



Rod R. Blagojevich, *Governor*

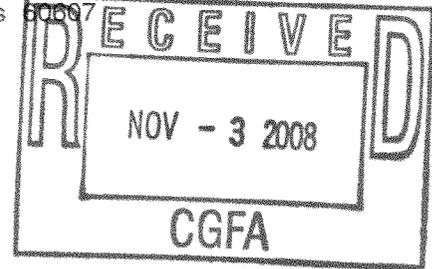
Illinois Department of Human Services

Carol L. Adams, Ph.D., *Secretary*

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

November 3, 2008

Senator Jeffrey M. Schoenberg
Representative Richard P. Myers
Executive Director Dan R. Long



Dear Messrs. Schoenberg, Myers and Long:

On September 5, 2008, we notified the Commission on Government Forecasting and Accountability (CGFA) of the intention of the Department of Human Services (DHS) and its Division of Mental Health (DMH) to transfer existing bed capacity (and associated staff members) from the Tinley Park Mental Health Center (TPMHC) in Tinley Park, Illinois, to the Chicago Read Mental Health Center (Chicago Read) and the John J. Madden Mental Health Center (Madden). In order to ensure transparency during this process we have opted to act in compliance with the timelines and other requirements of the State Facilities Closure Act (Act).

On September 18, 2008, DHS received a request from CGFA for the filing of our "official recommendation of closure". Please accept the following details as our official recommendation, consistent with the requirements of the Act and as outlined in your September 18, 2008 correspondence.

Tinley Park Mental Health Center Replacement Plan

Tinley Park Mental Health Center is one of nine psychiatric hospitals operated statewide by DHS' Division of Mental Health. These psychiatric hospitals provide inpatient psychiatric care to persons with mental illnesses. They also supplement and support private community based hospitals especially for those persons with unique or hard to treat illnesses. Additionally, State-operated hospitals have implemented state-of-the-art programming that supports a wider continuum of care by contracting with local outpatient mental health providers. Unlike most State-operated hospitals, TPMHC does not care for those under court order as unfit to stand trial, not guilty by reason of insanity or guilty but mentally ill, or those deemed sexually violent.

The State-operated hospitals are all responsible for the inpatient hospital service needs of residents within a distinct geographic region, commonly known as a catchment area. The catchment area for TPMHC is commonly referred to as Metro South or Southland. This area represents the south side of the City of Chicago at 75th Street and south; the south suburban townships of Cook County; and the counties of Will, Grundy and Kankakee.

History and Decision Making Process

In September 2004, the Secretary DHS appointed a task force to create a vision for the mental health service delivery system for the Metro South region. The Secretary called for a “bold” vision; a vision that represented the best efforts of the Task Force to think creatively and long-term about an optimal mix of inpatient and outpatient mental health services and about the community supports deemed necessary for facilitating recovery and resilience for consumers in the region.

In May 2005, after nine months of work, the Task Force presented their “vision” to the Secretary. As a result, the following mission and vision statements were developed.

MISSION: *Through collaborative and interdependent relationships with system partners, it is the Mission of the DMH, the State Mental Health Authority, to assure the provision of a recovery-oriented, evidence-based, community-focused, value-dedicated and outcome-validated mental health service system, in order to build the resilience and facilitate the recovery of persons with mental illnesses.*

VISION: *It is the vision of the DMH that all persons with mental illnesses recover, and are able to participate fully in life in the community. We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports essential for living, working, learning, and participating fully in the community.*

The TPMHC replacement plan was developed to be consistent with the stakeholder mission and vision for the Division of Mental Health. The redesigned facility and overall goals of the project include:

- The construction of a new 100-bed replacement hospital that will expand access for the growing Southland region. The bed size was determined by a comprehensive analysis of bed need;
- Utilizing a public/private partnership model to leverage the strengths of the public system and those of private system by offering an alternative to the present service delivery and financing model. This new model could establish an integrated service delivery system that includes the full array of public and private health expertise while minimizing additional costs to the State;
- Attempt to ensure that all staff will remain employed and to provide new employment opportunities for the Southland region;
- Project will occur in phases to minimize disruption in access to services during construction;
- Foster inpatient care that is consumer-focused, builds on the strengths of a public hospital system of care, and ensures that consumers discharged from the new hospital are successfully connected with community-based treatment options;
- Provide consumers and their families with high quality information about their treatment and offer programs that support customer engagement, peer-led recovery methods and general education;
- A location with easy access to public transportation for consumers, their families, and staff;

- Ready access to a major medical center for patient support and access to a major academic setting with healthcare programs to ensure adequate professional recruitment opportunities and potential training programs; and
- No net loss to the region in dollars or services.

