Tinley Park Mental Health Center

Written Testimony and Records of Appearance for 11/1/2011 meeting
### Admissions/Triage Count By Admitting Facility

**Report Date Range: 07/01/2010 to 06/30/2011**

<table>
<thead>
<tr>
<th>Admitting Facility</th>
<th>Total Count</th>
<th>Admissions Count</th>
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**Grand Totals:**

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Honorable Members of the Commission on Government Forecasting and Accountability:

Thank you for this opportunity to speak on behalf of the Tinley Park Mental Health Center. The closing of this facility at a time when unemployment in Cook County is a staggering 10.9% would be extremely irresponsible and would further damage a fragile economy. In order for our state to prosper, we must strive to create jobs, not take them away.

Closing this facility will result in 195 lost jobs and 75 displaced patients. If we in the legislature stand by and allow this closure to happen without considering all other options, we are failing to put into practice our pledge to protect and create jobs. We are also failing to protect our most vulnerable citizens, and if this plan succeeds they will be displaced from their home around the holidays, away from family and familiar surroundings.

Please consider as well that these residents suffer from acute mental illness, and without treatment would potentially be incarcerated or on the streets. My constituents have spoken to me with their letters, phone calls and pleas to consider that these are human beings that will be stripped of their sense of security and well being if they are displaced. In addition, I have received reports of Tinley Park's interest in the land that the mental health center sits on for other developments that could fill the coffers of the struggling local government revenues. I understand that everyone is feeling the pain of the economic downturn, but added revenue need not be at the expense of these patients and their caregivers.

Governor Quinn proposes that closing this facility would assist our State in closing the $313 million in budgetary shortcomings. However, numbers aside, if we want to get the Illinois economy on the path towards recovery, closing a facility that houses individuals with acute mental illness is not the solution. Closing this facility would dramatically alter revenues to the local economy. Closing this facility would result in more layoffs. Closing this facility is just not the answer, and it is not the right thing to do during the aftermath of a great recession.
In conclusion, tough decisions are a necessary evil due to the increasing budget shortfall and the inability of the State to pay its bills in a timely manner. But shuttering the Tinley Park Medical Center will only put a temporary band-aid on the problem, and will cause Illinoisans already hit hard by job loss to suffer more. In order for our state to have a strong recovery, we need to continue to work collectively towards job creation and finding responsible ways to trim out frivolous expenses. Closing this facility and placing the burden solely on our most vulnerable citizens is not the answer.

Sincerely,

Emil Jones, III
State Senator – 14th District
November 1, 2011

Honorable Members of COGFA

Concerning: The closing of Tinley Park MHC, and the closing and restructuring of DMH state-run inpatient facilities

Lutheran Social Services of Illinois (LSSI) appreciates this opportunity to present its views on the impact of closing Tinley Park MHC. LSSI opposes the closing of Tinley as it is currently planned.

As you will recall, when closing Tinley Park was proposed three years ago, the importance of Tinley to the southland area was well understood. Therefore, it was then proposed that a ‘state-of-the-art’ inpatient facility be built in the south metropolitan area. At that time, the new facility was seen as increasing DHS ability to ‘implement new service delivery models’ that support recovery.

Since that time, under admitted budgetary pressures, the plan has changed from modernizing to closure. During the FY 11, Tinley treated nearly 2,000 patients, a number that has steadily increased over the past several years. Where will these patients in need of acute care go? What will happen if Chicago Read is converted to extended-care, as planned? Madden MHC will be the only alternative for uninsured patients north of I-80. Currently, Madden is frequently full.
Lutheran Social Services of Illinois

How will these changes affect uninsured in need of acute care throughout Chicago? Currently, at LSSI’s Project Impact at Swedish Covenant Hospital, individuals who are suicidal are waiting for days to be transported to a state-run facility. What will the wait be if Read and Tinley are no longer available? Concurrently, community mental health centers continue to attempt to manage with decreasing funding from the state, much of which was previously used to treat the uninsured. With these individuals receiving less outpatient treatment, many are being hospitalized more often, creating a greater need for both inpatient and outpatient treatment.

We therefore urge you to also oppose any efforts to weaken the state system for inpatient psychiatric care in general and the closing of Tinley Park in particular. Thank you again for arranging for this hearing. We look forward to continuing to work with you in developing a seamless system of quality and efficient outpatient and inpatient care for the people of our state.
Testimony to the Commission on Government Forecasting and Accountability

Submitted by
Peter McLenighan
Executive Director
Stepping Stones, Inc.

Thank you for providing this opportunity to express my opposition to the recommendation to close Tinley Park Mental Health Center (TPMHC) without implementing all previously developed plans to provide alternative services.

My name is Peter McLenighan and I am the Executive Director of Stepping Stones, Inc. Stepping Stones is dedicated to providing effective substance use disorder treatment, even if the recipient is unable to pay for services.

Stepping Stones will continue to provide Inpatient Sub acute, Residential, and Outpatient treatment services for persons with a mental health related diagnosis.

In FY11:

- 49% (350 of 715) reported previous psychiatric treatment.
- 21 of these 350 people reported previous treatment at TPMHC.
- The most frequently reported diagnosis was depression followed by bi polar.
However, the following is offered to clarify Stepping Stones' limitations in responding to the proposed closure of TPMHC.

1. Stepping Stones is currently operating at capacity and has long waiting lists and waiting periods for admission. On average, there were 176 people waiting for an assessment, and another 44 assessed and waiting for admission to treatment in FY11. From the time of initial contact to admission for persons without insurance and not a "priority" as designated by the State was:

- Intensive Residential Treatment: 72 days
- Intensive Outpatient Treatment: 52 days
- Outpatient Counseling: 23 days

2. Licensed services are limited to persons whose primary diagnosis is a substance use disorder.

3. Admission is limited to persons who can be safely and treated in non-locked facilities, which disqualifies persons who are currently a danger to themselves or others or who are otherwise not currently psychiatrically stable.

Finally, I thank the Commissioners for their leadership and service regarding this important issue.

Peter McLenihan
Testimony of Lynda DeLaforgue, co-director, Citizen Action Illinois before COGFA
Regarding Proposal to Close Tinley Park Mental Health Center, II-1-11

Good afternoon, my name is Lynda DeLaforgue, and I am co-director of Citizen Action/Illinois, a statewide public interest organization. Citizen Action has a long history of advocating for quality, affordable health care for all people in Illinois, as well as for patient safety.

Most recently we have been at the forefront of the controversy surrounding the closure of Oak Forest Hospital by the Cook County government. Through our community efforts in working directly with the people who utilize healthcare in the Metro South area we have witnessed the gradual destruction of the public healthcare safety net in one the poorest areas of our state and nation, where study after study shows that southland health statistics are more comparable to a developing country than the United States of America – diabetes, heart disease, infant mortality, cancer, and violence statistics top the charts.

Experts estimate that over the past decade over 2,000 hospital beds have been lost in the area. With the downsizing of patient services at Provident and Oak Forest Hospitals, the closure of Howe Development Center, and now the proposed closure of Tinley Park Mental Health Center, southern Cook County is well on its way to becoming a “healthcare desert”.

It is easy to cry poverty and not support public health care when you don’t use the public health care system. It is easier still to say that a clinic will serve the community better than a hospital, even though the surrounding private health system is already overwhelmed or simply will not take, or cannot handle the most chronic and difficult cases.

In the case of Oak Forest Hospital’s recent closure, we have witnessed firsthand the transferring of patients with physical needs to Stroger Hospital in Chicago, and the transfer of patients with mental illness needs to Tinley Park. The stress of making the trip to Stroger takes a toll on both the patient and their family. We will see the same affect if Tinley Park is closed, and severely impaired mental illness patients who have the least resources and challenges of travel are sent to facilities that are hours and miles away from their home community.

The closure of Tinley Park is yet another attack on the healthcare safety net in an area of Illinois that has no trauma center, limited public transportation, and a growing population of individuals who live either, below, or at the poverty level. To cease services to the mentally ill in the Southland area can only contribute to increased violence and other community perils that come with a lack of a comprehensive public health infrastructure, perils which will most certainly be compounded if Tinley Park is shuttered.

Finally, on a personal note, let me add that I recently served as the legal guardian for a family member with severe mental incapacitation for over a year, until her death this past January. My ward could not have been cared for in an outside community setting without being a severe threat
Closure of Tinley Park Mental Health Center

The Illinois Nurses Association and its 27 RNs are opposed to this closure.
The effects it will have on the residents is one that could cause most of them to become homeless in the community setting.
I see them everyday and so have you. They are the ones walking around pushing the shopping carts with every thing they own, or standing on the street corner talking to themselves why? Because they don’t do community based treatment programs. They get released from a facility, and then they are given scripts for their medication and told where the out patient mental health clinic is and they then are on their own. Some end up back into DHS do to the patient inability to cope with the normal day to day stressors or forget to take their medication. This in turn causes them to relapse and they end up in the over crowded Emergency rooms and are either sent back to a state facility or the jails.
In closing this facility the patient will have further to travel for State services, like Madden, Chicago Reed or Mc Farland Mental health Center.
Finally we know the real reason for this closure is for the state to sell the land to the City of Tinley Park as it did when DHS closed Howe. The state never maintained the facility or even hired anymore staff when Howe closed.

Thank you.
Henry Felts R.N.
Staff Specialist
Illinois Nurses Association
October, 31, 2011

VIA Email: facilityclosure@ilga.gov

Commission on Government Forecasting and Accountability
ATTN: Facility Closure
703 Stratton Building
Springfield, IL 62706

RE: Closing of Tinley Park Mental Health Center

To Whom It May Concern:

Human Resources Development Institute, Inc. (HRDI) is a thirty-seven year old behavioral health care agency serving the greater Chicagoland area and Cook County. HRDI was established to address the mental health and substance abuse problems plaguing communities in crisis.

Since its inception, HRDI has developed into one of the most successful prominent non-profit behavioral health care organizations in the United States, specializing in programs that help to improve the lives of more than 8,000 people annually. HRDI is a true safety net for those we serve with mental health challenges and disabilities.

HRDI’s relationship with the Illinois Department of Human Services and the Mental Health Division covers almost four decades. We understand the serious fiscal issues facing the State of Illinois and in particular the expenses associated with keeping Tinley Park Mental Health Center open. In the past when a facility was closed the DHS Division of Mental Health (DMH) reached out to community providers and used some of the savings associated with the closure to build outpatient capacity and to support community hospitals with psychiatric units through the CHIPS program. This type of partnering continues to be essential in helping local providers meet some of the responsibilities placed on them by the hospital closures.

HRDI has been actively engaged with the Division of Mental Health in their work to work with regional mental health providers to build greater capacity for community based services that best fashion a local response to the access needs to mental health services, hospital beds and other alternatives treatment resources for those individuals who present with serious mental illnesses.

HRDI will continue to work with the DMH on providing community options and hope to finalize discussions when DMH is able to fully proceed.

Thank you for this opportunity to comment on the closure of Tinley Park Mental Health Center.

Sincerely,

[Signature]
Joel K. Johnson, M. Ed.
November 1, 2011

Dear Sen. Jeffrey Schoenberg and Rep. Patti Bellock,

We at Advocate South Suburban Hospital certainly understand the pressures of the state's economic situation. But we are very concerned that closing the Tinley Park Mental Health Center to meet immediate budgetary needs is very short-sighted and will have long term harmful effects on the community we serve.

Closing the Tinley Park facility has the potential to overwhelm law enforcement agencies, civil and social services, faith-based institutions and hospitals. If the state steps back and appreciates the global cost, in both financial and community impact, we believe it cannot proceed with the closing of this facility.

Taking away appropriate care settings for the mentally ill not only does them a great disservice, it also jeopardizes hospitals’ ability to care for our community’s acute care patients.

Because there are so very few facilities to appropriate treat mentally ill patients, the often end up spending large amounts of time in our emergency department. Too many of these men, women and children are spending days – not hours – in a setting not suited to giving them what they truly need.

While these mentally ill patients are here on these extended stays, we are not prepared and staffed to effectively advance their care. We can do very little for these patients in our emergency departments. Yet the increasing responsibility of boarding them strains our ability to care for the patients that we are licensed and able to best serve.
For example, just recently, the Advocate South Suburban Hospital emergency department was holding six mentally ill patients waiting to be transferred to a licensed mental health facility (Tinley Park). This was the highest census of mentally ill patients that we have seen in our emergency department. Unfortunately, these numbers will only rise in the wake closing Tinley Park. Our concern is that if we get several stroke or heart attack victims while we are boarding large numbers of mental health patients, it will severely compromise the care we are able to provide.

We hope and pray that the state takes a step back to appreciate the harsh effects on our community, beyond the immediate bottom line, of closing the Tinley Park Mental Health Center. Keeping the facility available to those in our community who need its special services will pay dividends to many in our area, now and in the future.

No matter the outcome, we will continue to live our mission calling us to care for everyone who walks through our doors. But, closing the Tinley Park Mental Health Center undoubtedly will negatively impact our ability to appropriately care for those in the southland who trust us with their health and wellness.

