

Tinley Park
Mental Health Center

Public Comments

As of 03/08/2012



February 29, 2012



Dan R. Long
Executive Director
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, Illinois 62706

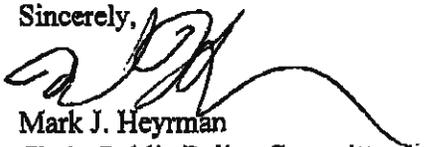
Re: Proposal to Close Tinley Park Mental Health Center

Dear Director Long:

Enclosed please find comments from Mental Health America of Illinois concerning the Department of Human Services proposal to close Tinley Park Mental Health Center. I would appreciate it if these comments could be provided to the members of the Commission prior to the March 12, 2012 hearing.

Thank you for your attention.

Sincerely,



Mark J. Heyrman
Chair, Public Policy Committee
Writer's direct line: 773-753-4440

enclosures.

www.mhai.org

70 E. Lake Street • Suite 900 • Chicago, Illinois 60601 • (312) 368-9070 • FAX (312) 368-0283

A Proud Member of
**Community
Health Charities**
WORKING FOR A HEALTHY AMERICA



Concerns of MHAIA Regarding Proposal to Close Tinley Park

As a member of the Mental Health Summit, MHAIA supports the statement The Summit provided to the Commission on Government Forecasting and Accountability at its February 7th hearing in Springfield. This statement is enclosed. As a supplement to the Summit's statement, we are submitting this memorandum detailing legal rights currently available to patients in state hospitals but not private hospitals. When the State closes Tinley Park, it must ensure by contract or by statute that important legal rights currently available to people in state facilities will also be available to such individuals in private hospitals. These rights are spelled out in the Mental Health and Development Disabilities Code:

1. The right to treatment by challenging a denial of admission (405 ILCS 5/3-405) or discharge decision (405 ILCS 5-903).
 - a. Whenever a person is denied admission to a Department facility, the person seeking admission is immediately given written notice to right to request review of the denial. 405 ILCS 5/3-405.
 - b. Whenever a Department facility wishes to discharge a recipient, it must give written notice of discharge to a recipient, his attorney, and guardian. A recipient, his attorney, or guardian may object to a discharge. Upon receipt of an objection, the facility director must promptly schedule a hearing to be held within 7 days at the facility pursuant to 405 ILCS 5/3-207.
 - c. Because patients currently served by Tinley Park are without Medicaid or private insurance, private hospitals are both less likely to admit them and more likely to discharge them prematurely. Premature discharge without a proper discharge plan can result in serious harm to a persons with serion mental illness.

2. The right to writing materials, postage, and telephone funds. 405 ILCS 5/2-103.
 - a. Because patients currently served by Tinley Park are indigent and unable to purchase these materials themselves, this statutory provision is necessary to ensure that such patients are able to communicate effectively with distant friends, family, and counsel.

3. The requirement that each state-operated facility must publish a quarterly report stating the numbers of persons who were determined to meet the standard for administration of psychotropic medication and electroconvulsive therapy, but for whom it was determined that the filing a petition to the court was not warranted. 405 ILCS 5/2-107.3.

www.mhai.org

- a. This requirement allows for public oversight of State-operated facilities. Closing Tinley Park and moving recipients to private facilities would undermine the safeguard of public oversight. Historically, different state hospitals have administered medication at varying frequencies, and this procedural requirement allows advocacy groups to identify which hospitals are systematically underserving persons with serious mental illnesses.
4. The requirement that, whenever psychotropic medication is refused, a Department physician must state in writing whether the recipient meets the standard for administration under 2-107.1 of the Code. If the physician determines that the recipient meets the criteria for administration of medication under 2-107.1, they must petition the court for administration. 405 ILCS 5/2-107(h).
 - a. This requirement ensures that, when necessary, hospitals petition the court for involuntary administration of medication or electroconvulsive therapy. Along with the requirement listed above in item 3, this statutory provision guards against hospitals underserving the mentally ill by declining to administer psychotropic medication due to the costs associated with court proceedings.
 - b. This statutory right is deeply connected to Section 2.c. of the Mental Health Summit's submitted statement. The burden on state hospitals from these court proceedings is typically lessened by the fact that many state hospitals have the capacity to have such a court hearing on-site. Private hospitals will be required to send at least one expert some distance to testify in court and pay for the secure transportation of the respondent to and from court. If the persons currently served at Tinley Park will now be served by private hospitals, the State must provide funding to cover these costs.

