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State of Illinois
COMMISSION ON GOVERNMENT
FORECASTING AND ACCOUNTABILITY

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October 31, 2011

MEMORANDUM

TO: The Honorable Patrick Quinn, Governor, State of Illinois
The Honorable John Cullerton, President of the Senate
The Honorable Michael Madigan, Speaker of the House of Representatives
The Honorable Christine Radogno, Minority Leader of the Senate
The Honorable Tom Cross, Minority Leader of the House of Representatives
The Honorable Jesse White, Secretary of State
Michelle R. B. Saddler, Secretary, Illinois Department of Human Services

RE: Advisory Opinion of the Commission on Government Forecasting and Accountability
Regarding the Closure of the Chester Mental Health Center

The Commission met on Thursday, October 27, 2011 at 8:00 am to take final action on the proposed closure of the Chester Mental Health Center and to accept or reject the recommendation for closure submitted by the Department of Human Services for that facility. The Commission, on a vote of 11-0, rejected the recommendation by the Department of Human Services to close the Chester Mental Health Center in Chester, Illinois. A copy of the motion to reject the recommendation for closure and the vote tally is attached.

INTRODUCTION AND BACKGROUND

The Department of Human Services officially notified the Commission on Government Forecasting and Accountability (the Commission) of the intent to close the Chester Mental Health Center (Chester) on September 8, 2011. According to the State Facilities Closure Act (30 ILCS 608/5-10): "In the case of a proposed closure of: (i) a prison, youth center, work camp or work release center operated by the Department of Corrections; (ii) a school, mental health center, or center for the developmentally disabled operated by the Department of Human Services; or (iii) a residential facility operated by the Department of Veterans' Affairs, the Commission must require the executive branch officers to file a recommendation for closure. The recommendation must be filed within 30 days after the Commission delivers the request for recommendation to the State executive branch officer."

The Commission requested the required recommendation on September 14, 2011. The Department of Human Services submitted the recommendation for closure to the Commission on September 23, 2011. Following the State Facility Closure Act requirements for conducting a public hearing within 35 days

after the filing of the recommendation and no more than 25 miles from the facility, the Commission conducted a public hearing regarding the closure of the Chester Mental Health Center on October 12, 2011 at 4:00 P.M. at Chester High School in Chester, Illinois.

The Chester Mental Health Center (MHC) was originally the Chester State Hospital, which was created in 1910 and changed to its current name in 1975-1976. This facility is designed to care for individuals with mental illness in a maximum secure setting. In addition, under Illinois statute, all mentally ill patients who require maximum security must be housed at the Chester MHC. Legislation would need to be passed into law before the individuals at Chester who fall under the current statute could be moved to a different location for housing. These individuals are often transferred to the hospital through the courts or from other facilities because of behavioral issues. The Department of Human Services (DHS) operates 243 beds at the MHC which would be closed under the plan put forth by the Department. As a result of this closure, the Department would designate Alton Mental Health Center as the Maximum Security Hospital for Illinois. The Alton MHC would take in 15 individuals from the Chester facility as an extended care unit. The remainder of the patients at the Chester MHC would be divided among existing facilities. The McFarland MHC in Springfield, the Elgin MHC in Elgin and the Chicago Read MHC in Chicago would all take on new responsibilities to accommodate this change.

Currently, 465 people are employed at the Chester MHC. The Department has stated that they do not know the impact of the closure on their employees until the final closure agreement is negotiated (in their response to the Commission dated September 23, 2011). However, the Department has put forth initial cost estimates for the price to improve existing facilities to handle the inflow of patients from the Chester MHC. The Alton MHC would require \$550,000 for security perimeter fencing, the Elgin MHC would need \$250,000 for security fencing, and the McFarland MHC would need \$3 million for security fencing and unit renovations. It is also estimated that these improvements could take up to a year or more to complete, making the proposed transferring of individuals from Chester MHC to these facilities impossible under the outline proposed by the Department of Human Services.

The FY 2011 cost of operating the Chester MHC was \$34.7 million, of which one half would be potentially recovered if the facility were to be closed at the start of 2012. However, it is likely that this savings would be reduced by additional costs incurred by existing facilities to take in patients from Chester as well as necessary capital investments to upgrade their facilities, as described above. The Department estimates that with the closure of the Chester, Singer, and Tinley Park MHCs, they will still have a \$37.9 million deficit in their FY 2012 budget, which they anticipate addressing through cuts through the rest of their budget.

