2017 IL App (4th) 160739-U

NO. 4-16-0739

FILED
June 15, 2017
Carla Bender
4th District Appellate
Court, IL

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

In re: CYNTHIA M., a Person Found Subject to Involuntary Admission,	)	Appeal from Circuit Court of
THE PEOPLE OF THE STATE OF ILLINOIS,	)	Sangamon County
Petitioner-Appellee,	)	No. 16MH468
v.	)	
CYNTHIA M.,	)	Honorable
Respondent-Appellant.	)	Esteban F. Sanchez,
	)	Judge Presiding.

JUSTICE HOLDER WHITE delivered the judgment of the court.
Justices Steigmann and Pope concurred in the judgment.

ORDER

¶ 1 *Held*: The appellate court dismissed, concluding respondent's appeal challenging the trial court's order for involuntary admission was moot.

¶ 2 In September 2016, respondent, Cynthia M., a patient at Andrew McFarland Mental Health Center (McFarland) engaged in delusional behavior, such as believing the medication and food provided by McFarland staff was poisoned. A treatment coordinator thereafter filed a petition for emergency inpatient involuntary admission. Following a hearing on the petition later that month, the trial court ordered respondent involuntarily committed for a period not to exceed 90 days.

¶ 3 Respondent appeals, asserting the trial court's order for commitment was against the manifest weight of the evidence. For the following reasons, we dismiss the appeal as moot.

¶ 4 I. BACKGROUND

¶ 5 On September 14, 2016, respondent's treatment coordinator filed a petition for the emergency inpatient involuntary admission of respondent, asserting respondent, a person with a mental illness, was (1) unable to provide for her basic physical needs so as to protect herself from physical harm unless treated on an inpatient basis; (2) refusing or not adhering to treatment due to her failure to understand the need for treatment, and her failure to understand will lead to further mental or emotional deterioration if not treated on an inpatient basis; and (3) in need of immediate hospitalization to prevent such harm. Specifically, the petition alleged respondent, who had already been involuntarily committed at McFarland since June 2016 (see *In re Cynthia M.*, 2017 IL App (4th) 160580-U, was engaging in delusional behavior, such as believing her food and medication had been poisoned. Respondent denied suffering from mental illness and only took medication as the result of a court order (Sangamon County case No. 16-MH-280). The petition also noted respondent's history of violence, including a threat to shoot her daughter's boyfriend and an attempt to set her daughter's boyfriend on fire, as well as delusions that her food had been poisoned and that she was dying. Finally, the petition noted respondent had five or six psychiatric hospitalizations within the past year.

¶ 6 Later that month, the trial court held a hearing on the petition, where the court heard the following evidence.

¶ 7 Dr. Aura Eberhardt, a psychiatrist at McFarland, had been providing psychiatric treatment to respondent on a weekly basis since June 2016. According to Dr. Eberhardt, respondent had a diagnosis of schizophrenia. Respondent was suffering from paranoid delusions, believing (1) McFarland staff wanted to kill her, (2) she and Dr. Eberhardt both suffered from spina bifida, and (3) she had a tube inserted into her abdomen that was leaking

from her vaginal area. Dr. Eberhardt found respondent could not rationally plan for her discharge and refused to recertify for Medicaid coverage.

¶ 8 As part of respondent's plan for discharge, Dr. Eberhardt said respondent planned to live with her daughter, would find employment, and possessed private insurance. In reality, respondent's daughter said she could not care for respondent, respondent had not been employed for some time, and she did not have private insurance. When told her discharge plan—to work and live with her daughter—was unrealistic, respondent would become upset.

¶ 9 Respondent was currently on psychotropic medication, but only because the court ordered it in a previous case (Sangamon County case No. 16-MH-280). However, she continued to resist treatment. Even on her current treatment regimen, respondent continued to suffer from delusions. Prior to the court order for medication, Dr. Eberhardt described respondent as (1) very sick, (2) lying in bed all day, (3) spreading hand sanitizer on her body to the extent it caused a severe rash, (4) delusional, and (5) spitting at staff. In her opinion, respondent would return to that same state if discharged.

¶ 10 As for respondent's physical state, Dr. Eberhardt testified respondent was currently eating and bathing without prompting due to being regulated by her medication. However, respondent continued to deny her mental illness and could not understand the need for treatment.

¶ 11 Ultimately, Dr. Eberhardt opined respondent could not provide for her own basic needs and would be a threat to herself or others if not involuntarily admitted for treatment. Dr. Eberhardt considered the possibility of respondent living on her own or with her daughter but found it would be inappropriate. Dr. Eberhardt reached this decision based on respondent's past behavior: (1) attempting to set her daughter's boyfriend on fire, (2) believing she was poisoned

with uranium, and (3) believing the McFarland staff wanted to kill her. Due to her symptoms, Dr. Eberhardt also found respondent inappropriate for placement in a nursing or group home. Accordingly, Dr. Eberhardt recommended respondent be involuntarily committed at McFarland.

¶ 12 Respondent testified she had a monthly income and, if discharged, she agreed to continue her medication. However, by the end of the hearing, respondent said she would only take a placebo because the prescribed medication "upset [her] whole system badly." According to respondent, the placebo consisted of "good chicken broth, good carrots, onion, and they even put broccoli in it now." Respondent testified she could take care of her basic needs, such as going to get her teeth replaced and buying the "good" groceries.

¶ 13 If released, respondent intended to live with her daughter or an aunt, who respondent described as "very ill." She said she made "too much money" to qualify for Medicaid, but she intended to obtain private insurance. She explained she would obtain samples of her medications from various doctors until she obtained insurance.