Mental Health America of Illinois supports the closing of Tinley Park. However, when the State decides to close a state facility, it must provide sufficient funding and a comprehensive plan to guarantee adequate treatment in alternative settings. It is vital that there be a transparent process which insures that all of the above provisions are in any contracts which the state negotiates with private hospitals. We are particularly concerned that no negotiations take place until the state announces in public what services (including those listed above) private hospitals will be required to provide.

Mark J. Heyrman
Chair, Public Policy Committee
Writer's direct line: 773753-4440

MENTAL HEALTH SUMMIT

Invest in Mental Health. Treatment Works.

6020 S. UNIVERSITY AVE. • CHICAGO, IL 60637 • (773) 702-9611 • (773) 702-2063 (FAX)

Summit Concerns About the Decision to Close Tinley Park Mental Health Center

1. The State must comply with the Community Reinvestment Act. 405 ILCS 30/4.4
 - a. The CRA requires all funds saved by the closure of a state psychiatric hospital to be reinvested in the mental health system.
 - b. The State's has announced that it will violate the CRA since less than half of the funds (only \$8.9 million out of \$20 million) which will be saved will be spent in the mental health system.

2. Plans for replacing Tinley Park's inpatient capacity must reflect its unique role.
 - a. Tinley Park is an acute care facility. Concepts like "Money Follows the Person" apply only to long-term care facilities (like Jacksonville), not to acute care facilities like Tinley Park. The replacement plan must reflect this reality. To be specific, this means the focus must be on the 2,000 people per year served by Tinley Park, not just on the 40 to 50 people who might be in Tinley Park on the day it closes.
 - b. Tinley Park serves almost exclusively persons without insurance and who are not eligible for Medicaid. Plans for replacing Tinley Park must include funding to insure community services are available for the non-Medicaid indigent population and funding to private hospitals to perform comprehensive discharge planning and linkage for persons with serious mental illnesses. The State should also apply to the Federal government for early permission to expand its Medicaid services in advance of the 2014 start date for the Patient Accountability and Affordable Care Act.
 - c. Tinley Park has the ability to serve persons needing involuntary commitment and involuntary medication hearings because commitment and medication hearings are held at the facility and participating in the hearings is part of the duties of the psychiatrists and other persons who are Tinley Park employees. Funding must be provided to private hospitals to pay psychiatrists for their time and pay the hospital for the cost of transporting patients to court for hearings. No such funding source currently exists.
 - d. People in state facilities like Tinley Park have important legal rights under the Mental Health and Developmental Disabilities Code that are not available to people in private hospitals. The state must insure (by contract and/or statute) that

- private hospitals chosen to serve the Tinley Park population honor these important rights. Among the important rights afforded only to persons in state hospitals are:
- i. The right to challenge a denial of admission. 405 ILCS 5/3-405.
 - ii. The right to challenge a transfer to another facility. 405 ILCS 5/3-910.
 - iii. The right to challenge a discharge decision. 405 ILCS 5/3-903.
- e. The current Medicaid rates paid to private hospitals have substantially contributed to the loss of more than 1,000 private psychiatric beds in the last 15 years. The state must commit itself to set rates high enough to insure adequate and humane inpatient mental health services.
 - f. The State must assess the physical layout of any new units a private hospital proposes to open to serve Tinley Park area residents to insure that these units are appropriate to the clinical and safety needs of this population.
 - g. The state must create a transparent process so that advocates can be assured that contracts with private hospitals replacing Tinley Park require those hospitals to provide all of the services currently being provided at Tinley Park. Preferable the state should publish a Request for Proposals.
3. Increased community resources could reduce the need for inpatient capacity in the Tinley Park service area and save the State money. DHS must commit itself to a plan which provides an integrated and coordinated continuum of care and services from crisis through recovery. However, we are concerned because:
- a. Cuts in funding for non-Medicaid persons has reduced the capacity of community providers to serve the population being served by Tinley Park.
 - b. The state has not committed itself to provide funding, including realistic rates, to insure the provision of necessary services, including but not limited to:
 - i. The Living Room or other respite services
 - ii. Crisis services
 - iii. Supportive Housing
 - iv. Substance abuse services and services for those with co-occurring disorders
 - v. Assertive Community Treatment (ACT) and enhanced ACT
 - vi. Supported employment
 - vii. Peer support services
 - viii. Psychiatric services
 - ix. Psychosocial rehabilitation
 - x. Access to psychotropic medications
 - c. DHS should assess the need for each of these services and create a realistic budget to insure that the services actually will be provided. It is not sufficient to announce that ACT, for example, is an authorized service but then set rates which make it unlikely that this extremely important service will actually be available.
4. In the absence of a comprehensive, adequately-funded plan, the entire Chicago region will be negatively affected by the closure of Tinley Park.

