross-examination, the respondent denied that he had mental illness. The respondent was asked about the number of cell phones found in his vehicle during an inventory search. The respondent stated that each time he purchased a cell phone,

someone would hack it and change his pass code and phone number, and so he would buy a new one. He noted that he even purchased cell phones in Missouri and Kentucky so that he would have phones outside the 618 area code, but when he returned to the 618 area code, those phones were also hacked.

¶ 14 At the close of the testimony and arguments, the circuit court found that the State met its burden to show that the respondent was a person subject to involuntary admission. The court ordered inpatient hospitalization for a period of 90 days.

¶ 15 On May 5, 2014, Dr. Arora filed a petition for the involuntary administration of psychotropic medication to the respondent. The petition was heard on May 14, 2014.

¶ 16 Dr. Arora testified that the respondent suffers from a delusional disorder which adversely affects his ability to think clearly, manage emotions, make reasoned decisions, and relate with others. Dr. Arora noted that while the respondent was able to perform basic activities of daily living, he was not able to function appropriately in the community because of his mental illness. Dr. Arora recalled that during the evaluation, the respondent became loud and belligerent, and at one point, slammed his fists on the table and made oral threats. He noted that the respondent also made ambiguous statements about having access to guns at a house in Kentucky, and that the respondent pled the fifth amendment when asked if he was going to use the weapons.

¶ 17 Dr. Arora testified that the respondent requires antipsychotic medication. He recommended Risperdal as the primary antipsychotic medication, and Prolixin or Zyprexa as alternative medications. Dr. Arora testified that the antipsychotic medications would keep the respondent's psychosis under control, stabilize his mood swings, help

with anger and poor impulse control, and eventually allow the respondent to be discharged from a restrictive, inpatient setting and returned to his community. Dr. Arora identified possible side effects for all three medications. He testified that the beneficial effects of the medication would outweigh the possible side effects. Dr. Arora recommended another medication called Cogentin to reduce the side effects of the antipsychotic medication. He recommended Ativan to treat acute agitation and aggression. Dr. Arora identified possible side effects for Cogentin and Ativan, and testified that the beneficial effects of these medications would outweigh the possible side effects. Dr. Arora also asked the court to authorize periodic blood work to ensure the safe and effective administration of the medication.

¶ 18 Dr. Arora testified that the respondent had been provided with written information about the medications, and that he had talked with the respondent about the benefits and side effects of each medication. Dr. Arora recalled that during the conversation, the respondent stated that he did not have mental illness and did not need antipsychotic medication. The respondent also stated that he would stop taking the medication once he was discharged. Dr. Arora testified that alternative therapies were explored and none was considered appropriate. Dr. Arora ruled out a more aggressive treatment, electroconvulsive therapy (ECT), because he believed that it was too intrusive for a second intervention. Dr. Arora stated that less restrictive alternatives such as psychotherapy or classes at Choate Center were inappropriate because of the respondent's poor insight into his illness and his current symptoms, including delusions and paranoia. He noted that once the respondent's pyschosis was controlled with proper medications,

less restrictive therapies would be appropriate and beneficial. Dr. Arora concluded that the respondent required antipsychotic medication to treat his condition, and that the respondent lacked capacity to make reasoned decisions about his medication.

¶ 19 The respondent testified that he talked with Dr. Arora about the recommended medications and the possible side effects of each medication. He stated that he was only 52 years old, that he might settle down with someone, and that he felt "threatened" by the sexual side effects associated with the antipsychotics. He also stated that he was unwilling to take any of the medication recommended by Dr. Arora because he did not believe he needed medication. He said that he would agree to take a low dose of Risperdal because Dr. Arora said he needed it and because he felt like he had no choice. The respondent testified that he had not been offered counseling during the present admission. He noted that he had participated in outpatient counseling at a counseling center in 2007, and found it beneficial.

¶ 20 During cross-examination, the respondent denied that he had mental illness. He testified that he had been erroneously diagnosed with mental illness in the past because someone provided false and misleading information to the doctor. He also testified that he was taking a class on goal-setting, and he denied that the class included lessons about how to live with mental illness.

¶ 21 At the close of the evidence, the court issued an order authorizing the involuntary administration of psychotropic medication to the respondent for a period of 90 days. This appeal followed.