¶ 14 At the conclusion of the hearing, the trial court found respondent (1) suffered from a serious mental illness, (2) lacked insight into that illness, and (3) would be unable to continue with her prescribed medication if discharged. The court noted the only reason respondent was currently on medication was because she was court-ordered to do so. Because of respondent's past behaviors, the court found respondent would suffer from mental or emotional deterioration that would prevent her from providing for her basic needs. Accordingly, the court granted the petition and ordered respondent involuntarily committed for a period not to exceed 90 days.

¶ 15 This appeal followed.

¶ 16 II. ANALYSIS

¶ 17 On appeal, respondent asserts the trial court's decision to involuntarily commit her was against the manifest weight of the evidence. The State argues respondent's claim is moot. Respondent did not address the mootness issue. Because we find the case is moot and that none of the recognized exceptions to the mootness doctrine apply, we dismiss the appeal.

¶ 18 Respondent's 90-day commitment order expired on its own terms on December 16, 2016. Thus, respondent's case is moot. See *In re Barbara H.*, 183 Ill. 2d 482, 490, 702 N.E.2d 555, 559 (1998) (a case is moot when the original judgment no longer has any force or effect). Generally, Illinois courts do not decide moot questions or render advisory opinions. *In re Alfred H.H.*, 233 Ill. 2d 345, 351, 910 N.E.2d 74, 78 (2009). However, we will consider an otherwise moot case where it falls under a recognized exception. Here, respondent's case does not fall into any of the following three mootness exceptions: (1) the collateral-consequences exception, (2) the capable-of-repetition-yet-evading-review exception, or (3) the public-interest exception. See *id*. This court considers these exceptions on a case-by-case basis. *Id.* at 354, 910 N.E.2d at 79.

¶ 19 A. Collateral-Consequences Exception

¶ 20 In analyzing the collateral-consequences exception, we must engage in a case-by-case analysis of the relevant facts and legal issues to determine whether application of the exception is warranted. *In re Rita P.*, 2014 IL 115798, ¶ 34, 10 N.E.3d 854. "Collateral consequences must be identified that could stem solely from the present adjudication." *Id*.

¶ 21 In this case, respondent fails to assert the applicability of the collateral-consequences exception and also neglects to identify collateral consequences that could stem solely from this adjudication. Additionally, we note respondent has been involuntarily committed on previous occasions throughout her struggle with mental illness. In fact,

respondent was already involuntarily committed at McFarland at the time the petition was filed in this case. Thus, the collateral consequences of involuntary admission have already attached, and the trial court's order in this matter does not merit application of this exception.

¶ 22 B. Capable-of-Repetition-Yet-Evading-Review Exception

¶ 23 The capable-of-repetition-yet-evading-review exception to the mootness doctrine applies where "(1) the challenged action is in its duration too short to be fully litigated prior to its cessation and (2) there is a reasonable expectation that the same complaining party would be subjected to the same action again." *Barbara H.*, 183 Ill. 2d at 491, 702 N.E.2d at 559. The respondent must demonstrate "a substantial likelihood that the issue presented in the instant case, and any resolution thereof, would have some bearing on a similar issue presented in a subsequent case." *Alfred H.H.*, 233 Ill. 2d at 360, 910 N.E.2d at 83. In other words, respondent must show statutory or constitutional errors made during the trial court proceedings could impact a future case against respondent based on the same errors. *Id.* at 358-60, 910 N.E.2d at 82-83.

¶ 24 Due to respondent's history of mental illness, resulting in numerous involuntary commitments and orders to take medication, she likely will face further commitment proceedings pursuant to section 1-119 of Mental Health and Developmental Disabilities Code (405 ILCS 5/1-119 (West 2014)). However, the ruling in this case was based on a unique set of facts—specifically, respondent's delusions that the McFarland staff were attempting to poison her and her denial of any mental-health issues—presented to the trial court during the September 2016 proceedings; any future court ruling must be based on the unique set of facts presented to the court on that future occasion. *Alfred H.H.*, 233 Ill. 2d at 358, 910 N.E.2d at 82. Thus, we conclude the capable-of-repetition-yet-evading-review exception to the mootness doctrine does not apply in this instance.

¶ 25 C. Public-Interest Exception

¶ 26 Finally, the narrowly construed public-interest exception to the mootness doctrine allows a reviewing court to consider an otherwise moot case when (1) the question presented is of a public nature, (2) a need exists for an authoritative determination for the future guidance of public officers, and (3) the question is likely to recur in the future. *Id.* at 355, 910 N.E.2d at 80. Respondent must demonstrate "a clear showing of each criterion." *In re Andrew B.*, 237 Ill. 2d 340, 347, 930 N.E.2d 934, 938 (2010). The exception does not typically apply to cases in which a respondent appeals only the sufficiency of the evidence because the unique set of facts upon which the trial court based its findings impacts only the individual, not the public. *Alfred H.H.*, 233 Ill. 2d at 356-57, 910 N.E.2d at 81.

¶ 27 Because the only potential issue on appeal concerns the sufficiency of the evidence that is unique to respondent, we conclude the question presented is not of a public nature. Moreover, nothing in the record demonstrates the trial court or parties committed a procedural error that requires an authoritative determination for the future guidance of public officers. Additionally, the unique facts considered by the court during the September 2016 proceedings are unlikely to recur in future proceedings against future respondents such that the case presents a matter of public interest. We therefore conclude the public-interest exception to the mootness doctrine does not apply in this case.

¶ 28 Because we have concluded none of the exceptions to the mootness doctrine are applicable to the present case, respondent's appeal is moot.

¶ 29 III. CONCLUSION

¶ 30 Based on the foregoing, we dismiss respondent's appeal as moot.

¶ 31 Dismissed.