Sincerely,

Michael Englehart
President
Advocate South Suburban Hospital
Testimony Regarding the Impact on Will County of the Proposed Closure of Tinley Park Mental Health Center

October 26, 2011

The Illinois Department of Human Services/Division of Mental Health recently announced the closing of Tinley Park Mental Health Center (TPMHC). Funding for operations of TPMHC is only for the first half of the state fiscal year (July 1, 2011 to December 31, 2011). This decision is coming after six years of discussions and planning for the closure, which the Will County Health Department has been in a leadership role with the Adult LAN. The problem is that the state intends to close TPMHC without following any of the plans that were developed for the closure. The are major complications of the pending closure which are detailed as follows:

- The state plans to close the public in-patient psychiatric beds at TPMHC without transferring them to another SOF or replacing them with a replacement hospital.
- Will and Grundy County has close to 400 admissions to TPMHC annually. These are individuals without funding (e.g. health insurance, Medicare, Medicaid) and are medically in need of in-patient psychiatric hospitalization.
- Silver Cross Hospital and Provena Saint Joseph Medical Center emergency rooms are reporting that it is taking on the average of forty-seven and a half (471/2) hours to get a unfunded psychiatric patient transferred from their emergency room to a state psychiatric hospital bed. With the loss of these beds at TPMHC the wait could climb to three to five days. This would have a costly and adverse impact on Will County’s hospital emergency rooms.
- State funding for unfunded patients such as the Emergency Psychiatric Services (EPS) and Community Hospital Inpatient Psychiatry Services (CHIPS) have been eliminated over the past five years.
- State of Illinois legislation requires that the cost savings from the closure of any state psychiatric hospital be reinvested in the community which the facility served. The Department of Mental Health has informed us that this is not the plan.
- This year already saw a twenty-five percent (25%) reduction in community mental health funding. This has resulted in the eliminating of the Crisis Response Program after-hours and weekend coverage for state operated hospital screenings.

Joseph E. Troiani, Ph.D., CADC
Director of Behavioral Health Programs
Will County Health Department
March 25, 2009
(Via Certified Mail)

Thomas J. Manahan
Hospital Administrator
Tinley Park Mental Health Center
7400 West 185th Street
Tinley Park, Illinois 60477-5665

Subject: Priority exception request for Tinley Park Mental Health Center

This letter is in response to your March 16, 2009 letter concerning Tinley Park Mental Health Center. You are opening a new psychiatric hospital and are requesting an initial survey by CMS to obtain Medicare certification as a psychiatric hospital.

For the past three consecutive years, the numbers of new providers entering the program have increased significantly, and additional survey and certification duties have been added. Once in the program, these new providers are added to the queue of certified providers that must be surveyed periodically to ensure a safe level of care.

In light of this, CMS has been compelled for the past few years to prioritize the survey and certification workload into four tiers. Statutorily mandated work (Tier 1), validation surveys, and complaint investigations (Tier 2), and re-certification surveys of existing providers (Tier 3 and 4) are at a higher priority than bringing new providers into the program. Put simply, we must assure that surveys of existing Medicare providers can be completed before we bring new providers into the program.

In November of 2007, CMS issued S&C Memorandum 08-03 to States that provides additional guidance to the States based on our efforts to maintain quality of care to Medicare beneficiaries. The new policy indicates that a new provider may obtain quicker certification by applying for an exception to the priority order, or by applying for an initial survey by an accreditation organization (AO), when applicable. There is no special form required to make an exception request. However, the burden is on the applicant to provide data and other evidence that effectively establishes the probability of adverse, adverse beneficiary health care access consequences if the new provider is not certified to participate in Medicare.

The information you provided does not demonstrate that the beneficiaries in Cook County and Will County would suffer serious, adverse health care access consequences should this psychiatric hospital not become Medicare certified. Our records indicate that there are an existing 1,186 Medicare certified psychiatric beds in Cook County and Will County. Therefore, there does not appear to be a lack of access to psychiatric services in the Cook County and Will County area. However, we will add your request to the CMS queue of providers awaiting survey for the current fiscal year. The survey will be contingent upon the accomplishment of the required re-certification workload noted above.
If you need further assistance, you may contact Heather Lang in the Chicago office at (312) 886-6508.

Sincerely,

Jacqueline Lewis
Acting Branch Manager
Non-LTC Certification & Enforcement Branch

cc: Illinois Department of Public Health
Hello, my name is Marianne Bithos and I am the President of the local NAMI chapter here, NAMI South Suburbs of Chicago. NAMI opposes the closing of Tinley Park Mental Health Center and the reason for me is personal. In 2002 my daughter Lisa became very ill and with no insurance we had no other option to have her admitted to TPMHC. It was the worse day of my life, and very traumatic for my daughter, but I truly believe that had my daughter been denied treatment because she had no insurance, I would not be here today to tell everyone the positive outcome from that one hospitalization. I can happily tell you she continues to receive treatment and is now a Senior at St. Xavier’s College.

There are many families struggling with loved ones who are suffering from a mental illness and many of them are living without treatment because they do not have insurance. When Mental Illness goes untreated it will tear a family apart. With the closing of Tinley Park, Singer and the loss of the civil acute care beds in Elgin and McFarland, thousands of people will now have no where to send their loved ones for help that any human being should be able to get. Unfortunately our Community mental health providers have seen their budgets drastically cut and can no longer provide the level of care an unfunded mental health patient needs simply because they no longer have the funds for their programs. This leaves the sick person in a cycle of visits in and out of the hospital. Now with the loss of beds in the South Suburbs, our loved ones will be waiting in Emergency rooms throughout the area for a bed in Madden. We know Madden is at full capacity already with only 150 beds and we have been told by DMH that there are no plans to provide additional funds and/or beds to Madden. The wait in an ER for transfer to a state hospital is already days in some hospitals.

It is the government’s responsibility to provide a safety net for its most vulnerable citizens. This population is without a doubt the most vulnerable in our state. The cook county jail is already the largest provider of mental health treatment in the state. Many of the people that these state hospitals provide treatment to will wind up in our jails. So the government is going to have to pay for treatment one way or the other, either in the jails, or in the community. The only right thing to do is to take care of our family members and neighbors before they wind up in jail or become homeless. No one deserves to be neglected.

My daughter’s story is one of success. Through the treatment she received in her community, even though she did not have insurance, she was able to reclaim her life and determine her own future. Everyone deserves the same chance and that just won’t happen if you close this hospital.
State Mental Health Cuts: A National Crisis

© 2011 by NAMI, the National Alliance on Mental Illness
Written by Ron Honberg, Sita Diehl, Angela Kimball, Darcy Gruttadaro and Mike Fitzpatrick.

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI has more than 1,100 State Organizations and Affiliates across the country that engage in advocacy, research, support and education. Members are families, friends and people living with mental illnesses such as major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.
State Mental Health Cuts: A National Crisis

The recent tragic shooting of Congresswoman Gabrielle Giffords and the killing of six innocent citizens in Arizona focused national attention on the state of the public mental health system in Arizona and other states. Many asked how a tragedy like this could happen again, with chilling references to Virginia Tech. How did Jared Loughner fall through the cracks when the signs of a serious psychiatric crisis seemed so clear?

For NAMI, the National Alliance on Mental Illness, what happened in Tucson is all too familiar. Even during the best of economic times, youth and adults living with mental illness struggle to access essential mental health services and supports. Services are often unavailable or inaccessible for those who need them the most.

One in 17 people in America lives with a serious mental illnesses such as schizophrenia, major depression, or bipolar disorder.\(^1\) About one in 10 children live with a serious mental disorder.\(^2\)

In recent years, the worst recession in the U.S. since the Great Depression has dramatically impacted an already inadequate public mental health system. From 2009 to 2011, massive cuts to non-Medicaid state mental health spending totaled nearly $1.6 billion dollars. And, deeper cuts are projected in 2011 and 2012. States have cut vital services for tens of thousands of youth and adults living with the most serious mental illness. These services include community and hospital based psychiatric care, housing and access to medications.

\[\text{I have schizo-affective disorder, I used to have a case worker, access to a counselor and group therapy, which were all part of my plan and helped me stay healthy and well. In July of 2010, due to budget cuts, the clinic here in town closed, and they laid off all the staff. I no longer have a case manager and only have peer support once a month. If I am lucky, I don't know how I will stay well without the medical care and treatment I need.} \]

—Individual living with mental illness

To make matters worse, Medicaid funding of mental health services is also potentially on the chopping block in 2011. The temporary increase in federal funding of Medicaid through the stimulus package will end on June 30, 2011. Medicaid is the most important source of funding of public mental health services for youth and adults, leaving people with mental illness facing the real threat of being cut off from life-saving services.

Communities pay a high price for cuts of this magnitude. Rather than saving states and communities money, these cuts to services simply shift financial responsibility to emergency rooms, community hospitals, law enforcement agencies, correctional facilities and homeless shelters.

\(^1\) National Institute of Mental Health, "The Numbers Count -- Mental Disorders in America." www.nimh.nih.gov/publicat/numbers.cfm.

Massive cuts to mental health services also potentially impact public safety. As a whole, people living with serious mental illness are no more violent than the rest of the population. In fact, it is well documented that these individuals are far more frequently the victims of violence than the perpetrators of violent acts.

However, the risks of violence among a small subset of individuals may increase when appropriate treatment and supports are not available. The use of alcohol or drugs as a form of self medication can also increase these risks.

Unfortunately, the public often focuses on mental illness only when high visibility tragedies of the magnitude of Tucson or Virginia Tech occur. However, less visible tragedies take place everyday in our communities—suicides, homelessness, arrests, incarceration, school drop-out and more. These personal tragedies also occur because of our failure to provide access to effective mental health services and supports.

This report documents the state-by-state funding changes for public mental health services since 2009 for youth and adults living with serious mental illness. These cuts are likely to worsen in 2011 and 2012.

The report also describes how states have chosen to implement these funding cuts. The report concludes with policy recommendations, focused on the steps that should be taken to ensure that valuable public resources are spent wisely and effectively. Crisis should be used as a vehicle for change, not as an excuse for abandoning some of our nation’s most vulnerable citizens.

**Funding of Mental Health Services**

The two largest sources of state support for mental health services are Medicaid (46 percent in 2007), a joint federal-state program, and state general funds administered by state mental health authorities, (40 percent in 2007.)

Two features mark the current budget crisis:

- Many states have significantly cut non-Medicaid mental health funding from 2009 to 2011, with deeper cuts projected in 2012.

- Enhanced federal funding of Medicaid in response to the recession will expire in June 2011, causing significant reductions in federal support for this important program. In response, many states are proposing changes that will further erode vital treatment and support for mental illness.

State general funding of mental health care is the “safety net of last resort” for children and adults living with serious mental illness. Although Medicaid is an extremely important funding source, many people with mental illness do not qualify for Medicaid, either because their income is slightly

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higher than the Medicaid threshold (which is well below poverty level in most states) or because they are too ill to take the steps necessary to apply and qualify for Medicaid. Additionally, Medicaid does not pay for some vital mental health services, most notably inpatient psychiatric treatment.

THE PRICE WE PAY: STATE MENTAL HEALTH CUTS

This report provides information about changes in state general funding of mental health services from 2009 (when the economic crisis went into full force) to 2011.

Uniform information about state-by-state funding is not available from any one source. Therefore, information about state funding was derived through a review of 2009 through 2011 budget documents in each state.

In conducting this research, we discovered significant fluctuations in the way states report and break down their budget information. Some states provide detailed information about the various sources of funding (state general funds, federal Medicaid, federal block grants, private grants etc.). Other states are not as precise. To the fullest extent possible, we included only state general funding of services for children and adults in deriving the data for this report. Medicaid funds (federal and state) are not included in this data. For a more detailed description of the methodology, see Appendix VI.

Between 2009 and 2011, states cumulatively cut more than $1.8 billion from their budgets for services for children and adults living with mental illness. The magnitude of these cuts in a number of states is staggering. California cut $587.4 million during this period, New York $132 million and Illinois $113.7 million.

The following 10 states cut the most in general funds from their mental health budgets between 2009 and 2011.

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<td>California</td>
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<td>Massachusetts</td>
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In recognition that individual states differ significantly in terms of population, numbers of children and adults living with mental illness and the size of the overall budget, it is important to also evaluate cuts in terms of the overall state general fund budget for mental health services. These results also illustrate the significance of these cuts in certain states. For example, Alaska cut 35 percent of its total general fund mental health budget, South Carolina 23 percent and Arizona 23 percent.

The following 11 states made the largest cuts by percentage of their overall state mental health general fund budget from 2009 to 2011.

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</tr>
<tr>
<td>California</td>
<td>16%</td>
</tr>
<tr>
<td>Illinois</td>
<td>15%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>15%</td>
</tr>
<tr>
<td>Hawaii</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

A Report by the National Alliance on Mental Illness
A complete alphabetical chart of state-by-state changes to general funding of mental health services can be found in Appendix I. A complete chart of state-by-state changes ranked by percentage of cuts can be found in Appendix II.

WHAT DO CUTS OF THIS MAGNITUDE MEAN IN HUMAN TERMS?
With appropriate services, people living with serious mental illness can and do achieve recovery and independence in their lives. By contrast, lack of services often fosters worsened conditions and adverse consequences that cost communities dearly.

My grandson had more than 20 brief hospitalizations in five years and was kicked out of four long-term residential hospitals. Finally, he was sent to a residential treatment facility. There the staff was excellent, great therapy, and they kept trying until they got medications that worked. Why don’t doctors tell parents about their options? It took five years to find that place. He stayed two-and-one-half years and came out a totally different person. At 16 he is now proud of who he is.

― A grandparent

For youth and adults living with serious mental illness, these consequences include frequent visits to emergency rooms, hospitalizations, homelessness, entanglement with juvenile and criminal justice systems, the loss of critical developmental years, premature deaths and suicides.