¶ 22 On appeal, the respondent has acknowledged that the issues raised in his appeal are moot because the orders for involuntary admission and involuntary administration of psychotropic medication were limited in duration and expired by their own terms 90 days after they were issued. He contends, however, that his case falls within recognized exceptions to the mootness doctrine.

¶ 23 Generally, Illinois courts will not decide moot questions, give advisory opinions, or consider issues where the outcome will not be affected no matter how the issues are decided. *In re Alfred H.H.*, 233 Ill. 2d 345, 351, 910 N.E.2d 74, 78 (2009). There are, however, three recognized exceptions to the mootness doctrine. The public interest exception applies when the question raised on appeal is one of a public nature; there is a need for an authoritative determination for future guidance of public officers; and there is a likelihood that the question would recur. *Alfred H.H.*, 233 Ill. 2d at 355, 910 N.E.2d at 80. The collateral consequences exception applies when a party has suffered or is threatened with an actual injury that is traceable to the defendant and likely to be redressed by a favorable judicial determination. *Alfred H.H.*, 233 Ill. 2d at 361, 910 N.E.2d at 83. The "capable of repetition yet evading review" exception applies and allows for review of an issue if the challenged action is of a duration too short to be fully litigated prior to its cessation, and there is a reasonable expectation that the complaining party would be subjected to the same action again. *Alfred H.H.*, 233 Ill. 2d at 358, 910 N.E.2d at 82.

¶ 24 The State has acknowledged that the "capable-of-repetition-yet-evading-review" exception applies, and we agree. The orders authorizing the involuntary admission and

the involuntary administration of medication were 90-day orders, and thus, too short in duration for appellate review. In addition, based on the respondent's limited insight into his mental illness and his history of nonadherence with his medication regimen, there is a reasonable likelihood that he will confront involuntary admission and involuntary administration of psychotropic medication issues in the future. Under the circumstances, the "capable of repetition yet evading review" exception applies, and we will review the respondent's arguments on the merits.

¶ 25 We first consider whether there is clear and convincing evidence to support the circuit court's finding that the respondent is a person subject to involuntary admission under section 1-119 of the Mental Health Code (405 ILCS 5/1-119 (West 2012)).

¶ 26 Section 1-119 of the Mental Health Code defines a "person subject to involuntary admission on an inpatient basis" in pertinent part as: (1) a person with mental illness who because of his illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing himself or another person in physical harm or in reasonable expectation of being physically harmed; or, (3) a person with mental illness: who refuses treatment or is not adhering adequately to prescribed treatment; who, because of the nature of his illness, is unable to understand his need for treatment; and who, if not treated on an inpatient basis, is reasonably expected, based on his behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration to place himself or another at risk for physical harm. 405 ILCS 5/1-119(1), (3) (West 2012). In determining whether a person meets the above criteria, 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 2012). A circuit court's decision on involuntary admission is accorded great deference and will not be overturned on appeal unless it is against the manifest weight of the evidence. *In re Bert W.*, 313 Ill App 3d 788, 794, 730 N.E.2d 591, 597 (2000).

¶ 27 The record shows that when the respondent presented to Choate Center for evaluation on April 22, 2014, he was experiencing delusional thoughts and intense paranoia. His initial diagnosis was psychosis, not otherwise specific. The evaluation team noted that during the evaluation, the respondent became highly agitated and defensive when he was asked about his mental illness and his recent arrest. There is undisputed evidence that the respondent initially refused all psychotropic medication, but then agreed to take a smaller-than-prescribed dose of Risperdal, and that the respondent had threatened to stop taking all medication once he was discharged from the facility. There is also undisputed evidence that the respondent had a history of not adhering to a treatment plan while living in his community.

¶ 28 Dr. Washawsky testified that following the evaluation of the respondent, the evaluation team concluded that the respondent had a mental illness; that he lacked insight into his mental illness, and that due to the mental illness, he had engaged in conduct which led to his court-ordered detention. Dr. Washawsky opined that the respondent had been suffering from delusions and intense paranoia for months prior to the detention; that the respondent was unable to appreciate his need for treatment; and that without inpatient treatment, it was reasonably expected that the respondent's condition would deteriorate to the point that he would be unable to provide for his basic needs and would engage in

conduct that would place him or others at risk for serious physical harm. Dr. Washawsky's opinions were based on the severity of the symptoms, the respondent's poor insight into his condition, and the respondent's refusal to adhere to a medication regimen. Dr. Washawsky also pointed to the respondent's recent contact with the police that resulted in officers drawing service weapons and the emergency order of protection granted to his ex-wife as facts supporting his opinion. The respondent presented no evidence or testimony to contradict or cast doubt on the medical evidence and opinions offered by the State.