Context of Decision Making DMH has determined that, in the best interests of the State and in keeping with its responsibilities as the mental health authority in Illinois, the construction of a replacement hospital building in the Southland area is required and necessary. Factors which DMH considered include:

- the aging status of the infrastructure that supports TPMHC and the continuing financial drain this has on the existing hospital program;
- the need to embrace and develop new state-of-the-art changes in clinical practice techniques and environmental standards, not currently allowable at TPMHC, in order to continue to meet the needs of persons with severe and persistent mental illness;
- the projected growth in population for southern Cook, Will, Grundy and Kankakee counties and the great impact this has on the service needs for this region; and
- the permanent closure of the Howe Developmental Center, which financially absorbed a significant portion of the obligation for campus space and other support resources.

Upon the departure of the Howe Developmental Center it will become fiscally untenable, financially unsound and clinically inappropriate for TPMHC to remain on the campus as currently configured while incurring the full debt and obligations for maintenance, upkeep and operations of an extensive facility and campus, much of which (1) serves no function or support to TPMHC, (2) no longer adheres to twenty-first century clinical standards of care; (3) is in extremely poor condition and not conducive to consumer (patient) and staff safety; (4) lacks adherence to current and projected regulatory standards; (5) fails to be environmentally supportive to the principles of recovery as known today; and (6) would require the investment of vast amounts of money and resources by the State to maintain.

Actual problems with TPMHC's lack of compliance with current regulatory standards, poor adherence to life safety standards, and the lack of patient-related environmental supports at the hospital has resulted in TPMHC being placed on preliminary denial of accreditation by the Joint Commission. TPMHC has since been reaccredited after substantial time and cost to the State to make repairs and modifications to the facility. Earlier in 2007, TPMHC was decertified by the Center for Medicaid & Medicare Services (CMS); as a result, the State has been unable to bill the federal government for Medicare and Medicaid patients. The State is still awaiting a CMS survey for recertification.

THE PLAN

After an RFI, which was issued on November 3, 2008, and following the release of a CGFA opinion and completion of the RFP process, DMH would enter into a contract with vendor in approximately mid-May 2009. This contracted vendor will have three deliverables:

- (1) Assist DMH in the construction of the replacement hospital (on a site yet to be determined);
- (2) Assume management control of the existing TPMHC under a purchase of care agreement on or around July 2009; and
- (3) Upon occupancy of the newly constructed facility, assume full clinical and administrative control over all staff (potentially including unionized State employees) under a purchase of care contract.

Currently, DMH is involved in evaluating potential sites for the new replacement hospital, sites that respond to and maintain the mission, vision and goals outlined earlier in this document. State owned property is under consideration as well as the identification of existing privately owned facilities and land that might be suitable for retrofitting.

Financing options are under review, including the possibility that the vendor will assume responsibility for the financing, either through private mechanisms or through a hybrid public/private model.

As stated in our goals, DMH believes it can absorb any adversely affected employees within the system. DMH will engage in discussions with the bargaining units to assure the least amount of disruption and burden possible on the staff assigned to TPMHC. At the same time, we don't want to adversely impact patient access to care.

Finally, we fully intend to engage our community partners – consumers, advocacy groups, families, and other mental health providers – to assist us as we move forward in the implementation of our plan. It is our belief that by moving forward with a public private partnership we will accomplish our goals, including:

- The strengthening of our quality of care and best practices through innovative private sector ideas that can be more quickly implemented in an environment that is nimble and flexible enough to respond to patient needs and state needs and aligned with best and evidence based practices;
- Increasing the efficiencies which will result in higher rates of consumer satisfaction, the ability to serve more patients, improved staff productivity and retention, and effective use of State dollars;
- Continued planning with families and residents to better respond to their needs; and
- Reduction of the State's long-term obligation to maintain aging infrastructure.

Our answers to the ten requested questions below are based on the information available as of the date of submission.

1) The location and identity of the State facility proposed to be closed:

Tinley Park Mental Health Center
7400 W. 183rd Street
Tinley Park, Illinois 60477

2) The number of employees for which the State facility is the primary stationary work location and the effect of the closure of the facility on those employees:

As of September 30, 2008, there were 205.5 budgeted employees and 197.3 on-board employees at TPMHC. Until negotiations with bargaining units proceed and are completed, the full and correct determination of staffing patterns for FY10, or beginning in July 2009, are unclear.