It is well documented that even prior to the economic recession, more than one-half of people living with serious mental illness received no services in the previous year. It is very likely that the significant cuts that have occurred in a number of states have further diminished access to needed services.

To understand the implications of cuts in individual states, one need only look at four states in different parts of the country.

• Ohio once had one of the top mental health systems in the country. Today, after several years of significant budget cuts, thousands of youth and adults living with serious mental illness are unable to access care in the community and are ending up either on the streets or in far more expensive settings, such as hospitals and jails.

• After three years of budget cuts totaling $113.7 million, Illinois’ community mental health system is in shambles. According to Christopher Cianciotto, professor of social work at the University of Illinois, these cuts in mental health funding, on top of already inadequate funding, has led to the “decimation” of community mental health services, particularly

in the rural southern part of the state. "Imagine a small rural community where there are people with schizophrenia left untreated," said Larrison. "If you dry up the services, then the hospital emergency rooms and police, who are also at the breaking point, will have to deal with an increasing number of people suffering from untreated mental illness."

**Types of Services SMHAs are Cutting**

- **Adult Mental Health Services Being Cut: FY'10 & FY'11**

<table>
<thead>
<tr>
<th>Service</th>
<th>FY'10</th>
<th>FY'11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Services</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Targeted Case Management</td>
<td>7</td>
<td>5</td>
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<tr>
<td>Employment</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Peer Support</td>
<td>4</td>
<td>2</td>
</tr>
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<td>Prescriptions</td>
<td>8</td>
<td>7</td>
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<tr>
<td>EBP Services</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Housing</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Day Services</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Other Services</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Other Inpatient</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>State Acute Inpatient</td>
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<td>13</td>
</tr>
<tr>
<td>State Long Term Inpatient</td>
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<td>18</td>
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</table>

- **Children's Mental Health Services Being Cut: FY'10 & FY'11**

<table>
<thead>
<tr>
<th>Service</th>
<th>FY'10</th>
<th>FY'11</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Inpatient</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Housing</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other Inpatient</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Day Services</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Workforce/development/</td>
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<td>6</td>
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<tr>
<td>Targeted Case Management</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Waiver(s)</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

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hospital emergency rooms, with no place to go for treatment.

These significant cuts in funding have occurred even as demand for public mental health services have increased. With loss of health insurance, more people have turned to the public system for mental health care. Many states report that demand for crisis services, emergency department services and acute and long-term psychiatric care have increased, even as budgets have decreased.\textsuperscript{9}

\begin{center}
\begin{figure}
\centering
\includegraphics[width=\textwidth]{chart}
\caption{Increased Demand for Mental Health Services During the Recession Percentage of States Experiencing Increased Demand for Services}
\end{figure}
\end{center}

**WHAT SERVICES ARE BEING CUT?**

In the early years of the recession, states responded to mental health budget reductions by cutting state office personnel, reducing staff hours and other administrative expenses. However, as the recession deepened, budget cuts have increasingly focused on the elimination or downsizing of programs, services and professional workforce (such as psychiatrists, psychologists and social workers) as well as on reducing eligibility for services.

Specific services that have been eliminated or downsized include those that are most essential to helping children and adults living with serious mental illness avoid crises and move toward recovery. These include:

- Acute (emergency) and long-term hospital treatment
- Crisis intervention teams and crisis stabilization programs
- Targeted, intensive case management services
- Assertive Community Treatment (ACT) programs
- Supportive housing
- Targeted case management and clinic services for children and adolescents
- Access to psychiatric medications\textsuperscript{10}

\textsuperscript{9} Lutterman, T., *Id.*, slide 23.
\textsuperscript{10} Lutterman, *Id.*, slides 21 and 22.
In many states, critical safety net services for youth and adults living with mental illness have either already been eliminated or are threatened for elimination. For example:

- In October 2010, the Governor of Washington announced across the board cuts of $17.7 million in state mental health funding for 2011 and 2012. These cuts will reduce the availability of crisis and involuntary commitment services as well as outpatient and medication monitoring services. The cuts will also force additional closures or downsizing of inpatient psychiatric treatment facilities.  

- Kansas has cut $19 million in state mental health funding since 2008. As a consequence of these cuts, nine of Kansas’ 27 Community Mental Health Centers are experiencing deficits and are in jeopardy of being closed. Most of these Centers serve rural areas of the state. This year, the Governor’s budget proposes an additional $15 million in cuts, which would primarily impact services for uninsured children and adults living with serious mental illness.  

- The budget recently introduced by Texas legislators proposes a decrease of about 20 percent in funding to outpatient mental health services for children and adults. If implemented, this will mean that Bluebonnet Trails Community Services, which provided mental health care to about 10,400 people in eight central Texas counties in 2010, will lose funding for about 2,800 of these youth and adults. Bill Gilstrap, a 53-year-old welder with bipolar disorder, has been receiving services from Bluebonnet Trails since 1997. “I’m a taxpayer, and I have a real sense of belonging in the community,” Gilstrap said. “The stark reality of my situation is that if I wasn’t getting quality outpatient services, I’d be in a psychiatric hospital or I’d be in jail.”  

- In Tennessee, $15 million in cuts have been proposed to the state’s public mental health and alcohol and drug abuse authority. If implemented, these cuts will result in the closure of community mental health programs, alcohol and drug abuse treatment facilities and peer support centers.  

As the economic crisis has deepened, states have responded by eliminating psychiatric beds in hospitals and by cutting community services. In some cases, they have done both. See Appendix III for a chart showing the changes in numbers of people served in state hospitals from 2007-2009.

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains data on numbers of people living with mental illness served in inpatient and outpatient settings on its Uniform Reporting System (URS) database. Eleven states reported reductions in numbers of people served in both inpatient settings and community services between the years 2007 and 2009. Those states are Alabama, Alaska, California, Idaho, Illinois, Nebraska, New Jersey, New Mexico, North Carolina, Virginia and Wyoming.  

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15 www.samhsa.gov/dat/outcomes/urs
It should be noted that this data was derived before the worst of the state budget cuts. Our state-by-state budget research shows that the largest cuts to state-funded mental health services took place in 2010 and even larger cuts are contemplated for 2011 and 2012. Considering the increased demand for services, states are being asked to serve more people with less money. A table comparing numbers of people served in 2007 with numbers of people served in 2009 can be found in Appendix IV.

In Massachusetts, where the Governor has proposed a $21.4 million cut to mental health services in FY 2012, one quarter of the beds in the state’s psychiatric hospitals are slated for elimination. Mary Lou Sudders, who is the former commissioner of mental health in Massachusetts, says that cuts of this magnitude will “freeze up the entire public mental health system, so that no one will be able to transfer into Department of Mental Health inpatient beds, and individuals coming out of the hospitals will be at risk of being in the streets or in highly marginalized settings.” According to Sudders, “There is no positive out of a cut of this magnitude.”16

--A mother

INCREASED BURDENS ON LAW ENFORCEMENT

Increasingly, law enforcement, judges and emergency department physicians have become front-line responders to people in crisis due to the lack of timely mental health services. Not surprisingly, police officers and judges are among the most vocal critics of recent funding cuts in mental health services.

- In Nevada, a 12.4 percent reduction has been proposed for mental health funding in the state budget. If implemented, this would reduce the number of youth and adults receiving outpatient mental health services to 2,765 from 4,075. Clark County (Las Vegas) District Judge Jackie Glass, whose Mental Health Court would lose all funding, as would the Mental Health Court in Washoe County (Reno), told legislators that rather than save costs, cuts of this magnitude will lead to increased costs. “You are either going to pay less now, or more later”, Judge Glass stated. “You will see...people (who lose mental health services) ending up in prison, jails, emergency rooms, homeless, harassing tourists and breaking into homes.”17

- In Sacramento County, Calif., U.S. District Court Judge John A. Mendez blocked the County from cutting mental health services as a way to balance the budget. The Judge found that the county’s plan to balance the budget by cutting mental health services to thousands of individuals would cause “catastrophic harm” and violate the Americans with Disabilities Act (ADA), resulting in potentially high litigation costs for the county.18

18 C. Hubert and D. Walsh, “Sacramento County Mental Health Cuts Blocked by Federal Judge,” Sacramento Bee, July 22, 2010,
• In Oklahoma, calls to the police involving psychiatric emergencies have increased 50 percent. Stacy Puckett, executive director of the Oklahoma Association of Chiefs of Police, says that “officers are traveling from one end of the state to the other and are out of their departments six, eight, 10 hours at a time” to try to find psychiatric beds for those who need them.19

After her first break in 2009, my sister was admitted to a mental health facility which seemed to work. The outpatient doctor stopped her meds. When she had another breakdown, we tried to call the crisis center for help, but they kept saying not enough staff. We finally had to call 911 because she was trying to start a fire.

— A brother

THE THREAT TO MEDICAID
The American Recovery and Reinvestment Act of 2009 (ARRA) provided federal fiscal relief to the states in the form of a temporary increase in the federal Medicaid matching rate (FMAP). As a consequence, $87 billion in additional federal funds have flowed to state Medicaid programs since ARRA went into effect.20

The temporary increase in FMAP was scheduled to end in December 2010. However Congress, in recognition of continuing economic pressures on the states, voted to extend the increase for six months through June 30, 2011, although at a lower rate. After June 30, 2011, the amount of Medicaid dollars states will draw down from the federal government could potentially decrease significantly. See Appendix V for a chart showing estimated state-by-state decreases in federal Medicaid revenues after June 30, 2011.

States may respond to the impending loss of federal Medicaid dollars in a number of ways. One response that could be particularly harmful would be to cut back on optional services currently available in state Medicaid programs. All Medicaid mental health services for children and adults fall into the optional category, with the exception of Early Periodic Screening Diagnosis and Treatment (EPSDT) for children.

Economic pressures in Medicaid may also facilitate renewed interest on states adopting managed care systems to control spending. Although managed care can have benefits through emphasis on the provision of evidence-based services, data collection and accountability, our experience in the past with Medicaid managed care has been mixed, at best.

Managed care systems established primarily to cut costs but not improve services can be particularly risky for vulnerable children and adults living with serious mental illness. Thus, if these systems are to be adopted, they must be designed and implemented carefully, with particular focus on ensuring that vital inpatient and community services for people living with serious mental illness are accessible and adequately funded.

Enrolled in a program for assertive community treatment (PACT), he moved into a HUD apartment and was treated successfully over the next several years with a personalized approach to treatment. At one point, he was seen daily in his home. They even got him playing chess again. It was an indescribable relief. Then the state dropped his Medicaid coverage, leaving him with Medicare alone, which didn't cover case management. He was dropped from the PACT program. His medication use was sporadic. Over the next several years, he was in and out of the hospital, at one point doing time in the local jail.

- Parents of a man living with schizophrenia.

HOLDING THE LINE
Even in the face of budget pressures, some governors or legislators are proposing budgets or legislation that either include targeted increases for mental health services or minimize proposed cuts to these services.

- In Georgia, responding to the settlement of a civil rights lawsuit focused on horrific conditions in psychiatric hospitals and the lack of community services, governor Nathan Deal's proposed budget for fiscal year 2012 recommends an increase of $35,650,039 in general fund dollars for mental health services for children and adults. The increase would go for expanding community-based services, such as supportive housing, assertive community treatment and crisis intervention and stabilization services. The governor's budget proposes a decrease in funding for inpatient treatment.

- North Carolina Governor Bev Perdue recommended 2012 budget includes a $75 million increase to North Carolina's Mental Health Trust Fund. This increase would be used to expand local inpatient hospital beds and housing programs for people living with serious mental illness, and care coordination services for people living with serious mental illness who are most at risk. Additionally, the increase would be used to develop systems of care characterized by integrated primary and behavioral health care services and integrated electronic record systems.

- Although Oklahoma Governor Mary Fallin's budget proposes cuts to all state agencies, her proposed cuts to agencies dealing with education, health and human services are lower than
in other areas, in recognition that these agencies provide vital services to the state’s most vulnerable citizens. Moreover, the budget proposes additional funding for several initiatives designed to divert individuals living with mental illness and substance use disorders from incarceration into treatment, including expansion of a program facilitating mental health triage services for individuals experiencing psychiatric crises who come into contact with law enforcement.

- The Maryland legislature is considering enacting a “dime a drink” tax increase on the sale of beer, wine and hard liquor. If enacted, the proceeds will be used for safety-net health, mental health, addictions and developmental disabilities services.

**POLICY RECOMMENDATIONS**

1. **Protect state mental health funding and restore budget cuts, but tie funding to performance.**

States and communities cannot withstand further cuts to already inadequately funded public mental health systems for youth and adults. As this report documents, cuts in many states have already reached catastrophic proportions. As a matter of fiscal policy, cuts which result in the elimination of inpatient beds, crisis services and community supports are a penny wise and pound foolish strategy. States will inevitably end up spending more in costly emergency treatment, diversion of law enforcement personnel and correctional costs.

At the same time, legislators and taxpayers have the right to expect that resources spent on mental health services are spent wisely. Public dollars should be spent on services that work in preventing or alleviating mental health crises and in fostering recovery and independence. Citizens are entitled to better data about the services that are being provided and the outcomes of these services.

The state-by-state funding information contained in this report was derived through careful reviews of individual state budget documents between the years 2008 and 2011. It is difficult to make a strong case for protecting funding when critical information of this kind is lacking.

The time is long overdue for transparency about how much taxpayer money is being spent on mental health services, the specific services that are being funded, and the outcomes produced by these services. The federal government and state governments must collaborate to make this information far more accessible to the public and to consumers of these services than is currently the case.