- a. Non-Medicaid patients no longer served by Tinley Park will have to share the limited number of beds at the remaining Chicago area hospitals (Reed, Madden and Elgin).
 - b. DHS has no plan to increase acute beds at these facilities.
5. In the absence of a comprehensive, adequately-funded plan, county and municipal governments will be forced to bear substantial additional financial burdens if Tinley Park closes
 - a. Police have become the first responders to mental health emergencies created by the state's longstanding failure to fund the mental health service system
 - b. Criminal courts will bear additional burdens because of the State's decision not to provide treatment to people with very serious mental illnesses
 - c. County jails and municipal lockups will bear the cost of housing and treating persons with mental illnesses in inappropriate settings.
 - d. Homeless services will bear additional burdens
6. In the absence of a comprehensive, adequately-funded plan, emergency departments will be further burdened with persons with serious untreated mental illnesses if Tinley Park closes.
 - a. Because of the substantial existing shortage of inpatient psychiatric beds, persons with serious mental illnesses are already forced to wait for days in emergency departments.
 - b. Because of the substantial existing shortage of inpatient psychiatric beds, persons with serious mental illnesses are already being housed in general medical units of hospitals which do not have a psychiatric unit.
7. The main provisions of the Patient Accountability and Affordable Care Act (PAACA) are scheduled to take effect in 2014. If implemented, it is likely that the PAACA will reduce the need for facilities like Tinley Park. However, it is important that the State not eliminate state-funded mental health services until the PAACA actually takes effect because:
 - a. The PAACA may be found unconstitutional by the United States Supreme Court
 - b. If a Republican is elected President in November, it is likely that the PAACA will be repealed. (Every Republican candidate supports repeal.)
 - c. The effects of the PAACA on Illinois' need for state-operated inpatient beds are hard to predict.
 - d. The prospect that the PAACA will take effect in 2014 should convince us to do everything in our power to maintain (or improve) the mental health system until that time. People who are harmed in 2012 and 2013 if Tinley Park is closed without adequate planning and replacement services will take little comfort from the idea that, if only they had stayed well until 2014, that harm would not have occurred.

8. Even though DHS has been working to close Tinley Park since at least September, DHS has just begun to engage advocates and providers in planning to insure adequate and humane care and services to the persons who will no longer be served when Tinley Park closes. DHS must ensure that this process is effective.
9. Previous closures of state hospitals have taken longer than the time period allotted by DHS for the closure of Tinley Park. DHS must create a realistic timeline for this closure that ensures the safety and well-being of persons with serious mental illnesses.

Mark J. Heyrman
Kyle Lawrence
Summit Facilitators

MENTAL HEALTH SUMMIT

Invest in Mental Health. Treatment Works.

6020 S. UNIVERSITY AVE. • CHICAGO, IL 60637 • (773) 702-9611 • (773) 702-2063 (FAX)

Summit Members

Alexian Brothers Center for Mental Health/Behavioral Health Hospital	Lutheran Social Services of Illinois
Anixter	Mental Health America of Illinois
Catholic Archdiocese of Chicago, Commission on Mental Illness	Mental Health Consumer Education Consortium
CAUSE	Mental Health Services—DuPage County Health Department
Child and Adolescent Bipolar Foundation	Midwest Asian Health Association
Community Behavioral Healthcare Association of Illinois	National Alliance on Mental Illness Cook County North Suburban
Community Counseling Centers of Chicago	National Alliance on Mental Illness DuPage County
Community Mental Health Board of Chicago	National Alliance on Mental Illness Greater Chicago
Depression and BiPolar Support Alliance	National Alliance on Mental Illness Illinois
Domestic Violence and Mental Health Policy Initiative	National Alliance on Mental Illness Will County
Equip for Equality, Inc.	National Alliance on Mental Illness South Suburbs of Chicago
Health and Disabilities Advocates	National Alliance on Mental Illness Southwestern Illinois
Healthcare Alternative Systems	National Association of Anorexia Nervosa and Associated Disorders
Heartland Alliance	National Association of Social Workers Illinois Chapter
Human Service Center	New Foundation Center
Illinois Association of Community Mental Health Authorities	Next Steps
Illinois Association of Rehabilitation Facilities	OCD--Chicago
Illinois Childhood Trauma Coalition	Recovery, Inc.
Illinois Council on Problem Gambling	Sankofa Organization of Illinois, Inc.
Illinois Counseling Association	Sonia Shankman Orthogenic School of the University of Chicago
Illinois Hospital Association	Suicide Prevention Association
Illinois Mental Health Counselor's Association	Supportive Housing Providers Association
Illinois Mental Health Planning and Advisory Council	Thresholds, Inc.
Illinois Rural Health Association	Trilogy
Illinois Psychiatric Society	University of Chicago Foundation for Emotionally Disordered Children
Illinois Psychological Association	Will County Health Department
Illinois Society for Clinical Social Work	
John Howard Association	
Kendall County Health Department	
Latino/a Mental Health Providers Network	
League of Women Voters of Illinois	