The Department anticipates that community-based medical and mental health providers will need to increase their responsibilities for acute inpatient psychiatric services to accommodate the changes anticipated by the proposed closure of existing state facilities. DHS states that Illinois will need to work with private hospitals to provide necessary care to an estimated 2,800 admissions per year. The costs of these changes are not certain, though the State will incur at least some of these costs as a result of assuring the availability of services for mental health patients.

The economic impact of the proposed closure of the Chester MHC has been analyzed in a report commissioned through the University of Illinois and submitted to the Commission by DHS. According to the report, the employment at the Chester facility is measured at 485 people (this differs from the documents submitted to the Commission by the Department, which list the staff at 465, but for the purposes of using the data from the report, the figure of 485 is used). In addition, these jobs create 97 additional jobs (total 581), such as support positions and additional employees at businesses to accommodate the Chester employees, in the surrounding community and region. Approximately \$45

million of income can be directly attributed to the facility and employees. Sales and income taxes generated by the economic impact from the Chester facility are also calculated in the report. According to the metrics used by the University of Illinois, the Chester MHC provides approximately \$431,000 in state sales taxes and \$204,000 in state income taxes. The report also notes that there are additional costs to the city and county where the facility is located, as well as to the state. Given the impact of employees and their families on local charities, school districts, etc., it is unknown how much more additional costs may be incurred by the closing of the Chester facility.

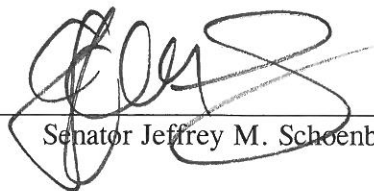
The Commission noted that the Chester MHC has a unique role within the state mental health center community in Illinois. This is due to the sensitive nature of the individuals living in this facility. The Chester MHC residents are primarily the most severely affected individuals who in many cases have been ruled unfit for trial due to mental illness. As a result, the facility itself and the staffing utilized are quite different from any other MHC in Illinois.

The Chester MHC has a number of necessary components in physical design and layout to handle their population. Security fencing and other components are necessary to prevent escape or misbehavior. In addition, according to testimony presented by the Department, these components of physical security would have to be duplicated to a certain extent at other existing facilities to handle any move of the Chester population.

In regards to staffing, it was noted at the Commission meeting to vote on the proposed closure of the Chester MHC that the staff of the facility is predominantly male. At other state mental health centers, the distribution of male to female staff is much closer to an even 50 percent to 50 percent ratio. However, the Chester MHC has a staffing ratio closer to 96 percent male to 4 percent female. This is primarily caused due to the need for very physically strong staff to handle individuals with severe mental and criminal histories who are also physically strong. This staffing situation would likely need to be duplicated at a facility that would take in individuals from the Chester MHC in the event of closure. Without the training and caution utilized by the staff at the Chester MHC, staff at other facilities would be at risk of severe injury.

These facts have weighed heavily on Commission members' minds. After hearing testimony from the Department of Human Services and numerous other individuals and organizations, the Commission members present voted unanimously (11-0) to reject the Department of Human Services recommendation to close the Chester Mental Health Center.

Sincerely,



Senator Jeffrey M. Schoenberg



Representative Patricia R. Bellock

JMS/PRB:dkb

S291 CHESTER Mental Health Center

MOTION 3 VOTE

CHESTER MENTAL HEALTH CENTER

Meeting Date: Thursday, October 27, 2011 – 8:00 a.m.

Room 400, Capitol Building

<i>Commission Member</i>	<i>YES</i>	<i>NO</i>
Representative Patricia Bellock (R)	✓	
Senator Michael Frerichs (D)	✓	
Representative Kevin McCarthy (D)		
Senator Matt Murphy (R)	✓	
Representative Elaine Nekritz (D)	✓	
Representative Raymond Poe (R)	✓	
Representative Al Riley (D)	✓	
Senator Suzi Schmidt (R)	✓	
Senator Jeffrey Schoenberg (D)	✓	
Senator David Syverson (R)	✓	
Senator Donne Trotter (D)	✓	
Representative Michael Tryon (R)	✓	
VOTE: MOTION 3	11	0

MOTION: Tryon SECOND MOTION: Schmidt

→ MOTION to REJECT ADMINISTRATION RECOMMENDATION