2. **Maintain adequate numbers of inpatient beds for psychiatric treatment.**

The National Association of State Mental Health Program Directors (NASMHPD) reports that nearly 4,000 state psychiatric beds have been eliminated or are being considered for elimination, and 11 state hospitals have been closed or are being considered for closure since the economic crisis began. At the same time, community services, including crisis intervention and crisis stabilization programs have been eliminated. This, in effect, leaves few, if any options for responding to people in crisis.
History illustrates that eliminating hospital beds without appropriate community alternatives is cruel, irresponsible public policy and leads to shifting of costs to criminal justice systems and emergency departments rather than true cost savings. The development of a strong infrastructure of community-based services will decrease the need for inpatient beds in some cases, but this infrastructure is today inadequate in most places.

A range of options for responding to youth and adults in crisis is needed, including mobile crisis teams, 24-hour crisis stabilization programs, and inpatient beds in community hospitals. It is also important to preserve beds in state hospitals, particularly for those individuals requiring intermediate or long-term care.

3. Invest in research on early detection and intervention in the treatment of serious mental illness in youth and adults.

Studies demonstrate that an average of eight to ten years pass from the onset of symptoms to intervention for young people living with mental illness. This is partially a function of stigma, acceptance, and barriers to accessing services. The price we pay for this lack of access to services is significant. Earlier identification and intervention could have worked in preventing the tragic consequences in Tucson.

The NIMH Recovery After an Initial Schizophrenia Episode (RAISE) project is an example of a study designed to facilitate more “coordinated and aggressive treatment” in the early stages of schizophrenia. The goal of RAISE is to develop interventions that can be tested in real world, clinical settings. More studies of this kind are needed to foster greater understanding of how to best identify and treat serious mental illness in children and adults on an early and timely basis.

4. Implement mental health screening and assessment programs.

The Virginia Tech and Tucson tragedies both appear to be examples of young people who manifested the signs of possible severe mental disorders during their secondary school years but were not properly identified and not linked with services and supports.

There have been repeated calls for early identification and screening for mental illness in children, adolescents and teenagers. These calls have come from the American Academy of Pediatrics in June 2010, from the U.S. Preventive Services Task Force in April 2009, from the Institute of Medicine in 2009 and from President Bush’s New Freedom Commission on Mental Health in 2003.

Screening for mental illness should become part of the routine clinical practice in primary care settings. Only then will we be able to close the existing eight- to 10-year gap between onset of symptoms and identification and avert the high costs of waiting so long.

### APPENDIX I: STATE MENTAL HEALTH EXPENDITURES FY2009-FY2011

(Alphabetic Order)

<table>
<thead>
<tr>
<th>State</th>
<th>FY2009 (Millions)</th>
<th>FY2011 (Millions)</th>
<th>Change 2009-2011 (Millions)</th>
<th>% Change</th>
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</thead>
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</tr>
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<td>-8.5%</td>
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<td>$3,600.0</td>
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<td>$178.4</td>
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<tr>
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<td>$47.2</td>
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</tr>
<tr>
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<td>$166.2</td>
<td>$149.4</td>
<td>$16.8</td>
<td>-10.1%</td>
</tr>
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<td>$166.6</td>
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<tr>
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<td>$385.8</td>
<td>$38.5</td>
<td>-9.1%</td>
</tr>
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<td>Washington</td>
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<td>$279.5</td>
<td>$33.5</td>
<td>-10.9%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>$142.9</td>
<td>$152.4</td>
<td>$9.5</td>
<td>6.8%</td>
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<tr>
<td>Wisconsin</td>
<td>$478.2</td>
<td>$484.0</td>
<td>$5.8</td>
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<tr>
<td>Wyoming</td>
<td>$106.3</td>
<td>$102.2</td>
<td>$4.1</td>
<td>-3.9%</td>
</tr>
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</table>
5. Support programs designed to educate families, peers and the public about serious mental illness and how to respond to people living with these illnesses.

We have paid a significant price for the stigma surrounding mental illness. These illnesses are too often the target of ridicule, prejudicial assumptions and ignorance. Society rallies around people experiencing the symptoms of a heart attack or a diabetic crisis, but we run away from people manifesting the symptoms of a serious psychiatric crisis. Too often, even families and peers of people experiencing psychiatric symptoms don’t know how to react or how to help.

Getting help for a person with serious mental illness is very complicated, far more complicated than most other illnesses. Mental health systems are fragmented and difficult to navigate even for those who are knowledgeable about how they work. Knowing when and how to help a loved one is critically important for family members and friends.

Programs such as NAMI’s Family-to-Family, NAMI Basics and Peer-to-Peer have been developed and implemented to help families and peers support individuals in crisis. Other programs, such as Mental Health First Aid, are designed to de-sensitize members of the general community about mental illness. These programs should be implemented on a widespread basis. Ultimately, greater knowledge and awareness will lead to more effective, timely interventions that can prevent tragedies.
# APPENDIX II: STATE MENTAL HEALTH EXPENDITURES FY2009-FY2011

(Percentage, High to Low)

<table>
<thead>
<tr>
<th>State</th>
<th>FY2009 (Millions)</th>
<th>FY2011 (Millions)</th>
<th>Change 2009 - 2011 (Millions)</th>
<th>% Change</th>
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</tr>
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<td>$169.20</td>
<td>$21.60</td>
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<td>$231.70</td>
<td>$287.50</td>
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</tr>
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</tr>
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</tr>
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</tr>
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# Appendix III: Changes in Numbers of People Served in State Hospitals 2007-2009

<table>
<thead>
<tr>
<th>State</th>
<th>People Served in State Hospitals 2007</th>
<th>People Served in State Hospitals 2009</th>
<th>Change: People Served in State Hospitals</th>
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</table>

APPENDIX IV: CHANGES IN NUMBER OF PEOPLE SERVED BY THE STATE MENTAL HEALTH AUTHORITY (SMHA) 2007-2009

<table>
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<tr>
<th>State</th>
<th>Total People Served by SMHA System 2007</th>
<th>Total People Served by SMHA System 2009</th>
<th>Changes, Total People Served SMHA</th>
</tr>
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Appendices
### APPENDIX V: PROJECTED LOSS OF FEDERAL MEDICAID FUNDS FY 2012

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*Based on amounts by the Council of State Governments for actual amounts funded for federal extension of enhanced Medicaid match. The Council of State Governments, Capitol Facts and Figures, Extension of Enhanced Medicaid Benefits to States (FMAP), http://knowledgecenter.csg.org/drupal/content/extension-enhanced-medicaid-benefits-states-fmap
APPENDIX VI: METHODOLOGY

Fiscal information for this report was derived from state budgets and fiscal documents from FY2008 through FY 2011 and consisted primarily of state general fund expenditures excluding state Medicaid allocations. Wherever possible, reporting is limited to dollars spent on inpatient and community mental health services for children and adults and does not include expenditures for developmental disability or substance abuse services. However, due to variations in state budget reporting, some expenditures for substance abuse or developmental disabilities may be included in a few states.

Sources for service utilization data include the SAMHSA Uniform Reporting System (URS) www.samhsa.gov/dataoutcomes/urs/ and publications from the National Association of State Mental Health Program Directors Research Institute. Examples of the impact of state budget cuts on service systems and individuals were drawn from media coverage and from individuals who courageously shared their personal stories with NAMI.
On behalf of Ingalls Memorial Hospital I would like to make clear my opposition to the closing of the Tinley Park Mental Health Center. This facility has served an important role in the South Suburbs as a safety net for individuals in need of inpatient psychiatric treatment. In fact the timing of this suggested closure is completely contrary to the current strong demand and community need for these beds and programs.

This latest proposed reduction in services to the mentally ill is on the heals of the 2009 discontinuation of CHIPS funding for area hospitals to treat this population. As the state continues to eliminates resources for these individuals, they will further overwhelm hospital emergency departments, the prison system, Cook County Jail, homeless shelters, and nursing homes. Shifting psychiatric patients to these alternative locations by closing Tinley Park is sure to provide one clear result. The state will be forced to provide psychiatric treatment that is much more expensive and much less effective in inappropriate locations by individuals not trained to meet the Mental Health Needs of an individual.

The Illinois Health Facilities and Service Review Board was established by the state many years ago to ensure proper bedding and distribution of healthcare resources across the state. Under the guidelines established by this state agency a health care provider must show that there is sufficient alternative availability of programs in a service area in order to close a program. The closing of Tinley Park would directly conflict with this criteria. In fact, with well over 1900 admissions to the facility in the previous year, the demand for this facility has never been greater. By the states own rules there is no basis for the closure of this facility.

An additional concern with the announced closings of 3 state run facilities is the geographical inconsistency of this plan. The Tinley Park Facility is located in Chicagoland’s south suburbs. This community has traditionally experienced a shortage of psychiatric beds forcing patients to travel long distances for their care or in many cases go untreated. Removing Tinley Park only makes this situation worse.

Alternatively, Chicago Reed, a facility that is scheduled to remain open is located a quarter mile from a 210 bed psychiatric facility and 3.5 miles from a 150 bed psychiatric facility. In fact, according to the states own data the areas surrounding Chicago Reed (A-02, A-06, A-07) contain 1591 psychiatric beds versus a state calculated demand for that area of 1184 psychiatric beds. While closing any facility at this time does not make sense, the impact of closing Tinley Park would be far worse.

With Tinley Park in operation, area hospital emergency departments are currently experiencing long transfer times, overloaded departments and the need to provide psychiatric treatment in inappropriate settings. Any plan to close Tinley will further impact these already hard hit departments.

The incredible demand for services from Tinley Park Mental Health Center highlights the need for this facility to remain open. Any decision to close this facility would be contrary to the mental health needs of the 1900 patients that are seen there each year.
In looking for money saving reductions in public services, the state needs to look not only at the money they can save but also the negative impact created by eliminating these vital programs. In the case of closing Tinley Park Mental Health Center that impact is much too great.
TINLEY PARK MENTAL HEALTH CENTER

INTER-OFFICE CORRESPONDENCE

Date: 10-30-2011
To: The Committee on Government, Forestry, and Accountability
From:
Subject:

My name is Scott Conklin and I have been a recent patient at Tinley Park Mental Health Center. I am writing to express how important it is to keep the Center open for those who suffer from Mental Illness.

On October 11th, I made an attempt to take my life after being in a clinical depression. I was taken to a local hospital, left locked in a room for two and a half days untreated, until a bed was made available for me on October 11th.

When I arrived, I was unsure of what my stay would be like. I have never been hospitalized before. When I arrived, I was warmly greeted by the nursing staff. I knew then I would be in a safe place to well taken care of, and receive the treatment that I so badly needed.

During my stay, doctors, psychologists, physiologists, social workers, nurses and technicians made a very structured program for me to recover. My nine day stay included classes on stress management, the importance of my medications, coping skills, nutrition, exercise, spirituality and how to manage my illness, and most of all that my life is worth living.

Not only were the classes very important for my recovery, but having the support of all the staff that dedicate their lives helping others, each staff member showed a personal interest in my recovery and gave myself and other patients the support, respect, and sympathy to recover.
Here is one story of hundreds of people that have been patients at Tinkley Park and every patient has their own story of how they suffer from mental illness and were able to recover due to a facility like this.

If the center closes this will mean people with mental illnesses, and excellent insurance, will have to find other facilities. Those facilities are very limited. Tinkley Park is the only center located in the South Suburbs. The closing of the center would mean long waits to receive treatment, overcrowding other facilities, and may may continue to suffer with their mental illness, not to mention the unemployment of many staff, trained and compassionate people who dedicate their lives to helping others.

Tomorrow is October 31st, and will be my last day at Tinkley Park. I now feel I have the skills, education, and medication to manage my illness. I look forward to returning to work, my family, friends and continuing my recovery. But what about the others? The others who suffer from depression, bipolar illness, schizoaffective or many other illnesses. Are they to suffer or become homeless? Should they be denied medication? Should they be denied the care I have received at Tinkley Park? If you can't answer these questions, you must keep Tinkley Park open to help people in need. There is no other choice.

From a very healthy and grateful,

Scott Luna
Position: The Mental Health Summit strongly opposes the proposal to close Tinley Park Mental Health Center and other state-run psychiatric hospitals without a comprehensive plan for dealing with the affected patients.

About: The Mental Health Summit is a coalition of advocates for people with mental illnesses. It consists of providers, advocacy groups, and organizations in mental health fields, devoted to improving services in the state. More information about the Summit can be found at the web address at the bottom of this page.

In 2010, Tinley Park Mental Health Center served 1,789 unique patients. As a whole, the state-run psychiatric hospital system in 2010 served 10,419 unique patients. This means that Tinley Park was responsible for caring for 17% of the total number of people served by the state psychiatric hospital system last year.

Because of its location on the south side of Chicago, Tinley Park is a critical anchor of the mental health care system in the region. For many patients, it is the provider of last resort. The hospital fills two vital roles. First, it provides services to severely mentally ill consumers who are a threat to themselves or others. Second, it serves patients who do not have health insurance.

Under this proposal, patients on the south side of Chicago who previously would have been served by Tinley Park now will have to travel to Madden, where they likely will be denied admission. This will leave residents on the south side of Chicago particularly vulnerable.

But closing Tinley Park will put pressure not only on the south side of Chicago, but on the entire metropolitan area as well. Because there will be fewer beds in the region, many more people with mental illness will be unable to obtain adequate care.