Testimony to Illinois Commission on Government Forecasting and Accountability
March 8, 2012

By: William L. Gorman, Executive Director
Statewide Independent Living Council of Illinois

My name is William Gorman and I am the Executive Director of the Statewide Independent Living Council of Illinois. Per federal law, the SILC of Illinois has responsibility for developing a state plan for independent living services across Illinois. SILC of Illinois supports the closure of the Tinley Park Mental Health Center as long as there is a concrete investment of funding to develop community capacity to support the closure of Tinley Park.

We believe that the debate regarding institutions vs. community services needs to move to a practical problem solving methodology to ensure the expansion of community services. Numerous studies verify that individuals with disabilities are safer, healthier, acquire skills at a greater rate, and have a higher quality of life in the community. The State of Illinois needs to pursue the best options for persons with mental health conditions instead of continuing to depend on institutional models that are outdated because they are the only option presently available.

Illinois can successfully close the Tinley Park Mental Health Center. Twenty years ago, the State of Pennsylvania successfully closed the Byberry state-operated hospital by utilizing a “money follows the person” model insuring a humane comprehensive system of care within local communities for individuals exiting and being diverted from institutions. Similar to the present economic conditions we have in Illinois, Byberry closed with only a fragmented system of community services in place and set a standard for other states to follow. Additionally, due to an emphasis placed on recovery-oriented services by the Illinois Department of Human Services/Division of Mental Health, Illinois is better positioned to offer the critical element of professional peer-delivered services that Philadelphia began providing twenty years ago. The development of community capacity utilizing evidence-based models such as Permanent Supportive Housing, Consumer-Operated Services, Assertive Community Treatment, Supported Employment, Family Psychoeducation, MedTeam (Medication, Treatment, Evaluation and Management), and Illness Management and Recovery will ensure the successful transition of individuals from the Mental Health Centers to the community. Additional money follows the person funding should be allocated to local crisis alternatives such as the Living Room model and short-term inpatient psychiatric care within community hospitals that offer established recovery-oriented services to prevent and minimize the need for future hospitalizations.

It is past time for Illinois to embrace psychiatric crisis alternatives that are consistent with the Olmstead Decision and the Presidents New Freedom Commission on Mental Health. We are cognizant and sensitive to the concern over job loss; however, jobs lost at Tinley Mental Health Center will be created in the community to serve individuals transitioning out of Tinley Park to community supports and services. Regardless, the preservation of state jobs cannot trump the rights of individuals with

psychiatric disabilities to live in the community. We cannot continue to use individuals with mental health conditions as economic commodities to maintain state employment. Instead, we need to provide options which cultivate an individual's ability to live, work, learn and fully participate in the local community.

We can follow the lead of other states faced with transitioning from an institutional approach to a community-based approach. On August 29, 2011 the Vermont State Hospital was destroyed by Tropical Storm Irene and fifty-one persons were evacuated to several places throughout the state. Since that time, stakeholders have worked diligently to promote final closure of the hospital with the development of community alternatives. In October 2011, Governor Peter Shumlin announced the hospital would not re-open. This is an excellent example of how a crisis became a major opportunity for persons with mental health conditions.

We don't have to wait for a natural disaster or a lawsuit to give persons with mental health conditions an opportunity to live in the least restrictive and most recovery-oriented environment possible. The time for inclusion is now. The SILC of Illinois encourages COGFA to recommend the closure of the Tinley Park Mental Health Center with the needed appropriation of funds to transition individuals to the community and prevent the need for future re-institutionalization.