3) The location or locations to which the functions and employees of the State facility would be moved:

The DMH currently operates nine hospitals Statewide, three of which, including TPMHC, are located in and responsible for coverage to the greater Chicago area. Services will remain at the TPMHC.

No changes in the location of care, additions or deletions (away from the current TPMHC) are anticipated at this time.

4) The availability and condition of land and facilities at both the existing location and any potential locations:

The availability of the land and facilities at TPMHC is sufficient to handle the current and anticipated patient care needs beginning July 2009.

Upon determination, DHS will engage in negotiations with all current tenants, other than DHS' Division of Developmental Disabilities and DMH, to insure that they receive timely notification and to provide other State agencies with assistance as available through the Department of Central Management Services in securing alternate space.

5) The ability to accommodate the functions and employees at the existing and at any potential locations:

The existing facilities on the TPMHC campus will be consolidated into the use and occupancy of a single building known as the Maple Building. This is necessary in order to streamline and reduce costs, enhance security, and vacate all other campus buildings that will no longer serve a function to or operate in support of DHS TPMHC.

On or about July 2009, all mental health operations will be consolidated in the Maple Building. This building, which was built in 1967, has 80,132 square feet. This building is four stories in height and plans are for two (2) patient (consumer) units on the 2nd and third floors. Plans, by floor, for the entire building are:

1st floor: Security, offices, Central Admissions (as current) and medical records storage;

2nd floor: Consumer (Patient) care units configured for female consumers on one side and male consumers on the other side with approximately twenty (20) beds on each side to allow for admission peaks and special patient care needs.

This unit has additional space for medical, clinician and staff offices, a large conference room for group activities and for use as a dining hall.

3rd floor: Consumer (Patient) care units configured for female consumers on one side and male consumers on the other side with approximately twenty (20) beds on each side to allow for admission peaks and special patient care needs.

This unit has additional space for medical, clinician and staff offices, a large conference room for group activities and for use as a dining hall.

4th floor – East side: Rehabilitation programs and group room use.

4th floor – West side: Hospital administration and Regional staff offices, one (1) small conference room, one (1) large conference room, and other offices as needed.

6) The cost of operations of the State facility and at any potential locations and any other related budgetary impacts:

The cost of operations at TPMHC, as projected beginning July 1, 2009, will be \$20.9 million.

7) The economic impact on existing communities in the vicinity of the State facility and any potential facility:

This matter is addressed in the enclosed report as commissioned and completed by the University of Illinois Champaign-Urbana.

8) The ability of the existing and any potential community's infrastructure to support the functions and employees:

The plans and recommendations as discussed represent marginal increases or decreases in State services all within the current structures and location of TPMHC. These minor modifications in programming will not add to or impact community infrastructures in any noticeable manner.

9) The impact on State services delivered at the existing location, in direct relation to the State services expected to be delivered at any potential locations:

State services will remain the same in character at TPMHC. Thus, there is no impact on State services at either the existing or potential sites.

10) The environmental impact, including the impact of costs related to potential environmental restoration, waste management, and environmental compliance activities:

The project, as outlined herein, contemplates occupancy of the campus and services of the State terminating or being greatly constricted at this campus. The campus has operated under the existing conditions and the remaining TPMHC services will continue to so operate until a replacement facility is built and occupied. At that point, DMH will complete its transition from this campus and no other DHS or State services will be located on this site

The Capital Development Board (CDB) contracted for a formal review of the campus between 1989 and 1996 by a licensed asbestos building inspector; various types of asbestos containing material (ACM) was identified through out the campus, tunnels, etc.

The reports are available from DHS or the CDB. There are underground storage tanks (UST) that were completely renovated approximately ten (10) years ago and met Environmental Protection Agency guidelines for USTs. Other hazards, storm-water drainage, potential PCB or hexavalent chromium exposures are unknown at this time. However, upon determination by DHS that this campus is excess property, in whole or in part, the State, through CMS, will assess and determine these issues and their relationship to sale attractiveness and sale price potential. Remediation as required or necessary will likely be part of transaction details after the departure of DHS/DMH from this site.

Should you have any questions or require further information, please do not hesitate to contact me.

Sincerely,



Lorrie Rickman-Jones, Ph.D.
Director, Division of Mental Health



Carol L. Adams, Ph.D.
Secretary