If they are lucky, the people who are suffering from mental illness and who are unable to find treatment will benefit from the generosity of relatives or social services. But the sad reality is that many will wind up homeless. And without treatment, many who could get better will remain sick.

Others, without treatment, may commit crimes and become ensnared by the criminal justice system. Of course, most mentally ill persons are not criminals, and most criminals are not mentally ill. But if not properly treated, persons with mental illnesses may not be fully cognizant of their surroundings or may not be able to differentiate right from wrong.

Placing mentally ill persons in jail is as fiscally unwise as it is cruel. Treating and housing persons with mental illness in jails and prisons is expensive, inefficient, and a burden on the
entire criminal justice system. And it destroys the lives of people whose only “crime” is being mentally ill in a society that does not treat them with dignity or compassion.

The problem is substantial and not isolated to the area immediately surrounding the potential closures. Right now, there are more people with mental illnesses in the state prison system than there are in all of the public and private hospitals combined. The largest mental hospital in the state is now the Cook County jail. In fact, there are more people in this one county jail than there are in all of the state’s mental hospitals combined.

People who are responsible for important and expensive parts of the criminal justice system, such as jails, understand this quite well. This is why Sheriff Tom Dart of Cook County has written a letter to the governor opposing these proposed psychiatric hospital closings.

To be clear, the Mental Health Summit only opposes the closing of Tinley Park and other state psychiatric hospitals because there is no plan in place for providing alternative services for these patients. If the state had a comprehensive plan, we would not be here today.

But the state does not have a comprehensive plan. And so not only will this proposal impose human costs on patients with mental illness, but it will also impose great financial costs on other areas of government.

Such a course of action is as fiscally unwise as it is unsympathetic. And so the Mental Health Summit strongly opposes the proposal to close Tinley Park Mental Health Center—unless and until the state makes a comprehensive plan for providing another form of care to the affected patients.
CGFA Meeting  
November 1, 2011  
RE: Proposed closure – Tinley Park Mental Health Center

Senator Jeffrey M. Schoenberg  
Representative Patricia Bellock  
Co-Chairman  
Co-Chairman

Thank you for the opportunity to provide this written testimony to CGFA as you consider the possible closure of the Tinley Park Mental Health Center as proposed by the Department of Human Services, Division of Mental Health.

Grand Prairie Services is the primary provider of safety net behavioral healthcare services in the four townships of Bloom, Bremen, Rich and Thornton within south suburban Cook County. For over 60 years we have provided community based behavioral health services delivered through a variety of contracts with the State of Illinois Department of Human Services, Divisions of Mental Health, Developmental Disabilities, Alcohol and Substance Abuse and the Department of Children and Family Services.

When the initial idea of closing/rebuilding Tinley Park Mental Health Center was presented in 2004/05, Grand Prairie Services was the lead south suburban agency in a workgroup created by the Department to develop a comprehensive community reinvestment plan in response to the potential closure. During that process, Grand Prairie Services put forth an enormous amount of time and energy in coordinating meetings with community based stakeholders including Mental Health and Substance Abuse providers, hospitals, and the National Alliance of Mentally Ill - South Suburbs of Chicago to develop the reinvestment plan. The proposal was designed to include the much needed expansion of community based behavioral healthcare services, development of a psychiatric triage service for our south suburban communities, and a comprehensive response to developing services in a region that has historically been underserved.

The Department of Human Services, Division of Mental Health (DHS/DMH) has once again proposed the closure of Tinley Park Mental Health Center with one significant difference; at this time, there is no plan in place for the safe effective transition of the individuals that will be displaced by this closure. Nor is there a plan to reinvest funding into the community based mental health system; the system expected to “step up” and care for these individuals as publicly stated by DHS/DMH. The need for all the services outlined in the original reinvestment plan has grown exponentially since that time while concurrently, community behavioral healthcare providers have received consistent and disproportionate cuts in funding and specifically reductions in funding for services to the uninsured and working poor. Most recently in October of 2010, the Non-Medicaid Service Packages
developed and mandated by DHS/DMH severely limited the type and amount of service an individual without funding can expect to receive from a community provider. One service package allows for assessment with little or no follow-up treatment, thereby perpetuating the cycle of return visits to the ER for stabilization or hospital admission. To demonstrate an example of these reductions, in FY 12 Grand Prairie Services received a reduction of 67.9% in the funding available to provide services to the uninsured and working poor. This funding has been systematically reduced by more than 74% over the last three fiscal years. This reduction translates into hundreds of individuals who no longer receive treatment and services vital to their recovery because they are unfortunate enough to be without a funding source for their behavioral healthcare needs.

During FY 11, Grand Prairie Services received 519 discharge referrals for follow up care from state operated psychiatric hospitals, of which 394 were from Tinley Park Mental Health Center. Without acute care bed capacity in the community to meet the behavioral health needs of unfunded individuals requiring inpatient psychiatric hospitalization and without the funding for community mental health centers to provide the necessary follow up care, the recovery of this extremely vulnerable population will be compromised.

As an organization, Grand Prairie Services is a primary advocate for the continued and ongoing development of quality behavioral healthcare services as part of the safety net continuum for individuals without insurance, Medicaid and/or Medicare. We are also staunch advocates for services that best meet the needs of the community and understand that those services must be a quality continuum starting with comprehensive crisis service availability, inpatient care and comprehensive outpatient and supportive services. We ask that these things are considered and a safe effective plan be prepared prior to the closure of any state operated facility. We respectfully request that the Commission takes these matters into consideration when reaching a decision and making their recommendation.

Once again, we appreciate the opportunity to share our thoughts regarding the Tinley Park Mental Health Center proposed closure and would be available to answer questions or provide additional information you may need as a Commission to make your recommendation. I can be reached at (708) 623-1504. Thank you.

Sincerely,

Lisa M. Labiak
V.P., Development & Corporate Communication

CC: CGFA Members
    Dan R. Long, Executive Director, CGFA
November 1, 2011

To: State of Illinois

Re: Abatement of Noise Nuisance at The Howe Developmental Center and Tinley Park Mental Health Center Facility with Closure

Dear Sirs:

A noise nuisance exists at The Howe Developmental Center and Tinley Park Mental Health Center from the three smoke stacks, from heating and air conditioning pumps and machinery and from the underground tunnels that traverse, lead to and from The Howe Developmental Center and Tinley Park Mental Health Center. The many tunnels should be videotaped and closed by filling them in with suitable material immediately and certainly prior to closure. The tunnels run from 80th Avenue to Harlem and from 183rd Street to the 80th Avenue Train Station. The tunnels lead to an underground facility near the Safety Building at the corner of 183rd St. and 80th Avenue to be used for shelter in the event of nuclear attack by St. Colletta’s. The shelter for nuclear attack should be open to the public for inspection and in the event of an attack.

The Howe Developmental Center and Tinley Park Mental Health Center is warranted due to the high death rate of 30 residents within 4 years which may be the result of providing substandard care or criminal activity. Thirty (30) deaths occurred over 4 years which may have been related to criminal activity in the hidden tunnels. Patients would be better off and safer if a location with less unsolved deaths at record numbers.

Closure of the site is requested to abate the noise transmitted from The Howe Developmental Center and Tinley Park Mental Health Center to Bristol Park which is located near 178th Street and 7800 West, Tinley Park, Illinois 60477. The noise has continued for several years stopping only during inclement weather or when the heating and air conditioning building are shut down, but the tunnels need oxygen, air and climate control. To evaluate the situation, the group and individuals that maintain and control the tunnels and/or safety should disclose to number of tunnel users daily and annually, the purpose of the tunnels, the sanitary condition and the safety of the tunnels. This noise nuisances include different sound pitches vibrating over a mile away interfering with sleep and memory sue to constant noise. The State of Illinois is responsible for the noise but has taken no steps to alleviate or end the noise, inspect the tunnels or to close the tunnels. Although we have met with the Village of Tinley Park, we would like some support from the Village and the surrounding community. We have reported the noise nuisance to the State of Illinois. The Village of Tinley Park cannot resolve the problem. Environmental health department should deal with these noise and safety issues promptly and with a resolution.

We hired an expert to establish the fact that the noise is coming from the three smoke stacks located on The Howe Developmental Center and Tinley Park Mental Health Center. We did make a record of where the noise is coming from which is the heating
and air conditioning building smokestacks. The Howe Developmental Center and Tinley Park Mental Health Center's connecting tunnels and smokestacks allow sound to transmit thru the air and underground day and night to pump air into the tunnels and to heat and air condition which resonates through the air to our subdivision. There is no reason why a separate efficient heat is not used for each building.

The noise nuisance is not reasonable since more efficient heating systems are available and the tunnels are dangerous. We have heard 2 explosions in the past month coming from the direction of the Howe Developmental Center and Tinley Park Mental Health Center area but do not know of the location of the explosion. We have also heard multiple gun shots early on Saturday morning, but see nothing about it in the police blotter. The humming, pumping, vibrating hum annoying to the ear is noise emitted almost daily with entire subdivisions affected including thousands of residents. The hearing sensitivity of the average person is affected by the almost constant sound annoyance resulting in sleep deprivation and memory loss from constant noise.

If you find the noise is a statutory nuisance, you are legally obliged to abate the noise. The State of Illinois is asked to stop the noise and to close and fill all tunnels. You are requested to investigate the noise and tunnels and to close the facility. The industrial/commercial noise and vibration is noise pollution from the Howe Developmental Center and Tinley Park Mental Health Center. The premises have noisy machinery. The State of Illinois Environment Agency that regulates noise is requested to force the Howe Developmental Center and Tinley Park Mental Health Center to obey certain noise conditions and produce a noise management plan. The State of Illinois Environment Agency that monitors noise and tunnels is requested to keep a record of any noise monitoring and management plans submitted by the operators of the Howe Developmental Center and Tinley Park Mental Health Center and to require compliance with noise emission standards.

Wherefore, we respectfully request the Howe Developmental Center and Tinley Park Mental Health Center to close, the heating and air conditioning system to shut down and all tunnels to be inspected, videotaped, closed and filled.

Thank you for your attention to this matter.

Respectfully submitted,

Maureen Whelan-Kapanowski, Mark Kapanowski and Family
Tinley Park Residents
7831 Park Central Drive South
Tinley Park, Illinois 60477
708-633-9181

I certify that the facts contained in the letter dated 11/11/11 are true and correct.

Maureen Whelan-Kapanowski
Equip for Equality, the independent, not-for-profit organization designated by the Governor in 1985 to administer the federally mandated Protection and Advocacy system for people with disabilities in Illinois, appreciates the opportunity to testify before the Commission regarding the proposed closure of the Tinley Park Mental Health Center (Tinley MHC). Equip for Equality’s mission is to advance the civil and human rights of people with disabilities and is accomplished through self-advocacy training and technical assistance, legal services, public policy initiatives, and investigations of abuse and neglect in all settings that serve people with disabilities.

Equip for Equality believes that individuals with mental illness are best served in the community, and we have long advocated for the State to strengthen and adequately fund the community mental health system so that quality mental health treatment and services are readily available and easily accessed. However, the reality is that the community mental health system has been severely underfunded for decades. The proposal to close Tinley MHC does not contemplate any additional funds for community providers, while purporting to save the State money by relinquishing responsibility for Tinley MHC residents’ and acute care patients’ needs to the already-underfunded system.

In assessing whether, when, and how to close Tinley MHC, the primary consideration must be the needs of individuals with mental illness and how those needs will be met when this facility is closed. Other considerations, such as preserving jobs, should not drive this important decision. In our view, closing a state operated mental health center must only occur as part of a comprehensive plan to provide for the needs of the facility’s residents and acute care patients, including those with no insurance. We are aware of no such plan.

It is important to remember that the capacity of state-operated mental health centers, such as Tinley MHC, is reflected not only in the daily census numbers, or the number of beds, but in the total number of people served on an annual basis. In FY 2011, Tinley MHC provided acute care services to almost 2,000 individuals with mental illness. Who or what will fill this void if Tinley MHC is closed now – particularly for those who are uninsured and not Medicaid eligible? Answering this question must precede, not follow, a decision to close.

When DHS proposed to close Tinley MHC in 2008, a task force was convened to develop a well- thought out plan to replace it with a new, state-of-the-art facility to serve persons in need of acute mental health care in the Metro South area. Based upon that plan, we supported the closure of Tinley MHC, and we still support the concept that was proposed in 2008. But that is not the present situation. Now, there is no such plan in place. DHS proposes to shift the responsibility
to provide critical mental health services to private hospitals and community providers, without providing assurance that either has the current resources or capacity to serve those now served by Tinley MHC.

The closure of Tinley MHC without a corresponding funding increase and expansion of capacity in the community will likely result in greater numbers of people with mental illness being diverted to the criminal justice system, becoming homeless, or even dying. Without providing for an alternative safety net, closing Tinley MHC now will put the health and safety of individuals with mental illness at risk, and is therefore premature.

Equip for Equality stands ready to work with the State to develop a meaningful and effective plan so that individuals with mental illness can receive quality mental health care in the community and access acute psychiatric care when needed. The closure of Tinley MHC at this time without such a plan, however, is unwise and unsafe.

Thank you very much.
October 31, 2011

Commission on Government Forecasting and Accountability
VIA Email: facilityclosure@ilga.gov
ATTN: Facility Closure
703 Stratton Building
Springfield, IL 62706

Name of agency: Community Mental Health Council, Inc.
Facility being closed: Tinley Park Mental Health Center
Your Position: Proponent
The type of Testimony you would like to give: Written testimony via this e-mail

COMMUNITY MENTAL HEALTH COUNCIL, INC. is a behavioral healthcare provider servicing the residents of the south side of Chicago, Cook County. Our relationship with the Department of Human Services (DHS) Division of Mental Health spans over the last 36 years.