¶ 29 In this case, there is clear and convincing evidence to show that the respondent is a person with mental illness who, without inpatient treatment, was reasonably expected to engage in conduct that would place him or others at risk for physical harm. In addition, there is clear and convincing evidence to show that the respondent was refusing recommended treatment; that he was not able to appreciate his need for treatment; and that without the treatment, it was reasonably expected, based on his behavioral history, that his condition would further deteriorate and that he would place himself or others at risk for physical harm. After reviewing the record, we find that the State presented clear and convincing evidence to show that the respondent is a person subject to involuntary admission as defined in sections 1-119(1) and (3) of the Mental Health Code.

¶ 30 The respondent also claims that the State failed to prove that involuntary, inpatient admission was the least restrictive treatment environment available. We disagree. Dr. Washawsky testified that he did not believe a less restrictive treatment environment was appropriate. In addition, the respondent's treatment plan shows that the evaluation team

considered less restrictive treatment settings, but ultimately determined that inpatient treatment was required because the respondent had been unable to adhere to treatment in a community-based setting, and because he had experienced a pronounced deterioration in his mental condition in the months leading up to the detention order. According to the treatment plan, the initial goal was to get the respondent to adhere to the recommended antipsychotic medication regimen. Once that goal was reached, the evaluation team was prepared to provide the respondent with information regarding available outpatient services and an aftercare plan. The respondent presented no evidence to support his contention that a less restrictive treatment environment was appropriate. The State presented clear and convincing evidence to establish that a less restrictive treatment environment was considered, but deemed premature and inappropriate.

¶ 31 After reviewing the record, we find that there is clear and convincing evidence to support the trial court's finding that the respondent is a person subject to involuntary admission under sections 1-119(1) and (3) of the Mental Health Code. The court's decision to involuntarily commit the respondent to Choate Center for a period of 90 days is not against the manifest weight of the evidence.

¶ 32 In the next point, the respondent contends that the trial court erred in ordering the involuntary administration of medication because the State failed to satisfy the statutory requirements for the involuntary administration of psychotropic medication set out in section 2-107.1(a-5)(4) of the Mental Health Code (405 ILCS 5/2-107.1(a-5)(4) (West 2012)).

¶ 33 Section 2-107.1(a-5)(4) states that the court may order the administration of psychotropic medication to a recipient if and only if it has been determined by clear and convincing evidence that the following factors are present:

¶ 34 (A) The recipient has a serious mental illness; (B) that because of the mental illness, the recipient is currently exhibiting: (i) deterioration of his ability to function, as compared with his ability to function prior to the current onset of symptoms for which treatment is being sought; (ii) suffering; or (iii) threatening behavior; (C) that the illness has existed for a period marked by the continuing presence of the symptoms, or the repeated episodic occurrence of these symptoms; (D) that the benefits of the treatment outweigh the harm; (E) that the recipient lacks the capacity to make a reasoned decision about the treatment; (F) that other less restricted services have been explored and found inappropriate; and (G) if the petition seeks authorization for testing and other procedures, that such testing and procedures are essential for the safe and effective administration of the treatment. 405 ILCS 5/2-107.1(a-5)(4) (West 2012).

¶ 35 In determining whether a person meets the criteria specified in paragraphs (A) through (G), the court may consider evidence of the person's history of serious violence, repeated past pattern of specific behavior, actions related to the person's illness, or past outcomes of various treatment options. 405 ILCS 5/2-107.1(a-5)(4) (West 2012).