We understand the serious fiscal issues facing the State of Illinois and in particular the expenses associated with keeping Tinley Park Mental Health Center open. Previously when facilities were closed the DHS Division of Mental Health (DMH) reached out to community providers and used some of the savings associated with the closures to build outpatient capacity and to support community hospitals with psychiatric units through the CHIPS program. This type of partnering was essential and helped local providers meet some of the responsibilities placed on them by the hospital closures.

We have been actively engaged with the Division of Mental Health in their work to work with regional mental health providers to build greater capacity for community based services that best fashions a local response to the access needs to MH services, hospital beds and other alternatives treatment resources for those individuals who present with serious mental illnesses.

We will continue our work with the DMH on providing community options and hope to finalize discussions when DMH is able to fully proceed.

Thank you for this opportunity to comment on the closure of Tinley Park Mental Health Center.

Sincerely,

Carl C. Bell, M.D.
President and CEO

CCB/apr
Cc: Michael Pelletier
TO: Commission on Government Forecasting and Accountability
FROM: Raelynn Noelle Ballard
RE: Tinley Park Mental Health Center
DATE: Monday, October 31, 2011

My name is Raelynn Noelle Ballard, and I'm 8.

Please do not close Tinley Park Mental Health Center, because they help people with mental illness. If you close the hospital where will they go? Who is going to help them?

When you close Tinley Park Mental Health Center the patients will have to go far, far, away for help. That means all the people who care for the patients will have to go far, far, away too.

Please care for the sick people and let them keep Tinley Park Mental Health Center.

Hopefully,

Raelynn Noelle Ballard
Homewood, IL. 60430
TO: Members of the Commission on Government Forecasting and Accountability

FROM: Helen Salako -Ojei RN

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-29-2011

I am a Registered Nurse working at Tinley Park Mental Health Center for fifteen years. Please be informed that I strongly oppose the closure of Tinley Park Mental Health Center. This hospital provides a unique service to people in the Metro South and other South County Areas. The closure will contribute a great danger to lawful tax paying citizens and inhabitants of the area and beyond, patients inclusive.

In this era of rapid drug use, history of gun-trigger habit people and two mixed wars overseas, plus numerous war veterans back at home, coupled with the terrible economy, unemployment, stress and anxiety in our society, closure of this hospital is an indirect way of unleashing mentally ill patients into the streets because prompt and immediate hospital treatment will be lacking.

I appeal, please ensure that this hospital is not closed.

Sincerely Yours
Helen Salako-Ojei RN
TO: Commission on Government Forecasting and Accountability  
FROM: Scottlynn Ballard  
RE: Tinley Park Mental Health Center  
DATE: Monday, October 31, 2011

My name is Scottlynn Ballard, and I’m 9½. At Flossmoor Hills they teach us to believe in the pillar of citizenship; so I care about the people in my community. So, please don’t close Tinley Park Mental Health Center.

If Tinley Park Mental Health Center closes, some people with mental illness will have to go really, really far away to Springfield, and other people who don’t have insurance won’t be able to get help.

Plus there could be more homeless people that will need help (like me and my family...if my mom loses her job).

SAVE TINLEY PARK!!!!!

Hopefully, Scottlynn Ballard

Scottlynn Ballard
Homewood, IL. 60430
TO: Honorable Members of the Commission on Government Forecasting and Accountability

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: November 1, 2011

My name is Harvella Ballard, a current employee, and I can barely express the devastation which would befall the citizens of South Cook, Will, Kankakee, and Grundy counties if Tinley Park Mental Health Center, the only state run facility South of Chicago, would close.

Tinley Park Mental Health Center provides acute (immediate and emergency) mental health services to Chicago and South suburban townships. We are accredited by the Joint Commission for the Accreditation of Health Care Organizations. The staff consists of hard working, specially-trained individuals, who are exposed to violent behaviors by patients as a result of their illness, such as: being spit upon, hit, kicked, punched and bitten. They are able to do this while providing professional and therapeutic care; maintaining restraint and seclusion rates well below the State and National Average. During the fiscal year of 2011 we cared for over 2,000 admissions from Cook, Will, Kankakee and Grundy counties; and maintained an average daily occupancy rate of 91%. Tinley Park Mental Health Center is small in comparison to what it could be, and once was.

We recently lowered our bed capacity which resulted in as many as 27 patients waiting for beds in the emergency rooms of community hospitals. Some days the wait time in emergency rooms were for several days. We often admit patients who were declined admission to the community hospitals due to their lack of beds, the patient’s lack of funding, or the patient’s level of aggression due to illness.

Persons with mental illness who need an acute level of care, i.e., inpatient psychiatric hospitalization, will be further exacerbated by the closure of Tinley Park Mental Health Center. This depletes the already limited pool of public inpatient resources which are not evenly distributed between Northern Cook County and the Southland Region. The closure of Tinley Park Mental Health Center represents the absence of services (inability to access care) for individuals with mental illness who need acute care; although the number of mentally ill individuals has not decreased.

The Department’s proposed plan would mean acute mental health services would be available, albeit limited, at Madden Mental Health Center in Maywood, and not again available until McFarland Mental Health Center in Springfield; which is over 200 miles away. Persons with mental illness from the South Cook County and Southland Region, who depend on the public system of acute mental health services, will not be able to access or receive services.
This plan will have a severe adverse effect on the consumers continued recovery, health and welfare. Without treatment, individuals with mental illness and unresolved psycho-social issues experience difficulty in society; with varied circumstances which contribute to the inability to obtain shelter. Some individuals have no means of financial support, or are not considered eligible, and are often denied benefits. Without the money to pay for medication, decompensation (moving from stability to mental instability) becomes unavoidable.

Yes We Can support the continued operation of Tinley Park Mental Health Center.

We cannot survive its’ closure.

Thank you for your consideration.

Harvela Ballard, RN, PSA
18016 Cherrywood Lane
Homewood, IL. 60430

Harvela Ballard
November 1, 2011

Commission on Government Forecasting and Accountability
VIA Email: facilityclosure@ilga.gov
ATTN: Facility Closure
703 Stratton Building
Springfield, IL 62706

Name of agency: Riverside Medical Center
Facility being closed: Tinley Park Mental Health Center
Your Position: Proponent
The type of Testimony you would like to give: Submitting written testimony via this e-mail.

Riverside Medical Center is an inpatient and outpatient mental health provider servicing the residents of Kankakee County. Our relationship with the Department of Human Services (DHS) Division of Mental Health spans over 30 years.

We understand the State of Illinois is considering closing Tinley Park Mental Health Center due to expenses associated with keeping it open. In the past when facilities were closed, the DHS Division of Mental Health reached out to the community impacted with reinvestment dollars to provide inpatient (CHIPS) and outpatient services for those clients who were impacted by the closure. This type of partnering was essential and helped local providers to meet some of the responsibilities placed on them by the hospital closures.

We have been approached by the Division of Mental regarding our interest in possibly providing inpatient and outpatient services to meet the need of individuals who present with mental illness should Tinley Park close. We will continue our work with DMH on providing community options and hope to finalize discussions once DMH is able to fully proceed. The DHS partnering with regional mental health providers to build capacity in the community will bridge the serious gap due to Tinley’s closing.

Thank you for the opportunity to comment on the closure of Tinley Park Mental Health Center.

Christine Anthony, Rn
Director Behavioral Services
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

SUBJECT MATTER: **Closure of Tinley Park Mental Health Center**

**IDENTIFICATION:**

Name: **Gilbert Nelson**
Title: **Support Service Coordinator**
Firm / Business or Agency: **DHS Ludeman**
Address: **114 N. Orchard Dr.** City: **Park Forest** State: **IL** Zip: **60466**
Email: **gnelson0426@comcast.com**

**POSITION:** [ ] Proponent [ ] Opponent [ ] No Position

**TESTIMONY:** [ ] Oral [ ] Written Statement Filed [✓] Record of Appearance Only

**WRITTEN COMMENTS:**
Testimony regard buildings that are being used as opposed to vacant buildings was not accurate. No one consulted me regarding this testimony. I would be the expert in this area.
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Sheila Henrietta
Title: General Counsel
Firm / Business or Agency: Gov's Office & Mgmt & Budget
Address: __________________________ City: __________ State: ______ Zip: ______
Email: __________________________

POSITION: □ Proponent □ Opponent □ No Position

TESTIMONY: □ Oral □ Written Statement Filed □ Record of Appearance Only

WRITTEN COMMENTS:
I feel it is an injustice to close the only state operated facility in the Southland area.
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name:
Title: President-CEO
Firm / Business or Agency: Ministers Conn Scock County
Address: 1971 W 158 st City: Harvey State: Ill Zip: 60426
Email:

POSITION: 

TESTIMONY: Oral

WRITTEN COMMENTS:
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<tbody>
<tr>
<td>Name:</td>
<td>Michael A. Woods on behalf of James W. Glasgow</td>
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<tr>
<td>Title:</td>
<td>Assistant State's Attorney</td>
</tr>
<tr>
<td>Firm / Business or Agency:</td>
<td>Will County State's Attorney's Office</td>
</tr>
<tr>
<td>Address:</td>
<td>57 N. Ottawa Street</td>
</tr>
<tr>
<td>City:</td>
<td>Joliet</td>
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<td>State:</td>
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<td>Elected official</td>
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**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

Name: Sandy Stavropoulos  
Title: Asst. State's Attorney/Supervisor Mental Health  
Firm / Business or Agency: Cook County State's Attorney's Office  
Address: 69 W. Washington  
City: Chicago  
State: IL  
Zip: 60602  
Email: SandraStavropoulos@CookCountyIL.gov

**POSITION:**  
☑ Opponent  
☐ No Position

**TESTIMONY:**  
☑ Oral  
☐ Written Statement Filed  
☐ Record of Appearance Only

**WRITTEN COMMENTS:**

"Please move up to Elected officials"
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Dr. Joseph Troiani
Title: Director of Behavioral Health
Firm / Business or Agency: Will County Health Dept
Address: ___________________ City: _______ State: _______ Zip: _______
Email: ____________________

POSITION: [ ] Proponent [x] Opponent [ ] No Position

TESTIMONY: [x] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

Please move up to elected officials.
### RECORD OF COMMISSION WITNESS

**11/1/11**

**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

**Name:** Tiffany Sauzier

**Title:**

**Firm / Business or Agency:**

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**POSITION:**

- [ ] Proponent
- [ ] Opponent
- [ ] No Position

**TESTIMONY:**

- [x] Oral
- [ ] Written Statement Filed
- [ ] Record of Appearance Only

**WRITTEN COMMENTS:**

Employee
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

| DATE | 11/1/11 |

| SUBJECT MATTER | Closure of Tinley Park Mental Health Center |

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<td>Firm / Business or Agency:</td>
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<td>Address: 107 NANTI</td>
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SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: REIL GERALD ELLIOTT WYONE
Title: CHAPLAIN
Firm / Business or Agency: HOSPITAL
Address: ONE INNISWALLS DRIVE City: HARVEY State: IL Zip: 60425
Email:

POSITION: □ Proponent □ Opponent □ No Position
TESTIMONY: □ Oral □ Written Statement Filed □ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Steve Wilson
Title: Mental Health Technician III
Firm / Business or Agency: Tinley Park Mental Health Center
Address: 1400 E. 183rd St City: Tinley Park State: IL Zip: 60477

POSITION: [ ] Proponent [X] Opponent [ ] No Position
TESTIMONY: [ ] Oral [ ] Written Statement Filed [X] Record of Appearance Only

WRITTEN COMMENTS:
RECORDER OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: PAULARD POWELL

Title: RETIRED ILLINOIS DEPT. OF CORRECTIONS

Firm / Business or Agency: 

Address: City: State: Zip:

Email:

POSITION: [X] Opponent  [ ] No Position

TESTIMONY: [X] Oral  [ ] Written Statement Filed  [ ] Record of Appearance Only

WRITTEN COMMENTS:

FORMER GOVERNOR JAMES THOMPSON STARTED CLOSING ILLINOIS STATE MENTAL HEALTH CENTERS. A POLARIZATION OF THESE INDIVIDUALS WITH MENTAL HEALTH DIAGNOSES / ISSUES COME INTO IL. DEPT. OF CORRECTIONS. MANY WHOM WERE TRANSFERRED TO THE THEN MENARD PSYCHIATRIC CENTER. THESE INDIVIDUALS WERE CLASSIFIED AS GUILTY BUT MENTALLY ILL AFTER WRITING SPECIAL ADMINISTRATIVE DIRECTIVE APPLICABLE TO NEEDS TREATMENT NEEDS DURING THEIR INCARCERATION PERIOD OF INCARCERATION.