¶ 36 The State must present clear and convincing expert testimony regarding the above factors to sustain its burden of proof. *In re Vanessa K.*, 2011 IL App (3d) 100545, ¶ 27, 954 N.E.2d 885. Expert testimony is considered clear and convincing when the expert identifies direct observation of the respondent on several occasions as a basis for the

diagnosis. *Vanessa K.*, 2011 IL App (3d) 100545, ¶ 27, 954 N.E.2d 885. An expert may rely on unsubstantiated evidence ordinarily considered hearsay in order to explain the bases of the expert opinions, as long as the evidence is of a type reasonably relied on by experts in the field. *Vanessa K.*, 2011 IL App (3d) 100545, ¶ 27, 954 N.E.2d 885. On appeal, a trial court's factual finding are given great deference and its order permitting the involuntary administration of medication will not be reversed unless it is against the manifest weight of the evidence. *In re Schaap*, 274 Ill. App. 3d 497, 502, 654 N.E.2d 1084, 1087 (1995).

¶ 37 In this case, the respondent presented to Choate Center with active paranoia and persecutory delusions, and he was diagnosed with psychosis, a serious mental illness. Dr. Arora testified the respondent had been treated for mental illness for several years, and that his ability to function in the community had been deteriorating in the months prior to his detention due to nonadherence to his medication regimen. The entry of an order of protection against the respondent and his most recent encounter with the police were evidence of his deterioration. Additionally, the evaluation team noted that during the initial evaluation, the respondent became hostile, uttered verbal threats, and made vague statements about his access to guns. Based on the record, the State presented clear and convincing evidence to satisfy factors (A) through (C) of section 2-107.1(a-5)(4).

¶ 38 There is clear and convincing evidence to show that the beneficial effects of the medication outweigh the risk of harm posed by potential adverse effects. Dr. Arora testified that the recommended antipsychotic medication would control the respondent's delusional symptoms and help with agitation. He stated that once the psychosis was

under control with proper medication, less restrictive therapies could be implemented and the respondent could be reintegrated into his community. Dr. Arora opined that the beneficial effects of the recommended medication, including the respondent's return to his community, outweighed any of the potential side effects. The record shows that during the involuntary admission, the respondent took Risperdal, albeit in smaller doses than recommended, and reported no adverse effects. The respondent did not testify to or present other evidence to show that he suffered any side effects from the recommended medications. Based on the record, there is clear and convincing evidence to satisfy factor (D) in section 2-107.1(a-5)(4).

¶ 39 There is clear and convincing evidence to show that the respondent lacked capacity to make a reasoned decision about whether to take the antipsychotic medications. The record shows that the respondent knew that he had a choice to take or reject the medication, and that he agreed to take a small dose of Risperdal. The record also shows that this was an involuntary admission. During the psychiatric evaluation and during the hearings on the involuntary admission and the involuntary administration of medication, the respondent repeatedly stated that he did not have a mental illness, and that he did not believe he needed antipsychotic medication. The respondent also testified that he had been erroneously diagnosed with mental illness in the past because someone had provided false information about his condition to the physician who made the diagnosis. Further, there was evidence that the respondent threatened to stop taking his medication as soon as he left the hospital. Dr. Arora noted that the respondent's initial refusal of medication led to deterioration of his functioning and contributed to a longer

hospitalization than would have otherwise been required. Dr. Arora opined that interfering pathological perceptions and beliefs prevented the respondent from assessing the legitimate risks and benefits of the recommended medications. There is clear and convincing evidence to satisfy factor (E) in section 2-107.1(a-5)(4).

¶ 40 Finally, there is clear and convincing evidence to show that other less restrictive services were considered, but deemed premature and inappropriate. Dr. Arora testified that less restrictive alternatives such as psychotherapy or classes at Choate Center were inappropriate because of the respondent's ongoing symptoms, including delusions and paranoia. Dr. Arora stated that when the respondent's psychosis was controlled with proper medications, less restrictive therapies would be beneficial. Dr. Arora ruled out the option of foregoing all psychotic medications because it had been tried and found to be inadequate. He also ruled out more aggressive treatment, such as ECT, because he believed it was too intrusive. Dr. Arora also sought authorization for blood tests to ensure the safe and effective administration of the medications. There is clear and convincing evidence to satisfy factors (E) and (F) in section 2-107.1(a-5)(4).

¶ 41 After reviewing the record, we find that there is clear and convincing evidence to establish the presence of each factor set forth in section 2-107.1(a-5) (4). The trial court's decision to permit the involuntary administration of psychotropic medication is not against the manifest weight of the evidence.

¶ 42 Accordingly, the judgment of the circuit court is affirmed.

¶ 43 Affirmed.