THE PERPETUAL GAME OF MUSICAL CHAIRS CONTINUES.
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Pastor Frederick L. Jackson
Title: 
Firm / Business or Agency: New Beginnings Church
Address: 
City: 
State: 
Zip: 
Email: 

POSITION: 
☑ Opponent 
☐ Proponent 
☐ No Position

TESTIMONY: 
☐ Oral 
☐ Written Statement Filed 
☐ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Tiffany Saucier
Title: Social Work Intern
Firm / Business or Agency: Tinley Park Mental Health Center
Address: 2304 W 157th City: Markham State: IL Zip: 60428
Email: t_saucier@yahoo.com

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☑ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

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<tr>
<td>Name:</td>
<td>Eileen C. McGrath</td>
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<td>Title:</td>
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<td>Firm / Business or Agency:</td>
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**Written Comments:**
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Victoria Lozer
Title:
Firm / Business or Agency: Educator/Special Ed.
Address: 5831 W. Roosevelt City: Monee State: IL Zip: 60449
Email: LozerVictoria@yahoo.com

POSITION: [X] Opponent [ ] Proponent [ ] No Position

TESTIMONY: [X] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: SHASTRI SWAMINATHAN MD

Title: CHAIR, DEPT OF PSYCHIATRY, ADVOCATE ILLINOIS MENTAL HEALTH CENTER

Firm / Business or Agency: 

Address: ___________________________ City: __________ State: ______ Zip: ______

Email: ________________________________

POSITION: □ Proponent ☑ Opponent □ No Position

TESTIMONY: ☑ Oral □ Written Statement Filed □ Record of Appearance Only

WRITTEN COMMENTS:
ACCOUNTABILITY

Illinois Commission on Government Forecasting & Accountability

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bedrock

Record of Commission Witness

Subject Matter: Closure of Tinley Park Mental Health Center

Identification:
Name: Martin McElmoyle
Title:
Firm / Business or Agency:
Address: 13328 Oak View
City: Alsip
State: IL
Zip: 60453
Email: lavanm@236wan.com

Position: □ Proponent □ Opponent □ No Position

Testimony: □ Oral □ Written Statement Filed □ Record of Appearance Only

Written Comments:
## RECORD OF COMMISSION WITNESS

**Subject Matter:** Closure of Tinley Park Mental Health Center

### Identification:
- **Name:** William Sullivan
- **Title:** Dr.
- **Firm/Business or Agency:** ICPD Emergency Physician
- **Address:**
- **City:**
- **State:**
- **Zip:**
- **Email:** WPSQ13@GMAIL.COM

### Position:
- [ ] Proponent
- [x] Opponent
- [ ] No Position

### Testimony:
- [x] Oral
- [ ] Written Statement Filed
- [ ] Record of Appearance Only

### Written Comments:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Judith Jensen
Title: Retired Clinical and School Psychologist
Firm / Business or Agency: 
Address: No 1 City: Tinley Park State: Zip: 
Email: 

POSITION: [ ] Proponent [X] Opponent [ ] No Position

TESTIMONY: [X] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Clifton Graham Jr
Title: Running for State Rep for 38th District
Firm / Business or Agency: Resident
Address: 4920 Lake Dr City: CC Hills State: SC Zip: 6047X
Email: csgraham@comcast.net

POSITION: [ ] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [X] Oral [ ] Written StatementFiled [ ] Record of Appearance Only

WRITTEN COMMENTS:
I have family Members & Friends who have benefited from the services offered at Tinley Park M.H. center.
I don't know what we would have done if the center had not been there & their services Not available. We desperately need to keep Tinley Park M.H. center open for those still suffering with Mental Illness who walk among us every day!

Lora Harris
I am opposed to the closure of any psychiatric hospital until services are in place in the communities where we are losing them - Englewood, Elgin, MacFarland, & Tinley Park.
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Samuel E. DelBence
Title: Pastor
Firm / Business or Agency: St. Andrew Temple
Address: 15046 Howard
City: Harvey
State: IL Zip: 60426
Email: HarveyKay@u.com

POSITION: [ ] Proponent [X] Opponent [ ] No Position

TESTIMONY: [X] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

(1) Don't close it at any time.
(2) The South Suburbs need jobs.
(3) Let provide the resources for Tinley Park.
(4) Resources are 139 employees.
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Carl J. Wolf
Title: Executive Director
Firm / Business or Agency: Respond Now
Address: 1989 Emerald
City: Cherry Hill, NJ, State: NJ, Zip: 08034
Email: crosportnow@skybibi.net

POSITION: [X] Opponent
[ ] Proponent
[ ] No Position

TESTIMONY: [X] Record of Appearance Only
[ ] Oral
[ ] Written Statement Filed

WRITTEN COMMENTS:

Against the closure of TPMH.
The president of the United States talks of shared sacrifice. My taxes have almost doubled - my property taxes are up +30%. I have and will continue to pay and sacrifice. The UNION must do their part. CLOSE the facility. It has out lived it's usefulness. $24 million to serve 2000 patients is over $12,000 per patient. That is a CRIME!
It is understandable that the closure of Morry Clark may be inevitable due to budget issues and the poor physical condition of the center. However, there is no assurance in the rapid decision without a plan (or ignoring the existing plans). Morry Clark is a safety net for the North Riverside and the impact will devastate an already exhausted (hospital) system.
TPMHC serves 2000 mentally ill patients a year (2010)- more in the past. These patients will be underserved, if at all.

There is no adequate plan for service. There is no South Side public hospital. Our patients are likely to end up in the correctional setting. Outpt Mental Health Centers are also suffering from lack of funding and are unable to adequately serve patients.

This is a travesty for mentally ill. Our patients credit TPMHC as the most helpful hospital for them. Agreement was made to relocate the hospital on the South Side. We serve the 2nd highest number of patients in the state. (Madden is #1). Patients have not been harmed nor died at TPMHC. It is safe!
We have been continually downsized over the years.

The need for mental health treatment is increasing with current economic situation—not decreasing.

The governor is spending $44m for gyms in certain communities. Just $10m needed to keep TPMHC open.

Governor continues to spend new monies. This is ingenious.

Patients are walking away from ERs, untreated, or cycling thru Madden MHC every few days. This costs ERs greatly and is a disservice to patients. You don’t want untreated mentally ill on the streets.

How long do you think private hospitals will take our patients, if they have to wait 1+ yrs to be paid?

This is a land grab! Tinley Park has always wanted our property.

Keep TPMHC open & ADD outpatient TX by TPMHC to serve our patients!
### Admissions/Triage Count By Admitting Facility

**Report Date Range:** 07/01/2010 to 06/30/2011

<table>
<thead>
<tr>
<th>Admitting Facility</th>
<th>Total Count</th>
<th>Admissions Count</th>
<th>Triage Count</th>
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<tr>
<td>14 TINLEY PARK M.H.C.</td>
<td>2,033</td>
<td>1,902</td>
<td>131</td>
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<td>19 ALTON M.H.C.</td>
<td>190</td>
<td>188</td>
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<tr>
<td>29 CLYDE L. CHOATE M.H.C.</td>
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<td>39 CHICAGO READ M.H.C.</td>
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<tr>
<td>44 H. DOUGLAS SINGER M.H.C.</td>
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<td>794</td>
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<td>54 JOHN J. MADDEN M.H.C.</td>
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<td>3,673</td>
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<td>59 ELGIN M.H.C.</td>
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<td>66 CHESTER M.H.C.</td>
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<td>178</td>
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<td>74 ANDREW MCFARLAND M.H.C.</td>
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<td>722</td>
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**GRAND TOTALS:** 10,773 10,272 501
Record of Commission Witness

Subject Matter: Closure of Tinley Park Mental Health Center

Identification:

Name: Rev. Elbert Williams
Title: Minister
Firm/Business or Agency: Ministers Conference, South Suburban
Address: 
City: 
State: 
Zip: 
Email: 

Position: [ ] Proponent [X] Opponent [ ] No Position

Testimony: [ ] Oral [X] Written Statement Filed [ ] Record of Appearance Only

Written Comments:

I oppose the closing of Oak Forest Hospital. The South Suburbs need this hospital for those who cannot afford health care only in this fashion.

[Signature]
People with serious mental illness cannot take care of themselves. If mental hospitals are closed, what happens to them? They could become homeless, dangerous to themselves and/or others. To take care of them benefits the communities. Communities need support to help them after they leave hospital as well as to improve their lives.
Do not close the Tinley Park Mental Health Center!!!
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Rachelle Ballard
Title: Concerned Citizen
Firm / Business or Agency:
Address: 18006 Cherrywood Lane City: Homewood State: IL Zip: 60439
Email:

POSITION: [ ] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

please don't close the hospital becase if you do the people that stay there will not have a home.
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Michael ENGLEHART
Title: President
Firm / Business or Agency: Advocate South Suburban Hospital
Address: 17800 S. Kedzie City: Hazel Crest State: IL Zip: 60429
Email: Michael.Englehart@advocatehealth.com

POSITION: [ ] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
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WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Joel Johnson
Title: President & CEO
Firm / Business or Agency: HRDI
Address: 222 S. Jefferson
City: Chgo
State: IL
Zip: 60601
Email: Johnson@hrdi.org

POSITION:
[ ] Proponent [V] Opponent [ ] No Position

TESTIMONY:
[ ] Oral [V] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
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<tr>
<td>IDENTIFICATION:</td>
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<tr>
<td>Name:</td>
<td>Bob Hemitt</td>
</tr>
<tr>
<td>Title:</td>
<td>Director of Training + Advocacy for MH</td>
</tr>
<tr>
<td>Firm / Business or Agency:</td>
<td>L.S.S.I.</td>
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<td>Address:</td>
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ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Lisa M. Labraic

Title: VP Development - Corporate Communication

Firm / Business or Agency: Grand Prairie Services

Address: 1746 Oak Park Ave City: Tinley Park State: IL Zip: 60477

Email: Labraic@gpsbll.org

POSITION: ☒ Opponent

TESTIMONY: ☒ Written Statement Filed

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Pat Aker
Title: 
Firm / Business or Agency: 
Address: 
City: 
State: 
Zip: 
Email: 

POSITION: ☑ Opponent

TESTIMONY: ☑ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: 
Title: Acc Tech I
Firm / Business or Agency: TPMHC
Address: 17643 Ridgewood City: Tinley Park State: IL Zip: 60477
Email: 

POSITION: [ ] Proponent [X] Opponent [ ] No Position
TESTIMONY: [ ] Oral [ ] Written Statement Filed [X] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Steve Davis
Title: YNAC
Firm / Business or Agency: DVA, AFSCME Local 1563
Address: 335 E 3rd Ave City: Clifton State: IL Zip: 60427
Email: Steven.1555@yahoo.com

POSITION: ☑ Opponent ☐ No Position

TESTIMONY: ☑ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Marvin Lindsey
Title: 
Firm / Business or Agency: Community Behavioral Healthcare Assoc of IL
Address: City: State: Zip:
Email: 

POSITION: [ ] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS: 
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: [Signature]
Title: [Signature]
Firm / Business or Agency: [Signature]
Address: ______________________ City: __________ State: ______ Zip: ______
Email: ______________________

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

WRITTEN COMMENTS:
Subject Matter: Closure of Tinley Park Mental Health Center

Identification:
Name: Thomas
Title: Executive Director
Firm / Business or Agency: Naval Illinois
Address: 205 W. Lawrence City: Springfield State: IL zip: 62704
Email: Lora.thomas@doe.state.il.us

Position: [ ] Proponent [x] Opponent [ ] No Position
Testimony: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

Written Comments:
<table>
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<td>IDENTIFICATION:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Charles Hughes</td>
</tr>
<tr>
<td>Title:</td>
<td>State Employee</td>
</tr>
<tr>
<td>Firm / Business or Agency:</td>
<td>Montes, VA, AFSCMC</td>
</tr>
<tr>
<td>Address:</td>
<td>1815 Illinois Ave  City: Kalamazoo State: IL Zip: 49001</td>
</tr>
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<tr>
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**WRITTEN COMMENTS:**
**Subject Matter:** Closure of Tinley Park Mental Health Center

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<tr>
<td><strong>Name:</strong></td>
<td>Donna Davis</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>Storekeeper / Secretary-AFSCME</td>
</tr>
<tr>
<td><strong>Firm / Business or Agency:</strong></td>
<td>IL Dept. of Veterans Affairs / AFSCME Local 1563</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>1390 Stratford Dr, West Chicago, IL 60185</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:afscme1563@yahoo.com">afscme1563@yahoo.com</a></td>
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**Position:**
- [ ] Proponent
- [x] Opponent
- [ ] No Position

**Testimony:**
- [ ] Oral
- [ ] Written Statement Filed
- [x] Record of Appearance Only

**Written Comments:**
RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: MARGARET A. CUMMINGS
Title: MENTAL HEALTH TECHNICIAN II
Firm / Business or Agency: TINLEY PARK MENTAL HEALTH CENTER
Address: __________________________ City: __________ State: _____ Zip: ______
Email: ___________________________

POSITION:  [X] Opponent  [ ] Proponent  [ ] No Position

TESTIMONY: [ ] Oral  [ ] Written Statement Filed  [X] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Lisa Smith
Title: RN - Manager - Behavioral Health Services
Firm / Business or Agency: Silver Cross Hospital
Address: 1200 Maple Road City: Joliet State: IL Zip: 60432
Email: LSmith@silvercross.org

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Bob Smith
Title: Retired Concerned Citizen
Firm / Business or Agency: 
Address: 
City: 
State: 
Zip: 
Email: 

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Sharon Dozier
Title: Clinical Lab Tech 3
Firm / Business or Agency: Tinley Park MHC

Address: _____________________ City: ___________ State: _______ Zip: __________

Email: _______________________

POSITION:  ⬜ Opponent  ⬜ No Position

TESTIMONY:  ⬜ Oral  ⬜ Written Statement Filed  ⬜ Record of Appearance Only

WRITTEN COMMENTS:
Illinois Commission on Government Forecasting & Accountability
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

Record of Commission Witness

11/1/11

Subject Matter: Closure of Tinley Park Mental Health Center

Identification:

Name: Carol James
Title: MFT

Firm / Business or Agency: 
Address: 
City: 
State: 
Zip: 

Email: 

Position: [ ] Proponent [x] Opponent [ ] No Position

Testimony: [ ] Oral [ ] Written Statement Filed [x] Record of Appearance Only

Written Comments:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Shiree Jackson
Title: Security Officer
Firm / Business or Agency: DHS
Address: ____________________________ City: __________ State: ________ Zip: ________
Email: ____________________________

POSITION: [ ] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Gladys Sherrod
Title: Social Worker, MSW
Firm / Business or Agency: Tinley Park MHHC
Address: 4046 Lindenhurst Dr, City: Matteson, State: IL, Zip: 60443
Email: Sherrod.Gladys@yahoo.com

POSITION: □ Proponent  ☒ Opponent  □ No Position
TESTIMONY: □ Oral  □ Written Statement Filed  ☒ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: [Redacted]
Title: Support Service Worker
Firm / Business or Agency: Tinley Park Mental Health Center
Address: 7400 W 183rd St
City: Tinley
State: IL
Zip:

POSITION: [ ] Proponent [X] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [X] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Antoinette Curry
Title: Support Service Worker
Firm / Business or Agency: Tinley Park Mental Health Center
Address: 7400
City: State: Zip:
Email:

POSITION: ☑ Opponent

TESTIMONY: ☑ Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS
11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Cindy Lawrence
Title: Rehab Counselor Sr.
Firm / Business or Agency: DHS / Tinley Park MHC
Address: 7400 W. 183rd St. City: Tinley Park State: IL Zip: 60477
Email: 

POSITION: [ ] Proponent [X] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [X] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Lenora Gordon
Title: Mental Health Technician 2
Firm / Business or Agency: Tinley Park MHIC
Address: 7400 W. 183rd St City: Tinley Park State: IL Zip: 60477
Email: lenoragordon@comcast.net

POSITION: [ ] Proponent [x] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [x] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: JACQUELINE L. BOYD
Title: PSA OPT 8N
Firm / Business or Agency: Tinley Park Mental Health
Address: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted]
Email: [Redacted]

POSITION: ☒ Proponent ☐ Opponent ☐ No Position
TESTIMONY: ☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Lawrenc Thom
Title: Mental Health Tech II
Firm / Business or Agency: Tinley Park Mental Health Center
Address: City: State: Zip:
Email:

POSITION: [ ] Proponent [ ] Opponent [ ] No Position
TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

Name: Debra McCarty

Title: Mental Health Tech 3

**Firm / Business or Agency:**

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**POSITION:**

☐ Proponent

☒ Opponent

☐ No Position

**TESTIMONY:**

☐ Oral

☐ Written Statement Filed

☒ Record of Appearance Only

**WRITTEN COMMENTS:**
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Tanine Rhodes
Title: Office Assistant
Firm / Business or Agency: Tinley Park MHC
Address: 7400 W 183rd St
City: State: IL Zip: 60477

POSITION: ☑ Opponent  ☐ Proponent  ☐ No Position
TESTIMONY: ☑ Record of Appearance Only  ☐ Oral  ☐ Written Statement Filed

WRITTEN COMMENTS:
Subject Matter: Closure of Tinley Park Mental Health Center

Identification:

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<tr>
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Position: [X] Opponent  [ ] Proponent  [ ] No Position

Testimony: [X] Record of Appearance Only  [ ] Oral  [ ] Written Statement Filed

Written Comments:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Charles Stewart
Title: Security Officer SGT
Firm / Business or Agency: TPMHC
Address: 916 E. 152nd St City: Phoenix State: IL Zip: 60426

POSITION: ☐ Proponent ☑ Opponent ☐ No Position
TESTIMONY: ☐ Oral ☑ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Stogall, Warren
Title: Mental Health LEO

Firm / Business or Agency: Tinley Park MDC
Address: 7400 W 183 City: Tinley State: IL Zip: 60478
Email: maurice.stogall@yahoo.com

POSITION: [X] Opponent

TESTIMONY: [X] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Sheila Penelton
Title: SSW Worker Lead
Firm / Business or Agency: Tinley Park MHC
Address: 7400 W. 183rd St. City: Tinley
State: IL Zip:
Email:

POSITION: [ ] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Diane Foseo

Title: 

Firm / Business or Agency: 

Address: 15321 Oak Rd City: Oak Forest State: IL Zip: 60452

Email: 

POSITION: 

☑ Opponent ☐ No Position

TESTIMONY: 

☑ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Nick Fosco
Title: 
Firm / Business or Agency: 
Address: 152-21 Oak Rd  City: Oak Forest  State: IL  Zip: 60452
Email: 

POSITION: ☑ Proponent  ☐ Opponent  ☐ No Position

TESTIMONY: ☐ Oral  ☐ Written Statement Filed  ☑ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Theresia Force
Title: 
Firm / Business or Agency: 
Address: 15321 Oak Rd City: Oak Forest State: IL Zip: 60452
Email: 

POSITION: 🔵 Opponent  ☐ Proponent  ☐ No Position

TESTIMONY: ☐ Oral  ☐ Written Statement Filed  ☑ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: DAKINS
Title: Support Service WR
Firm / Business or Agency: Tinley Park Mental Health
Address: City: State: Zip:
Email:

POSITION: Proponent [X] Opponent [X] No Position

TESTIMONY: Oral [X] Written Statement Filed [X] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Bonnie Camacho
Title: 

Firm / Business or Agency: DHS - Tinley Park mHC
Address: 2400 W. 183rd City: T-P State: IL Zip: 60471
Email: Bonnie Camacho e atl.net

POSITION: [] Proponent [] Opponent [] No Position

TESTIMONY: [] Oral [] Written Statement Filed [] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Alice Diri

Title: RN

Firm / Business or Agency: Tinley Park Mental Health Center

Address: ________________________________ City: __________ State: _________ Zip: __________

Email: ________________________________

POSITION: [ ] Proponent [X] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [X] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Larry Dunlap
Title: Mental Health Tech
Firm / Business or Agency: Tinley Park Mental Health Ctr.
Address: 950 N. City: State: Zip:
Email:

POSITION: ☑ Opponent
☑ Record of Appearance Only

TESTIMONY: ☐ Oral
☐ Written Statement Filed
☑ Record of Appearance Only

WRITTEN COMMENTS:
**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

Name: Shavon, Latham  
Title: MHT II  
Firm / Business or Agency: Tinley Park Mental Health Center

**Position:**  
☑ Opponent  
☐ Proponent  
☐ No Position

**Testimony:**  
☐ Oral  
☐ Written Statement Filed  
☑ Record of Appearance Only

**Written Comments:**
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Benita L. Watson
Title: Mental Health Tech.
Firm / Business or Agency: Tinley Park Mental Health Ctr.
Address: 7
City: 
State: 
Zip: 
Email: 

POSITION: [ ] Proponent [X] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [X] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

 SUBJECT MATTER: Closure of Tinley Park Mental Health Center

 IDENTIFICATION:

 Name:  J a c k s o n  N o r r i s
 Title:  A c t i v i t y  T h e r a p y
 Address:  1 4 0 0  W . 1 8 3 r d  S t  City:  T i n l e y  P a r k  State:  I L

 Email:

 POSITION:  □ Proponent  X  Opponent  □ No Position

 TESTIMONY:  □ Oral  □ Written Statement Filed  □ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: [Signature]  
Title: Remembrance Officer

Firm / Business or Agency: Tinley Park

Address:  
City:  
State:  
Zip:  
Email:  

POSITION:  
☐ Proponent  ☐ Opponent  ☐ No Position

TESTIMONY:  
☐ Oral  ☐ Written Statement Filed  ☑ Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

| 11/1/11 |

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

<table>
<thead>
<tr>
<th>Name: Allean Jones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Social Worker II</td>
</tr>
<tr>
<td>Firm / Business or Agency: TPMHC</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Address:</th>
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<th>Email:</th>
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POSITION: ☑ Opponent

TESTIMONY: □ Oral ☑ Written Statement Filed □ Record of Appearance Only

WRITTEN COMMENTS:
**ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY**

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

**RECORD OF COMMISSION WITNESS**

11/1/11

**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

Name: Julie Sawyers
Title: RN
Firm / Business or Agency: Palos Community Hospital
Address: [redacted] City: [redacted] State: [redacted] Zip: [redacted]
Email: [redacted]

**POSITION:** [x] Opponent  [ ] No Position

**TESTIMONY:** [ ] Oral  [ ] Written Statement Filed  [x] Record of Appearance Only

**WRITTEN COMMENTS:**
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Luis Spella
Title: Ground Supervisor
Firm / Business or Agency: T.P. M. H. C.
Address: 5309 S. Normandy City: Chicago State: IL Zip: 60638
Email:

POSITION: [ ] Proponent [X] Opponent [ ] No Position
TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Sherri Miller
Title: Rehab Case Coordinator
Firm / Business or Agency: Chicago Health + Social Services
Address: City: State: Zip:
Email: Sherri.Miller@Illinois.Gov

POSITION: [ ] Proponent [x] Opponent [ ] No Position
TESTIMONY: [ ] Oral [ ] Written Statement Filed [x] Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Ruby Wheelis
Title: 
Firm / Business or Agency: 
Address: 15335 Winchester City: Harvey State: IL Zip: 6042
# RECORD OF COMMISSION WITNESS

**11/1/11**

**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

Name: **LAURA SPARKS**

Title: 

Firm / Business or Agency: 

Address: 14601 ASPEN ST.  
City: ORLAND PARK  
State: IL  
Zip: 60462

Email: 

**POSITION:**

[ ] Proponent  [ ] Opponent  [ ] No Position

**TESTIMONY:**

[ ] Oral  [ ] Written Statement Filed  [ ] Record of Appearance Only

**WRITTEN COMMENTS:**
RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Priscilla Cabbienda Bunte
Title: R. P. 2
Firm / Business or Agency: Tinley Park M.H.C.
Address: ____________________ City: __________ State: _____ Zip: __________
Email: _______________________

POSITION: □ Proponent □ Opponent □ No Position

TESTIMONY: □ Oral □ Written Statement Filed □ Record of Appearance Only

WRITTEN COMMENTS:


ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: Victoria Cornelius

Title: Social Worker

Firm / Business or Agency: TPWNC

Address: 7400 W 183 St, City: Alsip, State: IL, Zip: 60422

Email:

POSITION: ☑ Opponent

TESTIMONY: ☑ Record of Appearance Only

WRITTEN COMMENTS:
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Steven Burke
Title: MT Technician
Firm / Business or Agency: Tinley Park H.C.
Address: ________________________ City: __________ State: _____ Zip: __________
Email: ________________________

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

WRITTEN COMMENTS:
## RECORD OF COMMISSION WITNESS

**11/1/11**

**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Julia DeYoung</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
</tbody>
</table>

**Firm / Business or Agency:**

<table>
<thead>
<tr>
<th>Address</th>
<th>305 W. Eagle Rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
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</tr>
<tr>
<td>State</td>
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<tr>
<td>Zip</td>
<td>60401</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:jul2d@gmai.com">jul2d@gmai.com</a></th>
</tr>
</thead>
</table>

**POSITION:**

- [x] Opponent
- [ ] No Position

**TESTIMONY:**

- [ ] Oral
- [ ] Written Statement Filed
- [x] Record of Appearance Only

**WRITTEN COMMENTS:**

...
**ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY**

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

**RECORD OF COMMISSION WITNESS**

11/1/11

**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

Name: **Sherry Lee**

Title: **Educator**

Firm / Business or Agency: **Tinley Park**

Address: **7400 W. 183rd**

City: **Tinley Park**

State: **IL**

Zip: **60477**

Email: 

**POSITION:**

☐ Proponent  ☑ Opponent  ☐ No Position

**TESTIMONY:**

☐ Oral  ☐ Written Statement Filed  ☑ Record of Appearance Only

**WRITTEN COMMENTS:**
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Karen Perrino
Title: Business Manager
Firm / Business or Agency: Little Company of Mary Hospital
Address: 2800 W. 95th St  City: Evergreen Park State: IL Zip: 60805
Email: KPERRINO@LCMWH.ORG

POSITION: [ ] Proponent [x] Opponent [ ] No Position
TESTIMONY: [ ] Oral [ ] Written Statement Filed [x] Record of Appearance Only

WRITTEN COMMENTS:
## RECORD OF COMMISSION WITNESS

**11/1/11**

**SUBJECT MATTER:** Closure of Tinley Park Mental Health Center

**IDENTIFICATION:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Karen James</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Planning Manager</td>
</tr>
<tr>
<td>Firm / Business or Agency</td>
<td>Advocate Health Care</td>
</tr>
<tr>
<td>Address</td>
<td>9925 Windsor Drive</td>
</tr>
<tr>
<td>Email</td>
<td>Karen James @ advocatehealth.com</td>
</tr>
</tbody>
</table>

**POSITION:**

- [ ] Proponent
- [X] Opponent
- [ ] No Position

**TESTIMONY:**

- [ ] Oral
- [ ] Written Statement Filed
- [X] Record of Appearance Only

**WRITTEN COMMENTS:**
SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Scarlett Salcedo
Title: Concerned Citizen
Firm / Business or Agency: 
Address: 1506 Cherrywood City: Markham State: IL Zip: 60441
Email: 

POSITION: [ ] Proponent [X] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS: