# *Chester Mental Health Center*

Public Comments

as of 10/28/2011

Council 31
AFSCME

September 26, 2011



Senator Jeff Schoenberg
Representative Patti Bellock
Co-Chairs
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield IL 62706

Dear Sen. Schoenberg and Rep. Bellock:

I am writing to express our union's objections to the accelerated schedule and problematic timing that COGFA appears to be pursuing in setting up the legally mandated public hearings regarding Governor Quinn's plans to close seven state facilities.

In the view of many concerned individuals, these closures will have a devastating impact on the economy of local communities, as well as on public safety and vital public services. The law requires only that public hearings be held within 35 days of the original filing. It is instructive that the Quinn Administration filed its closure plans with COGFA within days of announcing the closures—a clear indication that the Administration is intent on implementing these closures as quickly as possible with as little public scrutiny as possible.

Unfortunately, it appears that COGFA is prepared to collaborate in this effort to stifle public review and input rather than seeking to provide an independent review based on the broadest possible public examination of the facts--as is the clear intent of the law.

As you are aware, the COGFA public hearing on the Singer Mental Health Center closure has already been scheduled for Oct. 5, which is next week. Notice was publicly posted just last Friday. That gives mental health advocates, local elected officials and concerned citizens barely 10 days' notice.

Based on reports from elected officials in other areas impacted by closures, it appears that COGFA intends to schedule the public hearings on the other closures with similarly short—perhaps even shorter--notice. Such short timeframes make it very difficult for concerned parties—especially ordinary citizens--to have the opportunity to participate.

We have also been informed that COGFA staff is trying to combine hearings, to the detriment of public participation. Elected officials contacted to help identify locations report that COGFA intends to hold hearings back-to-back on the same day, which will




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necessitate that one of the hearings be held on a weekday afternoon. We have also heard staff is considering combining hearings, which would mean a facility closure hearing may not even be held in or near the town where the facility is located.

We realize that it may not be COGFA's intent to depress turnout or stifle participation at these public hearings, but that will certainly be the result if the hearings go forward as currently planned.

In order to ensure that COGFA members are fully apprised of public concerns in developing the Commission's recommendations on these closures, we are requesting that you direct the COGFA staff to revise the schedule that is being developed so that the following criteria can be met:

- Ensure that all hearings are held in the evening or on Saturday;
- Ensure that each hearing is held in the same locality as the facility threatened with closure;
- Ensure that citizens have at least two week's notice in advance of the hearing.

I would also like to add that our union joins mental health advocates in asking you to reverse the decision by COGFA staff to allow the Tinley Park Mental Health Center closure to proceed without any independent review. COGFA Executive Director Dan Long stated in a letter to DHS Secretary Saddler that COGFA would not be reviewing the Governor's plan to close TPMHC because the Commission had conducted such a review three years ago and recommended closure. However, his decision is based on two significant inaccuracies.

First, the Commission did not previously approve closure, but a plan to replace Tinley Park MHC with another hospital. With regard to the current closure plan, Governor Quinn has not made the slightest representation that there will be a replacement facility built—nor did DHS do so in its current filing with the Commission. Furthermore Director Long states that the hospital has been downsized from 300 to 75 beds since 2008, implying a phase-out of operations is somehow going as planned. In fact, the hospital had the same number of beds in 2008, and the hospital has seen a 26% **increase** in annual admissions since then. We would also note that at the time of the previous review, there was not a plan in place—as there is now--to simultaneously close down two other state psychiatric hospitals.

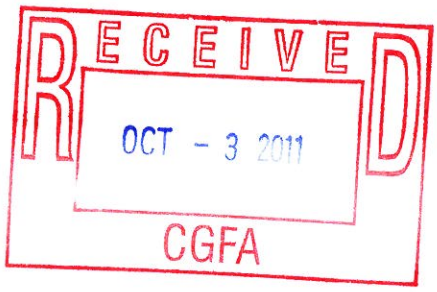
I urge you to act immediately to direct the COGFA staff to ensure that COGFA hearings and reviews are conducted in such a manner as to be consistent with both the letter and spirit of the Facility Closure Act, which is intended to ensure legislative review, public input, and full scrutiny before decisions are made that have the potential to cause great harm to thousands of individuals.

Sincerely,

Henry Bayer

Henry Bayer
Executive Director

cc: COGFA Members
Dan Long




September 25, 2011

Representative Kevin McCarthy
8951 W. 151st Street
Orland Park, IL 60462

Dear Representative McCarthy:

A couple weeks ago, Governor Quinn announced plans to close several state facilities including the Chester Mental Health Center. As an employee of the Chester Mental Health Center and a lifelong resident of the Chester area, I ask that you, as a member of the Commission on Government Forecasting and Accountability, recommend against the closure of our facility. The closure of Chester Mental Health Center and resulting loss of so many jobs will be catastrophic to families and towns throughout Randolph County.

To be quite honest, until today I had no idea where Orland Park was in Illinois. So, out of curiosity, I "googled" it and found that Orland Park is a village in the Chicago area and has a census of approximately 56,000 people. Randolph County has census of only about 34,000 people. If I add the census of adjacent Perry County at 23,000 people, we would now just match the size of the Village of Orland Park. Two counties = one village. What would the impact be to Orland Park if a major employer announced the loss of 464 jobs? I think it would be significant considering today's economy. So imagine how that same loss of jobs will affect **rural** Randolph and adjacent counties! At a time when we need stability in our economy, how can it be good for the State of Illinois to eliminate jobs? How can the housing market get better if no one can afford a house? If people lose their homes, how can the schools get tax money to educate our children? How do the small business owners stay in business if there is no money to be spent, or everyone moves away to find jobs elsewhere? The ripple effect goes on and on. Closing Chester Mental Health Center will not help alleviate Illinois' budget problem, it will only add to it.

I realize that Randolph County is a long way from Orland Park, Representative McCarthy, but I invite you to come down and visit our area. Chester is an absolutely beautiful area on the banks of the Mississippi River. I also invite you to visit Chester Mental Health Center and meet with the staff that provides such an important service to the patients that are housed here and ensure the safety of the people of the State of Illinois. Mostly, however, I ask you to consider the devastating impact that the closure of Chester Mental Health Center will have on Randolph County and Southern Illinois and that you recommend against this action. Thank you.

Sincerely,

Felecia Rucker

Felecia Rucker
Executive Secretary I
Chester Mental Health Center

cc: Governor Pat Quinn
Representative Jerry Costello II
Senator David Luechtefeld
Representative Mike Bost

September 25, 2011

Senator Dave Syverson
200 South Wyman Street
Rockford, IL 61101

Dear Senator Syverson:

A couple weeks ago, Governor Quinn announced plans to close several state facilities including the Chester Mental Health Center. As an employee of the Chester Mental Health Center and a lifelong resident of the Chester area, I ask that you, as a member of the Commission on Government Forecasting and Accountability, recommend against the closure of our facility. The closure of Chester Mental Health Center and resulting loss of so many jobs will be catastrophic to families and towns throughout Randolph and adjacent counties.

I know that Singer Mental Health Center is also on the list of facilities to be closed, and therefore I am sure you are no doubt gearing up for a battle of your own. In today's economy, any area will be devastated by the loss of jobs. We in Southern Illinois are no different. The loss of 464 jobs in a rural area such as Randolph and adjacent counties cannot come at a worse time: small businesses are closing everywhere; downtown areas look like ghost towns; the schools districts are in financial dire straits; and more and more people find themselves unable to provide for their families. So at a time when we need stability in our economy, how can it be good for the State of Illinois to eliminate jobs? How do the small business owners stay in business if there is no money to be spent, or everyone moves away to find jobs elsewhere? If people lose their homes, how can the schools get tax money to educate our children? How can the housing market get better if no one can afford a house? The ripple effect goes on and on. The closure of Singer Mental Health Center and Chester Mental Health Center will not help alleviate Illinois' budget problems, it will only add to it.

Senator Syverson, your constituents employed at Singer Mental Health Center must be as upset about this attack on their livelihoods as we are at Chester. Although I know we are at opposite ends of this great state, we are fighting the same battle. Be it the City of Rockford and Winnebago County or the City of Chester and Randolph County, the impact of closure of Singer and Chester Mental Health Centers will be devastating. I ask you to recommend against these actions. Thank you.

Sincerely,

Felecia Rucker

Felecia Rucker
Executive Secretary I
Chester Mental Health Center

cc: Governor Pat Quinn
Representative Jerry Costello II
Senator David Luechtefeld
Representative Mike Bost

ACMHAI

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# ACMHAI

## Association of Community Mental Health Authorities of Illinois

To: Governor Patrick Quinn, Senate President Cullerton, Speaker Madigan and Members of the Commission on Government Forecasting and Accountability

From: Association of Community Mental Health Authorities of Illinois (ACMHAI)

Re: Planned closures of state operated facilities housing people with severe mental illness and developmental disabilities

Date: October 7, 2011

It is the policy of this association to collaborate with the State of Illinois, Department of Human Services and other relevant stakeholders to planfully reduce the State's investment in State Operated Facilities (SOF) for people with mental illness or developmental disabilities. Decisions to close SOFs should be predicated on a well thought out plan which assures there are adequate beds for people who require the highest level of care in terms of restrictiveness and supervision. In addition, all dollars saved as the result of closure or reduction in beds should be fully allocated to support community-based care for people who are affected by the SOF reduction. Redirection of resources to community alternatives should include:

- Reinstatement of CHIPS funding to private hospitals to cover the cost of inpatient psychiatric services to the indigent population.
- Recruitment of additional medical staff to increase the number of private hospital beds.
- Development of community-based crisis beds as an adjunct and step down to inpatient services.
- Resources to expand psychiatric, nursing, case management, residential treatment and linkage case management to stabilize community treatment for the non-Medicaid population.
- Closure of Developmental Disabilities facilities accommodated with appropriate resources to address one-on-one care and medical issues.

It is ACMHAI's understanding that the State of Illinois DHS has not promulgated a long term plan for SOF closure or reduction of beds for people with mental illness or developmental disabilities. Input from ACMHAI and other community-based stakeholders has not been sought to determine the extent to which closures or bed reductions of SOFs should be implemented. Also, the State of Illinois DHS has a poor track record for transferring the savings which result from closures to community-based providers. Most recently, the Zeller Mental Health Center in Peoria, Illinois was closed and this resulted in a savings of about $19,000,000 per year. Only $4,000,000 of the savings was transferred to community-based providers.

ACMHAI is adamantly opposed to the current closures proposed by Governor Quinn, and views these decisions as arbitrary and capricious; furthermore, they were made, not in the best interest of clients served by these facilities, but as positioning for reappropriation of funding. Our opposition is based on the absence of a plan which is linked to an assessment of need and appropriately transitions people in these facilities to the community. Lastly, there is no evidence the State of Illinois DHS intends to transfer the savings from closures to community- based providers. Because of these deficiencies, ACMHAI believes the current round of closures is irresponsible and places people at risk.

Shaping the Debate
Focusing on Critical **Illinois Health Care** Issues
IHA Illinois Hospital Association
May 2011

# Illinois Mental Health and Substance Abuse Services in Crisis

Each year, hospitals in Illinois are encountering a steadily increasing number of persons with mental and substance use illnesses—in their emergency departments (EDs), in their medical beds, and in specialty facilities. The Illinois Hospital Association (IHA) and hospital community are deeply concerned and alarmed by the human consequences of delays in treatment, inadequate treatment, or no treatment at all for persons with serious mental illness or substance abuse problems. Families have limited options available for needed services such as substance abuse treatment, medication, community outpatient and psychiatric care. Far too many families are waiting far too long, for far too few services.

The loss of state-operated and private hospital inpatient beds in the past decade, recent community mental health agency funding cuts, and a shortage of psychiatrists and other mental health professionals have combined to diminish, and in some instances deplete, the pool of mental health resources in many communities.

In some parts of our state, mental health services simply do not exist—for anyone. In other parts of the state, services are limited in their nature or scope: outpatient services are available but not acute inpatient psychiatric care; mental health services are available for adults, but not for children; mental health services are available, but there are no substance abuse services. In almost every part of the state, the person who lacks insurance, especially the single adult male without children, faces closed doors.

And, it is this group of persons who are often in our jails and prisons or are homeless. It is this group who does not qualify for Medicaid or Medicare who have been abandoned when the state closes a state-operated psychiatric hospital; cuts non-Medicaid mental health funding, such as the Community Hospital Inpatient Psychiatric Services (CHIPS) program; or closes residential substance abuse treatment facilities.

## Facing the Obstacles

When it comes to mental health services, there has never been a time in which resources have been adequate to meet the need. The weakened national and state economy, an unprecedented state budget deficit, and the state's continuing high unemployment rate have all combined to further weaken and tear apart an already fragile and broken behavioral health system in Illinois.

1. **Inpatient capacity is not evenly distributed and acute inpatient capacity has shrunk.**

   - Illinois state-operated hospitals (SOHs) had once more than 35,000 beds in the 1950s and 1960s; by 2009, only 1,400 beds in the nine remaining SOHs.

   - The number of licensed psychiatric beds has decreased from 5,350 in 1991 to 3,869 in 2010—a 28% drop. During the same time period, there has been a 45% drop in

licensed psychiatric and substance abuse beds combined. Unfortunately, the loss of beds has not been evenly distributed, leaving some communities with no psychiatric beds at all.

- There are 53 Illinois counties with hospitals that do not have inpatient psychiatric services. Another 24 Illinois counties do not have hospitals at all.

2. **There is a psychiatrist shortage, particularly for children, especially in rural Illinois.**

- Of the 102 Illinois counties:

  - 50 counties do not have a psychiatrist at all;
  - 14 counties have one psychiatrist;
  - 17 counties have between 2 and 5;
  - 84 counties do not have a child psychiatrist;
  - 6 counties have one child psychiatrist; and
  - 7 counties have between 2 and 5 child psychiatrists.

**Source**: *Illinois Psychiatric Society*, 2006 data

- According to the Mental Health Work Group of the Illinois Rural Health Association, in 2005, 70% of the 84 medically underserved counties in Illinois did not have a psychiatrist; and 100% of the medically underserved counties without a psychiatrist were in rural counties.

3. **Payment for mental health and substance abuse services is inadequate.**

- Coverage for mental health and substance abuse conditions historically has been less than that for other medical problems. Passage of federal mental health parity legislation and health reform legislation will improve coverage for these conditions. However, federal mental health parity legislation requires equal coverage for mental and other medical conditions only in group policies of 50 people or more, and coverage for behavioral health conditions is still not required. Federal health reform legislation will require benefits for behavioral health conditions in essential benefits packages, but these requirements go into effect in 2014. Medicare only recently began the elimination of discriminatory provisions limiting inpatient care, outpatient visits and life-time limits. Medicaid base rates are far below costs for institutions or professionals.

- Most mental health programs are underfunded. When other self-sustaining programs are no longer able to offset the losses incurred by mental health services, they become targets for elimination, especially in organizations such as hospitals that are not grant-funded.

4. **Hospital EDs are filling in the gaps created by an insufficient number of acute inpatient beds and outpatient services.**

   In calendar year 2009, Illinois hospital EDs treated more than 750,000 people with a behavioral health condition. Of these, more than 190,000 had a principle diagnosis of mental health or substance abuse. Most ED patients with a primary diagnosis of behavioral health are mentally ill (76%), the remainder have a primary diagnosis of substance abuse.

   - Many psychiatric patients must wait extended periods in the ED before being admitted to an inpatient bed. A 2005 IHA survey of hospital ED behavioral health services indicated psychiatric patients waited twice as long as other patients. Recent data from Illinois hospitals indicate that this trend has continued, exacerbated by state budget reductions for community mental health and substance abuse services as well as the elimination of the Division of Mental Health (DMH)-funded CHIPS program on July 1, 2009.

   - SOHs transfers are the most difficult to accomplish in a timely manner. Patients commonly wait many hours, even days, for a bed.

5. **The care of inpatients and outpatients once borne by the state has been shifted to the private sector without a commensurate shift in dollars and resources.**

   - When SOHs closed or downsized, the resources were not redirected to the community, despite the state's representation that such funds would be preserved for those patients who otherwise would have been treated in a SOH.

   - The state's continued emphasis on primarily funding Medicaid programs and minimizing any funding for persons who either lack insurance or do not qualify for state and federal payment programs, not only compromises access to care for those persons for whom the state system was designed but it also shifts to hospitals the burden of caring for a growing number of people for whom other alternatives have become unavailable.

6. **Community mental health and substance abuse systems have incurred deep and disproportionate cuts.**

   - The community mental health system has lost critical services, many of which cannot be replaced due to Illinois' budget shortfalls. While the state's overall FY2011 budget has reflected about a 5% spending cut from the previous year, the Department of Human Services' (DHS) cuts were cut about 8% from the previous year's funding.

   - The DHS budget in FY2011 was cut by $576 million; of that, $515 million has been a reduction in non-Medicaid programs for mental health, developmental disabilities, and rehabilitation services. In the current fiscal year, community mental health

providers lost approximately $35 million in funding, almost all of which is for non-Medicaid services. Almost $50 million was cut from DMH operations, including state hospitals. The FY2011 loss compounds losses incurred in the previous two years: DMH in FY2010 lost almost $43 million; in FY2009 it lost $35.6 million.

- Recent threats to cut DHS's budget by an additional $208 million have been abated, although additional cuts of $57 million are still expected. DMH programs will be cut an additional $4.9 million in this fiscal year. The Governor's FY2012 budget proposes 30% less funding for community mental health programs than was available in 2009.

- The continued threats and actual losses to the mental health system have resulted in staff reductions, program closures, and waiting lists. Two mental health centers have closed their doors, one of which had served downstate Illinois, further straining an already vulnerable rural region.

- The substance abuse community also has experienced large budget cuts over the past several years. The DHS Division of Alcoholism and Substance Abuse (DASA) lost an additional $7.2 million in FY2011 on top of losses of $23 million in FY2010 and $55 million in FY2009. FY2012 could cut 26% of addiction treatment funds and reduce Medicaid reimbursements by 6%. These cuts have caused many substance abuse providers to shrink or close treatment programs. All report long waiting lists.

7. **Rural hospitals are inundated with behavioral health patients for whom they have limited services.**

- Because there are only a few inpatient units in rural Illinois, patients have difficulty obtaining medical oversight for psychotropic medication and monitoring. Patients must travel great distances to obtain care and with limited transportation means, patients have difficulty reaching those few treatment options that exist. As a result, rural hospitals are seeing patients in their EDs until transportation and a bed are available.

8. **The financing and delivery of behavioral health services is fragmented and uncoordinated—*not patient centered*—and contributes to increased costs and poor outcomes.**

- Despite the consolidation of human services in 1997, a streamlined system of care has yet to be realized. The failure to integrate substance abuse and mental health services is particularly discouraging since many patients have a co-occurring disorder. Service fragmentation, driven by different funding streams, perpetuates a system that is not patient centered and presents enormous access barriers.

- Moreover, primary medical care is funded through the Illinois Department of Healthcare and Family Services (HFS). But inpatient psychiatric care and substance abuse services are financed by the Department of Human Services through DMH or DASA, which finances community-based mental health and substance abuse services as well as publically-funded and managed inpatient psychiatric services.

It is very difficult to develop a continuum of care when different state agencies, with funding sources of varying criteria, are not coordinated through a unified plan.

## Exploring the Solutions

### 1. Refine the Care Delivery System

- Organize, fund and provide the regulatory framework for a coordinated, comprehensive continuum of care that is **patient centered**, utilizing best practices, is accessible, cost-effective, culturally competent, and recovery oriented. The present system is organized around funding streams.

- **Integrate primary medical and specialty behavioral health services.**

  The U.S. Surgeon General, the Institute of Medicine and the President's New Freedom Commission on Mental Health concluded that primary medical and specialty psychiatric care need to be integrated. For example, one-fifth of people hospitalized for cardiac conditions have depression. People with serious mental illnesses die at a younger age than the general population because of untreated underlying medical conditions.

  Expand models, such as medical homes, to coordinate primary and specialty services for the Medicaid patient and to the unfunded patient whose services may (or may not) be funded through DMH. Also, consider ways in which Accountable Care Organization models may apply to behavioral health providers. Some Federally-Qualified Health Centers have aligned with behavioral health facilities and hospitals in various areas in Illinois. Explore ways in which the models can be replicated or adapted to other regions.

  House Bill 2982, which establishes Regional Integrated Behavioral Health Networks, would provide a platform for the integration and organization of behavioral health and primary health care services according to community resources and needs. Care integration of care is cost-effective and has shown improved patient outcomes. This collaborative approach is consistent with the models supported under health care reform.

- **We will always need a safety net. Therefore, we need to have sufficient acute inpatient and crisis capacity regardless of whether the state or the private sector delivers it.**

  Acute inpatient and/or acute crisis services must be available for persons with serious mental illness whose conditions require stabilization and treatment in a setting that is designed, staffed and funded appropriately. State-operated hospitals **or their equivalent** must be supported by the state. Private hospitals, as they are currently configured, cannot serve every patient who is served in a SOH.

- **There must be some mechanism to achieve a unified behavioral health system of care. This mechanism could be a strategic plan that incorporates all of the state agencies that have a responsibility for funding, operating or regulating a health or behavioral health service.**

- **Care for people in the right place at the right time.**

  Nursing homes generally are not equipped nor designed to care for the young, mentally-ill resident. Some residents have medical conditions that can be served in a nursing facility; and some residents' mental illnesses are too severe for independent or supportive housing. However, many nursing home residents can live in supportive housing. Illinois is making significant strides to transitioning residents from nursing facilities into the community. Resources are necessary to accomplish this goal.

## 2. Improve care in the Emergency Department

- The IHA Behavioral Health Steering Committee in 2007 published a report, *Best Practices for the Treatment of Patients with Psychiatric and Substance Use Illnesses in the Hospital Emergency Department.* This report provides practical tips for hospitals that have specialized psychiatric or substance abuse expertise as well as those that do not. This report is available on IHA's website (click here).

- More work needs to be done to bring the resources of the specialty psychiatric and substance abuse communities to the ED. Moreover, new models of care should be explored. Consideration should be given to regional emergency psychiatric triage teams; an emergency continuum of care that connects acute inpatient hospitals, crisis respite beds, and outpatient providers in a network, especially in rural areas, need the support of the specialty and general health care communities.

## 3. Financing

- Pay for the reasonable costs of delivering services. The Medicaid base rate has not been materially increased since the early 1990s. The only providers who can survive under the Medicaid payment system are those who qualify for payments that are added to their base rates. These payment disparities account for the loss of many of the psychiatric units located in non- or "other" urban areas or our state.

- Pay psychiatrists a reasonable rate. Psychiatrists are paid about $20 per quarter hour or approximately $80 an hour. This rate does not cover their costs. Psychiatrists either cannot afford to serve Medicaid patients, or they are employed by hospitals that already are struggling to maintain a viable inpatient psychiatric unit. This is another factor contributing to the closure of inpatient psychiatric programs.

- Waivers may permit use of Medicaid funds in ways that are important to maintain a person's independence in the community. For patients who are unfunded and have serious and persistent mental illnesses, innovative financing and clinical care

packages are needed. For example, some states have implemented a funding "package" that eliminates the artificial distinctions between Medicaid and non-Medicaid-funded services. These innovative models also provide "disease management" for care coordination and unnecessary readmission. Illinois can not leave out the unfunded person, who, if untreated, will present in EDs or to law enforcement.

- Provide funding through DMH and/or HFS for every indigent mentally-ill patient who meets clinical criteria for an inpatient hospital. Either arrange in advance for community hospital beds for persons who are unfunded or provide a voucher for such persons to access services.

4. **Assist rural hospitals to meet their communities and patients with behavioral health needs.**

- Bring the expertise of academic and specialty medicine to rural communities in Illinois through telemedicine. It has been used effectively in many other states and a few of our hospitals have begun to use telemedicine for psychiatric patients in partnership with the SIU School of Medicine and the University of Illinois at Chicago. Funding and technology are needed to expand the ability of telemedicine for psychiatric services to rural hospitals.

- Develop a strategy to improve transportation funding for people with mental illness.

5. **Use technology such as the electronic medical record to improve quality and coordination.**

Mental health issues are the invisible enemy, lying within seemingly "normal" individuals of any age. The issues may be masked by homelessness, drug abuse, absenteeism from work or school, or alcoholism. But these invisible illnesses and diseases must be treated as fully as chronic health conditions such as diabetes, high blood pressure or cancer. Reducing mental health resources places a greater burden not only on hospitals, but also on many other social service providers and diminishes the quality of life for Illinoisans.

***We ask the Illinois General Assembly to work with the hospital community and other key partners to solve the issue of access to behavioral health services in Illinois.***

NASW ILLINOIS CHAPTER
National Association of Social Workers
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September 16, 2011

Governor Pat Quinn
2 ½ State House
Springfield, IL 62706

Dear Governor Quinn:

On behalf of the 7,000 members of the National Association of Social Workers (NASW) Illinois Chapter, we would like to express our concerns regarding your announcement to close the Chester Mental Health Center in Chester, IL.

We fully understand the realities of the current state budget and the many challenges you face as Governor. The social work community's concern is tied to providing service within the constraints of the budget. However as our Code of Ethics states, social workers advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

The proposed closing of Chester Mental Health Center (CMHC) presents a challenge to some core social work values as well the provision of vital services to a very vulnerable population. CMHC and its predecessor facilities have existed since 1910. The facility has a successful and lengthy history of providing care to individuals who have significant histories of unsuccessful treatment attempts at other private and state operated facilities due to their violent and assaultive behaviors associated with their mental health condition. Additionally, CMHC has successfully served forensic patients that due to the nature of their crime and behaviors are in need of a highly structured secure treatment environment.

The state of Missouri reduced the number of their inpatient psychiatric beds last year resulting in a community crisis. This action in the state of Missouri significantly impacted the ability of community hospitals to provide emergency room services to the community due to the influx of patients who were no longer being served by the state hospital system. In fact, this move was so problematic that the state had to assist with funding to reopen a psychiatric emergency room in the St. Louis metropolitan area.

We urge you, together with leadership in the Illinois General Assembly to reassess your recent announcement in the light of the dislocation, hardship and ultimately additional cost to implement this closing.

NASW Illinois Chapter leadership would be more than willing to meet with you and your staff to discuss these issues in more detail.

Sincerely,

Yolanda Jordan, LCSW
President

Joel L. Rubin, MSW, CAE
Executive Director

# MENTAL HEALTH SUMMIT

**Invest in Mental Health. Treatment Works.**

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


## Summit Opposes the Closure of Chester Mental Health Center

The Mental Health Summit opposes the closing of Singer, as well as other state psychiatric hospitals, unless and until the state creates a comprehensive plan for providing adequate and humane mental health treatment to those persons who are served by these facilities each year. The Summit is a coalition of advocates for people with mental illnesses, which consists of providers, advocacy groups, and organizations in mental health fields, devoted to improving services in the state. A list of our members is attached.

In its current form, the proposal involves moving inpatients at Chester to other state-run psychiatric hospitals. Currently, Chester provides long-term, secure care for its inpatients. A relocation of Chester's current inpatients to other state-run psychiatric hospitals involves converting short-term acute care beds to longer-term, secure beds, at a capital cost of $ 3.8 million.

In 2010, Chester served 469 unique inpatients for an average length of stay of 185 days, providing care for a total of 86,639 person-days. This is approximately 16% of the total services provided by all of the state-run psychiatric hospitals combined.

In order to free up enough capacity to relocate Chester inpatients to other state-run psychiatric hospitals, the Department of Human Services will be forced to discharge patients at these other hospitals into the community. These service reductions will exacerbate those caused by the proposed closures of Singer and Tinley Park Mental Health Centers. This will shift the responsibility for providing care for thousands of people onto community and private providers. But the recommendation letter makes clear that community and private providers lack the capacity to receive and treat these patients, and it also makes clear that the state will not provide the funding to private providers needed for them to expand their already inadequate services. If these individuals sare lucky, they will receive some level of support from their families. But many will wind up homeless. And some, as a direct result of the state's failure to provide treatment, will wind up in jail.

Such a course of action is both morally unsound and fiscally unwise. Costs will not be saved, but shifted onto homelessness services, the criminal justice system, and other social service providers. And these monetary costs will pale in comparison to the human costs, as mentally ill patients and their families will needlessly suffer.

In addition, closing Chester also violates 20 ILCS 1705/14. This statute, while granting the Department of Human Services discretion to identify the particular individuals, mandates that

some persons with very serious mental illnesses must be placed in Chester and allows that particular rules will apply to only that facility because of the serious illnesses of the persons who will be placed there . Primarily these are persons who have been charged with quite serious crimes, including homicide. Most of the persons currently being treated at Chester simply cannot be treated safely in any other facility.

The Summit urges COGFA to recommend against the closure of Chester MHC unless and until the Department of Human Services creates a comprehensive plan which reflects both the needs of those currently served at Chester, but also those who will be displaced in other state-operated. facilities by transfers from Chester.

Mark J. Heyrman
Chris Skene
Summit Facilitators

# MENTAL HEALTH SUMMIT

**Invest in Mental Health. Treatment Works.**

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## Summit Members

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

# SOUTHERN ILLINOIS CENTRAL LABOR COUNCIL

*The mission of the AFL-CIO Central Labor Council is to organize the community to promote social justice for all working people.*

AFSCME • Carpenters • IBEW • IFT • IUOE • Laborers
Plumbers & Pipefitters • Sheet Metal • Teamsters • UFCW • UNITE

October 14, 2011

Patricia Bellock, Co-Chairwoman
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, Illinois 62706

Jeffrey Schoenberg, Co-Chairman
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, Illinois 62706

Dear Co-Chairs Bellock and Schoenberg:

We are requesting that the enclosed letter be submitted into public record with regards to the COGFA hearings concerning the potential closing of the Chester Mental Health Center in Chester, IL and the Illinois Youth Center in Murphysboro, IL.

Sincerely,
S.I.C.L.C.
*Jason Woolard*
Jason Woolard, President

JW:an

106 North Monroe Street • West Frankfort, IL 62896
Phone (618) 932-2102 • Fax (618) 932-2311
A CHARTERED ORGANIZATION OF THE AFL-CIO

# SOUTHERN ILLINOIS CENTRAL LABOR COUNCIL

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Springfield, Illinois 62706

Jeffrey Schoenberg, Co-Chairman
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, Illinois 62706

Dear Co-Chairs Bellock and Schoenberg:

AFSCME Council 31 is a long time participating Union in the Southern Illinois Central Labor Council (SICLC) which also includes many other AFL-CIO affiliated unions and additional unions participating under Solidarity Charters from throughout all of Southern Illinois.

The SICLC has a history of supporting the collective bargaining process for workers in Southern Illinois and we have openly supported those workers and their legal rights which are protected under Federal and State laws.

It is the understanding of the SICLC that the State of Illinois has made commitments through a means of negotiations with AFSCME Council 31 to provide contractually agreed upon terms and conditions of employment at the Chester Mental Health Center in Chester, and the Illinois Youth Center in Murphysboro. However, in a recent turn of events the State of Illinois has taken a position which could potentially eliminate its obligations to AFSCME Council 31 workers in Southern Illinois while working under a signed agreement with the State.

The SICLC is hopeful that AFSCME Council 31 and the State of Illinois are able to find a lawful and amicable way of resolving their differences in this matter concerning what the SICLC believes to be a legal commitment to provide employment to many workers in the Southern Illinois region.

Sincerely,
S.I.C.L.C.
*Jason Woolard*
Jason Woolard, President

JW:an
Cc: Michael Carrigan, Illinois AFL-CIO President
AFSCME Council 31

106 North Monroe Street • West Frankfort, IL 62896
Phone (618) 932-2102 • Fax (618) 932-2311
A CHARTERED ORGANIZATION OF THE AFL-CIO

**St. Elizabeth's**
HOSPITAL
BELLEVILLE, ILLINOIS
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

## FACSIMILE TRANSMITTAL SHEET

| | |
|---|---|
| TO: Commission on Government Forecasting & Accountability | FROM: Maryann Reese |
| COMPANY: | DATE: 10-18-11 |
| FAX NUMBER: 217-782-3513 | TOTAL NO. OF PAGES INCLUDING COVER: 2 |
| PHONE NUMBER: 217-782-5320 | SENDER'S REFERENCE NUMBER: 618-234-2120, ext. 1283 |
| RE: Chester Mental Health | YOUR REFERENCE NUMBER: |

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

St. Elizabeth's
HOSPITAL
BELLEVILLE, ILLINOIS

October 17, 2011

Commission on Government Forecasting
and Accountability
Fax: (217) 782-3513

To Whom It May Concern:

This letter is in regards to the DHS' Division of Mental Health plans to reduce services at state operated psychiatric hospitals, specifically the proposed closure of 243 beds at Chester Mental Health Center, the state's only maximum-security forensic psychiatric hospital.

Closure of these beds will place an undue burden on the broader mental health system, specifically private community based hospitals and mental health providers that would then be expected to provide significantly more mental health services to the population currently served in the State psychiatric hospitals.

We request that the General Assembly work with the hospital community and other key partners to solve the issue of access to behavioral health services in Illinois and to support budget reallocation to maintain state operated behavioral health services in Illinois.

If you have any questions or would like to discuss this further, please do not hesitate to contact me.

Sincerely,

Maryann L. Reese

Maryann L. Reese, RN
President & CEO

cc: Joseph L. Harper
Save Chester Mental Health Center Committee

211 South Third Street
Belleville, IL 62220
618-234-2120
www.steliz.org

*Sponsored by the Hospital Sisters of St. Francis*

Shirley Bird
5480 Larkspur
Coulterville, IL 62237

October 12, 2011

Commission on Government Forecasting
and Accountability
703 Stratton Office Building
Springfield, Il 62706

RE: CLOSURE OF CHESTER MENTAL HEALTH CENTER

To Whom It May Concern:

I strongly oppose the closure of Chester Mental Health. I have seen a lot of information regarding the expense of closing the facility, but nothing on the actual "savings" of that closure.

As far as I can see, the only savings are in the expense of gas in transporting our patients to court...the difference in mileage between Chester and Alton. All other expenses will be pretty much the same, as the patients needs remain the same whether in Chester or Alton. And to keep them at Chester requires **no** additional expenses.

Of course, the people involved in determining which facility or facilities to close are having a heyday, spending money like the State of Illinois has money. Twenty-eight people are visiting Murphysboro and Chester today; twenty-eight people who could be at their desk, earning their pay doing their job. Closures should not be a full time occupation.

Somebody, please take the time to consider ALL options!!! Closure of any facilities will **not** solve Illinois financial problems.

Sincerely,

Shirley Bird

Shirley Bird

c Senator Jeffrey Schoenberg
Senator Michael
Senator Matt Murphy
Senator Suzi Schmidt
Senator Dave Syverson
Senator Donne Trotter
Representative Patricia Bellock
Representative Kevin McCarthy
Representative Elaine Nekritz
Representative Raymond Poe
Representative Al Riley
Representative Michael Tryon

Illinois Association of Rehabilitation Facilities
206 South Sixth Street
Springfield, Illinois 62701

P: (217) 753-1190
F: (217) 525-1271
www.iarf.org

**October 25, 2011**

**IARF Recommendations to the Commission on Government Forecasting and Accountability: Proposed Closures of Chester, Singer, and Tinley Park Mental Health Centers**

The Illinois Association of Rehabilitation Facilities (IARF) represents over 90 community-based providers serving children and adults with intellectual/developmental disabilities, mental illness, and/or substance use dependencies in over 900 locations throughout the state. For over 35 years, IARF has been a leading voice in support of public policy that promotes high quality community-based services in healthy communities throughout Illinois. Approximately 600 licensed and/or certified community-based providers provide services and supports to over 200,000 children and adults in the community system.

IARF believes that a strong network of community providers, including community mental health centers, hospitals, and crisis service providers, are integral to healthy communities in Illinois. Therefore, the Department of Human Services (DHS)' announcement of its intent to close three state-operated mental health facilities during state fiscal year 2012 is particularly troubling, as this announcement comes at a time when the community system of care is ill-equipped to manage the influx of individuals with serious mental illness due to the result of significant budget cuts over the past four state fiscal years.

However, IARF stands ready to work with the Administration, the General Assembly, and those legislators on the Commission of Government Forecasting and Accountability to put in place those elements that are necessary to ensure the closure of any state-operated mental health facility is done correctly and with the best interests of individuals with serious mental illness and the organizations that support them. As such, we offer the following specific recommendations below, which are more fully explored in the attached document.

- Comply with P.A. 97-0438, which statutorily requires DHS' Division of Mental Health to establish a Mental Health Services Strategic Planning Task Force charged with producing a 5-year comprehensive strategic plan for mental health services by February 2013. The work of this Task Force should focus early discussions on the most appropriate role the state-operated mental health facilities should play in Illinois' mental health system of care.
- Continue funding of all state-operated mental health facilities until early recommendations by the Task Force have been put forward.
- Establish networks of willing and geographically appropriate mental health providers, including hospitals and community mental health centers, per the requirements of P.A. 97-0381.
- Develop adequate rates and reimbursements to cover the cost of mental health care. This should include re-evaluating the Community Hospital Inpatient Psychiatric Services (CHIPS) program.
- Increase community provider contract flexibility to develop aftercare and crisis programs regardless of Medicaid payor source.
- Establish a jail diversion program.
- Reconsider Preferred Drug List formularies

If meaningful action is taken by the Administration in conjunction with the General Assembly and stakeholders on these recommendations, then IARF has full faith in our members' ability to assist with the Administration's policy goals of closing state-operated mental health facilities. ***However, until such time as these recommendations are implemented, IARF cannot support the closure of Chester Mental Health Center, Singer Mental Health Center, or Tinley Park Mental Health Center according to the timeframes or the implementation plans established by DHS in its recommendations to the Commission.***

Illinois Association of Rehabilitation Facilities
206 South Sixth Street
Springfield, Illinois 62701

P: (217) 753-1190
F: (217) 525-1271
www.iarf.org

**Attachment: Description of IARF's Recommendations to COGFA: Proposed Closure of Chester, Singer, and Tinley Park Mental Health Centers**

***Comments on the Announcements***

The announced closures of the Chester, H.Douglas Singer, and Tinley Park Mental Health Centers present an important opportunity for discussion on the future of services and supports for persons with mental illness in Illinois. While IARF is very familiar with the state budget development process, the approach and the timing of the announcements caught most community mental health providers by surprise. The timeframe for the announced closures, which has subsequently been expressed during individual closure hearings, are purely driven by reductions in the state fiscal year 2012 budget, not necessarily by a policy endorsement by the Administration. These announced closures, compliance with the *Williams* consent decree, as well as the forthcoming *Colbert* consent decree require the community-based system of mental health care to serve far past the capacity for which it is currently funded.

Many issues drive the discussion of serving individuals with mental illness in Illinois in the least restrictive setting that meets the individual's stated goals and service needs, which are outlined below. The Association has full faith in our members' ability to assist with the service needs for most individuals currently served in state-operated mental health facilities. That confidence is built on the assumption of sound planning, which ensures community mental health providers' ability to build capacity to support individuals who might no longer be supported at the state facilities. It is also based on the requirement that state resources will supplement – and not supplant – current resources supporting individuals currently receiving community-based mental health care.

***Closure Process: Issues and Solutions***

The proposed closure of three state operated facilities – which is being driven by budgetary concerns - is forcing the DHS Division of Mental Health to restructure its hospital system more rapidly than it otherwise intended, and without the benefit of stakeholder discussions. The restructuring plans the Division has outlined to-date, which is a state provided system of only forensic care, will take time to implement and require community support to address the proposed closure of inpatient psychiatric beds in the state facilities. Non-forensic individuals currently served at Chester, Singer, and Tinley Park do not reside at the facility, but are provided hospital care when facing an acute episode.

*Issue(s):*

- There is no plan in place to address the existing gap in community-based mental health care services and supports, not to mention the dramatic loss of psychiatric beds the existing closure recommendations would create.

*Solution(s):*

- The Administration must comply with P.A. 97-0438, which statutorily requires DHS' Division of Mental Health to establish a Mental Health Services Strategic Planning Task Force charged with producing a 5-year comprehensive strategic plan for mental health services by February 2013. The work of this Task Force, which will include community stakeholders, should focus early discussions on the most appropriate role the state-operated mental health facilities should play in Illinois' mental health system of care.

*Issue(s):*

- The removal of 1,200 acute psychiatric beds from the state operated hospital system when 84 counties are already without a psychiatric unit will have a detrimental effect on the 18.1% of Illinoisans suffering with some form of mental illness, unless the capacity to serve the needs is enhanced in community settings.

*Solution(s):*

- Continue funding of all state-operated mental health facilities at state fiscal year 2011 levels until early recommendations by the Task Force have been put forward establishing the proper role of state facilities in the mental health system of care.

*Issue(s):*

- In the last twenty years, private psychiatric hospital beds have declined from 5,350 to 3,186 – a loss of 2,164 beds. Hospitals are not currently prepared to serve the complex psychiatric needs of individuals that would transfer out of the state facilities, as staffing, environment, and psychiatric programs would need to change.

*Solution(s):*

- Establish networks of willing and geographically appropriate mental health providers, including hospitals and community mental health centers, per the requirements of P.A. 97-0381. This Act requires the creation of Regional Integrated Behavioral Networks.

*Issue(s):*

- Funding for community-based mental health care services and supports has been cut 46% since state fiscal year 2009. In addition, the Community Hospital Inpatient Psychiatric Services (CHIPS) program was eliminated in 2009.

*Solution(s):*

- Develop adequate rates and reimbursements to cover the cost of mental health care. This should include re-evaluating the Community Hospital Inpatient Psychiatric Services (CHIPS) program.
- At a minimum, the General Assembly must restore the inadvertent $30 million reduction to mental health grants in the DHS Division of Mental Health's budget by passing SB 2407.

*Issue(s):*

- Due to the disproportionate number of unfunded individuals served by the state-operated facilities, many individuals with mental illness with not be provided proper care in the community. While hospitals are required to provide care, there are no services available upon discharge. Although stabilized, many individuals without Medicaid face barriers filling medication and finding an accepting psychiatrist after discharge.
- Due to these circumstances and the lack of appropriate crisis services, recidivism remains high.

*Solution(s):*

- Increase community provider contract flexibility to develop aftercare and crisis programs regardless of Medicaid payor source. Contracts with DHS' Division of Mental Health have become rigid and reduce the flexibility of community providers to operate programs that target the individual needs of those they serve.
- An aftercare program funded by the state to serve individuals both eligible and non-eligible for Medicaid could alleviate the pressures on the acute system of care. In addition, the development of an adult crisis system, similar to the children's Screening, Assessment, and Support Services (SASS) program could be effective for short-term crisis care and could be directed toward the gap in services for the adult population.

*Issue(s):*

- In July and August of this year, 2,453 individuals from only eight Illinois counties cross matched in both the Department of Corrections and Division of Mental Health. These individuals were both reported to receive services from a Division of Mental Health contracted providers and were admitted to one of the eight county

jails. There are more individuals in Cook County jails with mental illness than all state-operated mental health centers collectively.

*Solution(s):*

- The DHS Division of Mental Health and the Department of Corrections must work collaboratively with stakeholders, including the county sheriffs, to develop a jail diversion program.

*Issue(s):*

- Along with the inability to access medication, many individuals on Medicaid face recent instability due to the Department of Healthcare of Family Services (HFS)' limitations on psychotropic medications. The changes to the Preferred Drug List have caused individuals with mental illness to go from stable to unstable, creating a higher need for acute and crisis care in the community. Although promised to be "grandfathered," individuals were often denied authorization if their medication dose was adjusted. The new formulary also restricted the number of preferred injectables as an ideal method of medication management for individuals with high numbers of hospital admissions.

*Solution(s):*

- The fiscally driven changes to the Preferred Drug List formularies should be reconsidered by HFS as it pertains to Medicaid-eligible individuals with mental illness.

***IARF is Solution Driven***

As shown by this list of recommendations, IARF is solution driven and stands ready to work with the Administration, the General Assembly, and those legislators on the Commission of Government Forecasting and Accountability to put in place these recommendations that are necessary to ensure the closure of any state-operated mental health facility is done correctly and with the best interests of individuals with serious mental illness and the organizations that support them.

However, in order to implement these recommendations, the state must openly and honestly commit to do what is necessary to invest resources that will re-vitalize the vision of an all-inclusive community system. Without adequate investment in community mental health services, consumers and their families will suffer, and there will be an increased need for expensive crisis care. Without proper supports, the community and individuals with mental illness will face continued hardships.

September 28, 2011


CFGA
703 Stratton Office Bldg.
Springfield, Il. 62706

Re: Closure of Chester Mental Health Center
Chester, Illinois

I've been informed of the closing of Chester M.H.C. within the next 6 months — due to financial needs of the state.

It is wrong to close a facility that has been so successful in giving care and dignity to our most needy. Where will they go? These unfortunate human beings need special care and not merely an institution. Without Chester they will most likely be incarcerated or put on the streets.

I am talking from experience - my nephew, J.B. has been problematic for all his life — mentally and socially retarded and physically handicapped. At Chester he was given quality of life - he was treated as an individual with problems and given dignity. He had been at other facilities where he was merely sedated and left alone, causing him to regress further. Please do not close Chester.

The town too will suffer as most of the residents are employed at Chester. Where will they work - how will they support their families. Needless to say, they will not pay taxes!

Illinois needs jobs! Not another 500 persons unemployed. Governor Quinn is making another mistake.

I repeat - Please do not allow Chester to be closed for the sake of many helpless human beings.

Sincerely,
Diane Magee

Please forward a copy of my letter to

Senator Jeffrey Schoenberg
and
Representative Patti Bellock


September 25, 2011

Representative Patti Bellock
1 S. Cass Avenue
Westmont, IL 60559

Dear Representative Bellock:

A couple weeks ago, Governor Quinn announced plans to close several state facilities including the Chester Mental Health Center. As an employee of the Chester Mental Health Center and a lifelong resident of the Chester area, I ask that you, as a member of the Commission on Government Forecasting and Accountability, recommend against the closure of our facility. The closure of Chester Mental Health Center and resulting loss of so many jobs will be catastrophic to families and towns throughout Randolph and adjacent counties.

To be quite honest, until today I had no idea where Westmont was in Illinois. So, out of curiosity, I "googled" it and found that Westmont is a village 18 miles west of the Chicago downtown area and has a census of approximately 26,000 people. Randolph County has a census of only about 34,000 people. What would the impact be to Westmont and surrounding area if a major employer announced the loss of 464 jobs? I would think it would be significant considering today's economy. Imagine how that same loss of jobs would affect an entire **rural** county of only 34,000 people. At a time when we need stability in our economy, how can it be good for the State of Illinois to eliminate jobs? How can the housing market get better if no one can afford a house? If people lose their homes, how can the schools get tax money to educate our children? How do the small business owners stay in business if there is no money to be spent, or everyone moves away to find jobs elsewhere? How do people provide food, shelter, or health care for their families?

In DHS' own recommendation for closure of Chester Mental Health Center, it is stated that "Due to related Hospital closures, the State's capacity to provide civil acute inpatient psychiatric care will be significantly reduced, affecting approximately 2,800 civil admissions annually." Representative Bellock, Chester MHC houses 240 patients deemed in need of maximum security in a facility designed and built for that purpose. Why is Governor Quinn closing the one facility *built* for this purpose which is still in good condition and will result in the loss of 464 jobs with the subsequent result also being loss of care to and additional 2,800 people?

The ripple effect goes on and on. The closure of Chester Mental Health Center will not help alleviate Illinois' budget problem, it will only add to it.

I realize that Randolph County is a long way from Westmont, Representative Bellock, but I invite you to come down and visit our community. Chester is an absolutely beautiful area on the banks of the Mississippi River. I also invite you to visit Chester

Mental Health Center and meet with the staff that provides such an important service to the patients that are housed here and ensure the safety of the people of the State of Illinois. Mostly, however, I ask you to consider the devastating impact that the closure of Chester Mental Health Center will have on Randolph County and Southern Illinois and that you recommend against this action. Thank you.

Sincerely,

Felecia Rucker

Felecia Rucker
Executive Secretary I
Chester Mental Health Center

cc: Governor Pat Quinn
Representative Jerry Costello II
Senator David Luechtefeld
Representative Mike Bost

**Mike Parker**

**Our facility has many roles within the DHS System. Chester MHC accommodates a large influx of UST patients from the jail system to prevent the state from being in contempt of court for those awaiting trial.**

**Another unique aspect of our facility is that we have an infirmary equipped to care for patients that need a higher level of medical treatment as opposed to the care of jails or even that other mental health centers. Many patients have come to us in very dire conditions and with our full service medical diagnostic center these patients have made amazing recoveries.**

**Also, Our facility frequently admits patients who have eloped or escaped from other facilities. So far in the year 2011, there have been 17 elopements at other facilities but Here at Chester MHC with our years of experience and our secure physical structure the elopement rate has been 0 for the last 17 years. In our long history of caring for patients we have had only two brief elopements and they were in 1976 & 1994, in both of instances changes were made to the facility to prevent those types of escapes from ever reoccurring.**

**In these times of economic difficulties, Chester MHC through the joint efforts of the leadership and staff have worked diligently to operate within our budget year after. Even though we have the most violent patient population, we still maintain one of the lowest patient to staff ratios in the state, and we are always exploring ways to improve care while meeting budgetary requirements.**

**In Conclusion, the biggest concern would be the impact on the local communities that would be forced to care for these violent patients. The barriers to transfer are real and serious. Untrained staff and the un-equipped physical structure to care for these patients would bring serious injures to both the patient and care giver. The State of Illinois currently has the most secure hospital and the best trained staff to care for these individuals and that is right here at Chester Mental Health Center.**

Dear Members of Commission on Government Forecasting and Accountability,

My name is Matt Grau I am a Security Therapy Aid 2 employed at Chester Mental Health Center. I have been employed there for 10 years, and I am also the President of Local 424. In my 10 years of employment I have witnessed a lot of positive things done out there, far too many to express in the short time allotted. Here shortly you will hear testimony from several of my colleges, and from several individuals out in the community. I ask you for the patience, to hear from all of these individuals. You'll hear testimony about mental illness, and about the patients we serve. We have very specialized information, about Chester Mental Health that will be presented. We'll touch on how this closure will impact the patients. We'll hear about some of the violence associated with these patients, and hear from the staff in which these patients have hurt.

You'll hear about how this closure will impact the community, jails, and hospitals, as well as hear about the financial concerns associated with this closure. There will be moving testimony from some individuals who will talk about how this closure will impact their families, friends and neighbors. You will also hear testimony about the facility issues outlined by DHS and the Governor, along with the physical status of the facility. You will also hear from Debra Franklin, who will show everyone the direct impact this closure will have on the community if Chester Mental Health Center closes.

Finally I want to present you a copy of all the signatures thus far collected, a total of 6274 individuals have signed a petition to keep Chester Mental Health Center open.

Again thank you for your time and patience....

Sincerely,

Matt Grau
Local 424 President

In response to information that was provided by the Dept of Human Services pertaining to the facility's difficulty in recruitment of professional staff. The facility has recruited in the past for clinical psychologist and psychiatrist positions. We believe that there are other factors that pose a bigger barrier to bringing in these staff other than recruitment. The most challenging issue is the cumbersome hiring process that starts with requesting approval thru the Governor's office to fill the vacancy to the point of receiving approval thru the Governor's office of the selected candidate. This process is approximately ten steps and can take anywhere from 2 to 11 months on average. Often we are successful in our recruiting efforts and have candidates willing to work here, but by the time we actually have approval to make the job offer, the potential candidate has moved on to another job. Most recently we had three candidates that we had recruited for clinical psychologist positions, the interviews were held on July 19, the selected candidates were submitted for final approval on August 5, and no action has been taken since then. We feel that the multiple steps and cumbersome hiring process play just as much a role in this as does Chester Mental Health Center's geographical location in getting professional staff at the facility.

Pam Deterding
Human Resources Specialist

Hello, my name is Bill Henson, I am a Social Worker at Chester MHC. I have worked for the state for over 21 years, 17 years in Corrections and for the last 4 years at Chester MHC.

In addition to providing mental health therapy, I assist in staff development teaching Non-Violent Crisis Intervention to assist staff to safely and securely respond to incidents in which patients have a total loss of rational control resulting in physical aggressiveness. It has been my pleasure to work with a group of professional staff over the years that have initiated the recovery of those who suffer severe and difficult to treat mental illnesses. Our success has been astounding in achieving these goals and this is a result of the dedication of a specially trained staff who have given their best in adverse situations, sometimes suffering life altering injuries in the process.

During my employment at Chester MHC I have witnessed numerous assaults on staff and the injuries sustained from these violently acting out persons that we treat. The potential for injury stretches across all disciplines that come in contact with a mentally ill patient, including Security Therapy Aides, Psychiatrist, Psychologist, Educators, Nurses, and Social Workers, including myself.

When staff injuries are sustained, there is not only physical pain and discomfort, but also anxiety and worry for their families. The fellow staff member's who witnessed the incident may also experience increased anxiety and long-term emotional distress.

You are about to hear from some of my colleagues who have personal testimonies that they have offered to share related to injuries suffered performing their duties. We share these experiences with you not to gain sympathy, but rather to convey the type of patients housed at Chester. It is our belief that these assaults would occur regardless of where the Governor may choose to move these individuals. Only Chester MHC is equipped to control and effectively treat the most challenging mental health patients in the state. It is my hope that those who are deciding the fate of these workers will remember that these are real, hardworking people who have invested themselves to build a profession that would support their family in addition to providing a valuable and specialized service for the mentally ill and disabled. Thank you for listening.

Included in this packet is information from the hearing that was presented orally. A copy of the information sent to the union at their request and several bullet points that we feel the CGFA committee needs to be aware of and have available when they are making their decision about CMHC and our future. Also included is a graph of the cost of care per patient that we asked for from DHS and they gave us one amount of cost per patient per day. Our staff used information that was made available by our legislature and using the budget website to show the cost to care for a patient at each of our sister hospitals for a year. This information is being submitted by Local 424 and CMHC staff in general. These are the facts:

- Chester is the least expensive facility in the state to care for our patients.
- The average cost for a patient to be treated at Alton is $167,934 a year. The average cost for a patient to be treated at Chester is $145,100 a year. At the current costs it is less expensive for patients to be treated at Chester than Alton by $22,833 per patient. It is economically more feasible to treat a patient at Chester than any other state facility! (Cost per patient per facility chart) If all 241 Chester patients would be moved to Alton it would cost an ADDITIONAL $5,502,890 above the current cost per year.
- Second most expensive budget but treat the second highest number of patients in the state. (Cost per patient per facility graph)
- Second lowest staff to patient ratio in the state with the most difficult to treat patients. (Stats in information sent to union)
- We came in under budgeted money spent in FY08 by 4 million dollars and FY09 by 2 million if you use budget as indicated in information from state DHS or 4 million if use previously published DHS budget information. (Older print out attached to show/compare inconsistencies from older report and information reported by DHS to the union). In return for our effort to save money as asked by DHS they cut our budget by the 4 million saved. The other DHS facilities did not decrease their budget when asked by similar amounts.
- Statistics show: Restraints and Seclusion hours dropped significantly (30% decrease). The Restraint/Seclusion rate (represents the numbers of hours a patient spent in seclusion or restraints for every 1000 inpatient hours) declined significantly (32% decrease). Patient injuries requiring Medical Intervention (69% decrease/improvement), 1:1 monitoring hours (78% decrease/improvement), Office of Inspector General (OIG) complaints (39% decrease/improvement), and Human Rights complaints has also decreased (38%) from FY 2007 to FY11. Overall our patients are safer, restrained less and appear to be happier.
- The state has invested $3,779,000 dollars on security upgrades to keep the facility safe and secure including: security windows, electronic locks, fencing, duress alarm systems, and camera monitoring equipment.
- 51% of our patients (122 out of 241) currently at CMHC have returned to the CMHC for 2 or more admissions because they were too violent to be handled at the other facilities.
- Chester elopements = 0 (In last 17 years). FY11 elopements from other state hospitals = 17!

Thank you for your time and consideration in this very serious decision.
Sincerely,

Matt Grau
AFSCME Local 204 President

# Department Of Human Services

www.dhs.state.il.us
100 South Grand Avenue, East
Springfield, IL 62762
217.557.1601

| Appropriations Requiring General Assembly Action ($ thousands) | Fiscal Year 2008 | | Fiscal Year 2009 | | Fiscal Year 2010 |
|---|---|---|---|---|---|
| | Enacted Appropriation | Actual Expenditure | Enacted Appropriation | Estimated Expenditures | Recommended Appropriation |
| **BY DIVISION** | | | | | |
| Direct Support to Individuals | 770,427.0 | 763,827.2 | 801,237.2 | 795,794.0 | 756,446 5 |
| Attorney General Representation | 212.6 | 203.0 | 215.8 | 116.4 | 0.0 |
| Tinley Park Mental Health Center and Community Transition | 20,527.5 | 20,453.5 | 20,900.9 | 20,639.2 | 20,639.2 |
| Administrative and Program Support | 129,942.7 | 111,242.1 | 125,123.0 | 121,857.8 | 182,484.0 |
| Management Information Services | 57,621.3 | 51,245.3 | 54,307.4 | 53,338.5 | 55.253.1 |
| Jack Mabley Developmental Center | 10,524.4 | 10,456.4 | 10,584.4 | 10,551.6 | 10,851.8 |
| Alton Mental Health Center | 22,803.0 | 22,715.2 | 24,755.4 | 23,986.7 | 24.352.2 |
| Bureau of Disability Determination Services | 82,853.2 | 64,231.5 | 84,539.4 | 84,465.8 | 84.388.5 |
| Home Services Program | 436,679.6 | 436,140.0 | 497,469.4 | 497,469.4 | 524,044 4 |
| Mental Health Grants and Administration | 488,951.0 | 450,127.3 | 493,814.5 | 476,412.2 | 486.993.2 |
| Office of The Inspector General | 4,862.4 | 4,820.1 | 5,053.0 | 5,041.3 | 5.143.5 |
| DD Grants-in-AID and Purchase of Care | 1,103,702.7 | 1,072,366.4 | 1,167,246.3 | 1,138,462.3 | 1,259,488.9 |
| Addiction Prevention | 30,827.9 | 27,315.6 | 30,827.9 | 30,585.1 | 29.823.3 |
| Addiction Treatment | 258,745.8 | 233,660.0 | 259,065.8 | 259,065.8 | 251.874.7 |
| Lincoln Developmental Center | 990.9 | 990.4 | 990.9 | 990.9 | 990.9 |
| Clyde L. Choate Mental Health And Developmental Center | 40,154.1 | 39,610.0 | 39,617.1 | 39,102.6 | 38.230.0 |
| Rehabilitation Services Bureau | 152,457.9 | 110,199.6 | 157,827.5 | 157,827.5 | 177,687.7 |
| Client Assistance Project | 950.4 | 528.1 | 956.8 | 956.8 | 957.6 |
| DRS Program Administrative Support | 2,460.3 | 1,492.2 | 2,579.5 | 2,579.5 | 2.533.2 |
| Chicago-Read Mental Health Center | 30,429.0 | 30,206.8 | 30,356.8 | 29,488.1 | 29.486.3 |
| Program Administration-Disabilities And Behavioral Health | 44,808.7 | 40,423.5 | 50,957.7 | 49,647.4 | 52.738.7 |
| Treatment and Detention Program | 29,222.1 | 26,421.3 | 29,111.4 | 27,339.7 | 29.032.4 |
| H. Douglas Singer Mental Health And Developmental Center | 15,532.6 | 15,512.3 | 15,722.6 | 15,478.8 | 15.360.4 |
| Ann M. Kiley Developmental Center | 28,689.2 | 28,598.2 | 30,502.2 | 30,401.4 | 31.186.2 |
| Illinois School for the Deaf | 18,424.2 | 17,548.9 | 19,622.7 | 19,382.3 | 19.918.8 |
| Illinois School for the Visually Impaired | 10,036.3 | 9,484.8 | 10,249.2 | 10,082.6 | 10.629.5 |
| John J. Madden Mental Health Center | 31,753.1 | 31,645.6 | 34,217.5 | 32,207.8 | 31.474 4 |
| Warren G. Murray Developmental Center | 36,129.3 | 35,912.7 | 37,083.5 | 36,959.2 | 38.541.5 |
| Elgin Mental Health Center | 65,974.5 | 65,513.6 | 68,847.1 | 66,632.0 | 65.817.7 |
| Community and Residential Services for Blind And Visually Impaired | 1,937.2 | 1,905.8 | 1,947.9 | 1,947.9 | 1.971.8 |
| Chester Mental Health Center | 43,903.7 | 39,754.3 | 44,508.4 | 40,069.5 | 39.588.4 |
| Jacksonville Developmental Center | 30,965.1 | 30,885.8 | 32,078.4 | 30,107.3 | 29.358.1 |
| Illinois Center for Rehabilitation And Education | 5,794.4 | 5,632.3 | 6,038.5 | 6,038.5 | 6.043.4 |
| Andrew McFarland Mental Health Center | 23,120.2 | 20,944.8 | 23,622.9 | 21,168.7 | 21.294.5 |
| Governor Samuel H. Shapiro Developmental Center | 74,416.8 | 73,949.4 | 78,548.6 | 75,494.5 | 72.325.8 |
| Human Capital Development | 618,497.9 | 480,955.8 | 614,809.2 | 611,062.1 | 730.157.6 |
| Juvenile Justice Programs | 13,721.7 | 1,837.7 | 13,721.3 | 13,688.9 | 13.673.8 |
| Community Health | 493,940.0 | 456,377.0 | 502,620.1 | 498,217.9 | 541.777.8 |
| Community Youth Services | 256,229.3 | 253,688.4 | 280,780.7 | 277,010.7 | 295.036.4 |
| William W. Fox Developmental Center | 17,509.9 | 17,229.0 | 18,042.9 | 17,983.6 | 17.643.3 |
| Elisabeth Ludeman Developmental Center | 41,670.9 | 41,506.2 | 44,707.9 | 44,556.3 | 44.603.9 |
| William A. Howe Developmental Center and Community Transition | 54,241.2 | 53,943.7 | 55,039.4 | 54,856.4 | 32.382.2 |
| Nonrecurring Projects | 12,306.4 | 8,351.3 | 3,403.4 | 3,403.4 | 0 0 |
| **TOTAL ALL DIVISIONS** | **5,614,948.3** | **5,209,853.1** | **5,823,652.2** | **5,732,468.1** | **6,082,225.6** |

**September 21, 2011**

**October 12, 2011 response to the Union request.**

**To whom it may Concern,**

**AFSCME Local 424 is requesting information about Chester Mental Health Center and comparison information for Chester and the other state facilities. The following is the information we would like to receive:**
**Chester Facility Information:**

- **Cost of facility security upgrades spent to keep the facility up to date including electronic locks and camera monitoring equipment.**

| CDB Project # | Year and Project | Approximate cost |
|---|---|---|
| 321-087-022 | 1997 Installation of electronic security system | 238,000.00 |
| 321-087-026 | 1995 Install new security windows throughout hospital | 550,000.00 |
| 321-087-027 | 1999 Security system install of access control, closed circuit television system and electronic personal duress system | 575,000.00 |
| 321-087-033 | 2000 Replace security fencing, extend security fencing, upgrade recreation yard, addition lighting for perimeter, upgrade access control system | 1,158,000.00 |
| 321-087-038 | 2003 Upgrade and expand the access control and duress alarm systems to include electronic locks, card readers, installation of closed circuit television cameras | 1,168,000.00 |
| | 2010 Installation of security cameras Installed cameras in patient areas, (equipment only) - installed by in- house staff | 50,000.00 |
| | 2007 Upgrade Security Beams (equipment only) - installed by in-house staff | 20,000.00 |
| | 2011 Upgrade exterior cameras (equipment only) - installed by in-house staff | 20,000.00 |

- **Annual number of patient admitted and discharged: FY11** Forensic-188 admitted and 122 discharges, Behavior Management Patients – 64 admitted and 122 discharged, and Total – 252 admissions and 248 discharges.
- **Number of patients with 2 or more admissions to CMHC from another state hospital.** Current patient population of 241- there are 122 patients who

have been at Chester 2 or more times.

**Facility information over the last 5 years related to overtime dollars spent, overtime hours, Restraint/Seclusion hours, R/S rates, 1:1 hours, patient medical intervention injury rate, admissions and discharges, OIG complaints, Human Rights complaints, Average Daily Census changes, average length of stay for UST patients, .** Statistics from FY 2007 data until FY 2011 showed these results:

| *Data Point* | *FY07* | *FY08* | *FY09* | *FY10* | *FY11* |
|---|---|---|---|---|---|
| Overtime Dollars | $2,922,379 | $2,818,476 | $2,773,580 | $2,477,137 | $2,468,834 |
| Overtime Hours | 86226 | 75715 | 70910 | 55245 | 51479 |
| Restraint Hours | 11232 | 12736 | 10038 | 9736 | 8554 |
| Seclusion Hours | 2880 | 3923 | 3477 | 2024 | 1298 |
| Combined R/S Hours | 14112 | 16659 | 13515 | 11760 | 9855 |
| R/S Rate | 6.16 | 6.83 | 5.75 | 5.63 | 4.65 |
| 1:1 Hours | 33100 | 38211 | 30119 | 14485 | 9127 |
| Staff Med Inter injury rate -direct care | 0.33 | 1.25 | 0.83 | 0.83 | 0.86 |
| Patient Med Inter Injury rate | 1.8 | 1.5 | 0.58 | 0.68 | 0.69 |
| Admission -forensic | 141 | 170 | 169 | 165 | 188 |
| BMP | 60 | 45 | 72 | 71 | 64 |
| Total Admissions | 201 | 215 | 241 | 236 | 252 |
| Discharges - Forensic | 113 | 123 | 157 | 123 | 122 |
| BMP | 77 | 99 | 106 | 135 | 126 |
| Total Discharges | 190 | 222 | 263 | 258 | 248 |
| OIG Complaints | 137 | 160 | 204 | 205 | 125 |
| Human Rights Complaints | 143 | 136 | 143 | 146 | 88 |
| Average Daily Census | 285 | 276 | 266 | 236 | 240 |

**Utilization Review information regarding current barriers identified preventing patient discharge or transfer.**

The facility oversees a review process to ensure that the patient is receiving proper care and that any barriers to discharge/transfer are being addressed. Every patient is an individual with varying clinical conditions that warrant a maximum security environment.

**State Facility Information (This request is for each of the state facilities for comparison information including Chester):**

- **Patient to Staff Ratio:**

| FACILITY | FY11 Avg Census | FY11 Avg Headcount | FY11 Staff Adjustment | FY11 Avg Ratio |
|---|---|---|---|---|
| CHESTER | 239 | 448.3 | 18.0 | 1.954 |
| ALTON | 124 | 245.1 | 9.0 | 2.048 |
| CHICAGO READ | 110 | 264.7 | 28.2 | 2.668 |
| ELGIN | 379 | 670.3 | 37.6 | 1.869 |
| MADDEN | 123 | 295.5 | 25.5 | 2.603 |
| MCFARLAND | 108 | 207.2 | 9.5 | 2.008 |
| SINGER | 66 | 146.5 | 21.0 | 2.546 |
| TINLEY PARK | 67 | 193.9 | 28.5 | 3.319 |
| **MH TOTAL** | **977** | **2,023.2** | **159.3** | **2.235** |

- **Staff turnover rate:**

| FACILITY | FY11 Average FTEs | FY11 Total Attrition | % Staff Turnover |
|---|---|---|---|
| CHESTER | 448.3 | 45 | 10.0% |
| ALTON | 245.1 | 26 | 10.6% |
| CHICAGO READ | 264.7 | 20 | 7.6% |
| ELGIN | 670.3 | 49 | 7.3% |
| MADDEN | 295.5 | 22 | 7.5% |
| MCFARLAND | 207.2 | 39 | 18.8% |
| SINGER | 146.5 | 16 | 10.9% |
| TINLEY PARK | 193.9 | 25 | 12.9% |

- **Annual Cost per patient for patient care:** FY10 $632.00 per day (average for all state operated facilities combined.)

- **Annual Utility/Building Maintenance cost:**

| Facility | Expenditure Type | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|
| Chester | Craft Salaries | $1,540,594.70 | $1,577,828.43 | $1,747,210.44 | $1,516,551.04 | $1,470,063.16 |
| | Building Maintenance | $135,245.92 | $123,147.70 | $119,239.12 | $168,285.93 | $172,237.79 |
| | Permanent Improvements | $83,101.79 | $38,867.92 | $4,019.00 | | $92,362.94 |
| | Utilities | $584,980.26 | $638,919.98 | $708,364.88 | $658,092.56 | $646,004.79 |
| **Chester Total** | | **$2,343,922.67** | **$2,378,764.03** | **$2,578,833.44** | **$2,342,929.53** | **$2,380,668.68** |
| Alton | Craft Salaries | $996,842.42 | $1,066,694.86 | $1,105,653.30 | $888,370.06 | $872,567.84 |
| | Building Maintenance | $138,535.88 | $114,939.81 | $97,765.13 | $147,430.85 | $132,738.79 |
| | Permanent Improvements | $59,994.95 | | $29,924.00 | $55,189.19 | $41,164.51 |
| | Utilities | $648,459.30 | $761,909.66 | $811,722.52 | $797,982.04 | $720,620.41 |
| **Alton Total** | | **$1,843,832.55** | **$1,943,544.33** | **$2,045,064.95** | **$1,888,972.14** | **$1,767,091.55** |
| Chicago Read | Craft Salaries | $2,078,415.16 | $1,811,322.29 | $1,976,703.38 | $1,648,656.37 | $1,530,550.92 |
| | Building Maintenance | $259,980.72 | $227,177.93 | $235,499.49 | $191,972.11 | $209,591.19 |
| | Permanent Improvements | $67,152.00 | $70,914.34 | $34,253.05 | $32,693.08 | $34,506.47 |
| | Utilities | $880,176.56 | $860,640.77 | $850,274.42 | $800,728.72 | $790,233.61 |
| **Chicago Read Total** | | **$3,285,724.44** | **$2,970,055.33** | **$3,096,730.34** | **$2,674,050.28** | **$2,564,882.19** |
| Elgin | Craft Salaries | $2,312,336.13 | $2,786,038.48 | $2,847,464.46 | $2,372,387.28 | $2,388,006.25 |
| | Building Maintenance | $339,045.61 | $403,148.33 | $380,727.90 | $617,510.96 | $541,402.26 |
| | Permanent Improvements | $139,905.40 | $71,735.00 | $89,700.00 | $166,021.75 | $358,062.28 |
| | Utilities | $2,349,612.62 | $2,311,667.28 | $2,678,367.26 | $2,231,873.09 | $2,181,647.00 |
| **Elgin Total** | | **$5,140,899.76** | **$5,572,589.09** | **$5,996,259.62** | **$5,387,793.08** | **$5,469,117.79** |
| Madden | Craft Salaries | $1,548,450.60 | $1,612,175.81 | $1,754,676.24 | $1,568,934.94 | $1,719,215.15 |
| | Building Maintenance | $188,412.20 | $114,174.53 | $155,114.69 | $129,392.66 | $171,074.47 |
| | Permanent Improvements | $52,999.00 | $17,758.48 | | $22,379.07 | $93,083.82 |
| | Utilities | $559,120.04 | $599,761.44 | $764,986.31 | $604,180.46 | $585,506.90 |
| **Madden Total** | | **$2,348,981.84** | **$2,343,870.26** | **$2,674,777.24** | **$2,324,887.13** | **$2,568,880.34** |
| McFarland | Craft Salaries | $836,028.41 | $891,837.09 | $960,725.60 | $822,848.41 | $927,313.44 |
| | Building Maintenance | $268,962.32 | $1,179,722.61 | $452,719.88 | $372,056.62 | $355,379.92 |
| | Permanent Improvements | $75,602.00 | $31,267.00 | $32,400.00 | $17,087.38 | $57,890.00 |
| | Utilities | $707,619.41 | $804,731.30 | $893,256.14 | $809,202.75 | $812,692.78 |
| **McFarland Total** | | **$1,888,212.14** | **$2,907,558.00** | **$2,339,101.62** | **$2,021,195.16** | **$2,153,276.14** |

| Facility | Expenditure Type | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|---|---|---|---|---|---|
| Singer | Craft Salaries | $868,427.03 | $926,039.08 | $985,381.69 | $785,206.09 | $800,868.42 |
| | Building Maintenance | $216,517.44 | $234,896.73 | $212,979.90 | $221,817.10 | $188,994.25 |
| | Permanent Improvements | $74,999.00 | $9,000.00 | | $55,000.00 | $25,563.50 |
| | Utilities | $629,434.44 | $641,822.84 | $818,143.93 | $694,748.08 | $624,389.99 |
| **Singer Total** | | **$1,789,377.91** | **$1,811,758.65** | **$2,016,505.52** | **$1,756,771.27** | **$1,639,816.16** |
| Tinley Park | Craft Salaries | $267,676.33 | $408,537.93 | $458,182.16 | $384,496.66 | $2,161,329.34 |
| | Building Maintenance | $96,383.81 | $38,409.66 | $19,410.08 | $14,175.00 | $221,236.34 |
| | Permanent Improvements | $59,949.75 | | $8,955.00 | $220,144.00 | $47,685.67 |
| | Utilities | | | | | $1,620,266.34 |
| **Tinley Park Total** | | **$424,009.89** | **$446,947.59** | **$486,547.24** | **$618,815.66** | **$4,050,517.69** |

Notes:
In FY2010, payments for Retirement were moved to the Office of the Comptroller's.
In FY2011, Tinley Park's budget assumed responsibility for Craft Salaries and Utilities for the Tinley Park/Howe Campus.

- **Budget Allocated and Budget Spent for the past 5 fiscal years:**

| Facility | FY | Net Appropriation | Expenditures |
|---|---|---|---|
| **Chester MHC** | 2007 | $36,799,600 | $36,320,826 |
| | 2008 | $43,903,700 | $39,754,310 |
| | 2009 | $42,555,700 | $40,770,768 |
| | 2010 | $35,331,100 | $34,801,873 |
| | 2011 | $34,976,900 | $34,705,164 |
| **Alton MHC** | 2007 | $26,897,100 | $25,346,606 |
| | 2008 | $27,806,700 | $27,693,711 |
| | 2009 | $25,031,300 | $24,423,393 |
| | 2010 | $21,470,700 | $21,127,892 |
| | 2011 | $21,193,700 | $21,104,307 |
| **Chicago Read MHC** | 2007 | $29,126,200 | $28,725,508 |
| | 2008 | $30,810,300 | $30,581,706 |
| | 2009 | $30,437,700 | $30,154,441 |
| | 2010 | $26,435,500 | $25,769,683 |
| | 2011 | $25,247,700 | $25,022,988 |

| Facility | FY | Net Appropriation | Expenditures |
|---|---|---|---|
| **Elgin MHC** | 2007 | $69,027,500 | $67,170,822 |
| | 2008 | $73,584,400 | $72,801,545 |
| | 2009 | $69,613,900 | $68,606,221 |
| | 2010 | $59,428,700 | $58,531,191 |
| | 2011 | $59,714,500 | $59,601,443 |
| **Madden MHC** | 2007 | $29,929,800 | $29,324,201 |
| | 2008 | $31,900,500 | $31,792,966 |
| | 2009 | $33,343,900 | $32,224,626 |
| | 2010 | $28,270,200 | $27,750,170 |
| | 2011 | $28,826,600 | $28,792,269 |
| **McFarland MHC** | 2007 | $18,498,200 | $18,470,170 |
| | 2008 | $23,271,400 | $21,096,005 |
| | 2009 | $22,520,000 | $21,317,534 |
| | 2010 | $19,151,500 | $18,598,786 |
| | 2011 | $19,368,800 | $18,921,043 |
| **Singer MHC** | 2007 | $14,730,300 | $14,564,319 |
| | 2008 | $15,571,900 | $15,551,584 |
| | 2009 | $15,955,500 | $15,575,736 |
| | 2010 | $14,090,000 | $13,736,071 |
| | 2011 | $13,938,000 | $13,570,485 |
| **Tinley Park MHC** | 2007 | $19,387,500 | $19,340,396 |
| | 2008 | $20,527,500 | $20,453,459 |
| | 2009 | $20,900,900 | $20,729,799 |
| | 2010 | $20,639,200 | $17,880,733 |
| | 2011 | $20,525,700 | $20,073,601 |

- **Current Bed Space**

| | CIVIL | FORENSIC | TOTAL |
|---|---|---|---|
| ALTON | 15 | 110 | 125 |
| CHESTER | 100 | 140 | 240 |
| CHICAGO READ | 110 | 0 | 110 |
| CHOATE MH | 79 | 0 | 79 |
| ELGIN | 75 | 319 | 394 |
| MADDEN | 140 | 0 | 140 |
| MCFARLAND | 82 | 35 | 117 |
| SINGER | 76 | 0 | 76 |
| TINLEY PARK | 75 | 0 | 75 |
| TOTALS | 752 | 604 | 1,356 |

- **Number of Elopements FY11 =** Alton 0, Chester 0, Chicago Read 3, Choate MH 0, Elgin 2, Madden 7, McFarland 0, Singer 3, Tinley Park 2

**We want to thank you for taking the time to provide us this information.**

**Sincerely,**

**Matt Grau**

**AFSCME Local 424 President**

# 2011 BUDGET

| | FY 2011 Estimated Expense | Patient count July 2010 | July 2010 $ per Patient FY 11 Est Exp | Patient count Sept 15, 2011 | Sept 15, 2011 $ per Patient FY 11 Est Exp | Average Patient count Jul 2010 thru Sep 15 2011 | Jul 10 thru Sep 11 $ per Patient FY 11 Est Exp |
|---|---|---|---|---|---|---|---|
| Alton | 20,991,800 | 122 | 172,063.93 | 122 | 172,063.93 | 125 | 167,934.40 |
| Chester | 34,969,300 | 240 | 145,705.42 | 239 | 146,315.06 | 241 | 145,100.83 |
| Chicago Reed | 25,910,700 | 124 | 208,957.26 | 113 | 229,298.23 | 114 | 227,286.84 |
| Choate * | 37,346,500 | 48 | 778,052.08 | 81 | 461,067.90 | 63 | 592,801.59 |
| Elgin | 59,476,000 | 389 | 152,894.60 | 387 | 153,684.75 | 384 | 154,885.42 |
| Madden | 28,369,500 | 132 | 214,920.45 | 132 | 214,920.45 | 135 | 210,144.44 |
| Mc Farland | 19,489,800 | 115 | 169,476.52 | 110 | 177,180.00 | 110 | 177,180.00 |
| Singer | 13,902,800 | 73 | 190,449.32 | 56 | 248,264.29 | 69 | 201,489.86 |
| Tinley Park | 20,525,700 | 70 | 293,224.29 | 45 | 456,126.67 | 66 | 310,995.45 |

| | | Average Patient count Jul 2010 thru Sep 15 2011 | Jul 10 thru Sep 11 $ per Patient FY 11 Est Exp |
|---|---|---|---|
| Alton | 20,991,800 | 125 | 167,934.40 |
| Chester | 34,969,300 | 241 | 145,100.83 |

$22,833.57 Additional cost to house 1 patient at Alton per year

$5,502,890.40 Additional cost to house 241 patients at Alton per year

The web path to the budget information –

DHS > about DHS > About DHS by Division > Administration > Budget > FY 2012Budget Briefing > (hospital name) GRF

* Choate Mental Health patient numbers do not include the developmental disability patients, only mental health patients

| FY11 and FY12 YTD Average Daily Census for All DMH State Operated Hospitals | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fiscal Year | | | | | | | | | | | | |
| Month | Tinley | Alton | | Choate | Reed | Singer | Madden | Elgin | | Chester | Mc Farland | |
| | Civil | Civil | Forensic | Civil | Civil | Civil | Civil | Civil | Forensic | Combined | Civil | Forensic |
| Jul -10 | 70 | 22 | 100 | 48 | 124 | 73 | 132 | 83 | 306 | 240 | 94 | 21 |
| Aug-10 | 69 | 23 | 101 | 46 | 121 | 72 | 130 | 84 | 308 | 242 | 93 | 22 |
| Sep-10 | 64 | 21 | 102 | 50 | 120 | 68 | 132 | 75 | 311 | 243 | 95 | 20 |
| Oct-10 | 72 | 22 | 103 | 50 | 111 | 63 | 136 | 73 | 316 | 244 | 94 | 21 |
| Nov-10 | 68 | 23 | 102 | 51 | 109 | 71 | 135 | 72 | 315 | 242 | 92 | 19 |
| Dec-10 | 67 | 20 | 105 | 49 | 110 | 72 | 138 | 73 | 317 | 242 | 91 | 20 |
| Jan-11 | 71 | 22 | 106 | 49 | 112 | 69 | 144 | 74 | 318 | 241 | 85 | 21 |
| Feb-11 | 66 | 21 | 105 | 67 | 113 | 71 | 138 | 72 | 316 | 242 | 86 | 21 |
| Mar-11 | 68 | 20 | 107 | 75 | 112 | 72 | 132 | 69 | 315 | 242 | 86 | 21 |
| Apr-11 | 65 | 19 | 109 | 77 | 112 | 77 | 122 | 52 | 313 | 243 | 85 | 21 |
| May-11 | 68 | 16 | 110 | 74 | 111 | 74 | 138 | 61 | 316 | 240 | 84 | 22 |
| Jun-11 | 68 | 13 | 113 | 75 | 115 | 67 | 145 | 62 | 313 | 242 | 85 | 22 |
| Jul-11 | 63 | 12 | 115 | 78 | 115 | 64 | 134 | 62 | 316 | 241 | 84 | 23 |
| Aug-11 | 59 | 11 | 110 | 78 | 116 | 61 | 136 | 76 | 312 | 238 | 84 | 23 |
| Sep-15-2011 | 45 | 14 | 108 | 81 | 113 | 55 | 132 | 77 | 310 | 239 | 83 | 27 |
| | | | | | | | | | | | | |
| avg patient | | | | | | | | | | | | |
| count | 66 | 19 | 106 | 63 | 114 | 69 | 135 | 71 | 313 | 241 | 88 | 22 |
| | | | | | | | | | | | | |
| total average | | | | | | | | | | | | |
| patient count | 66 | 125 | | 63 | 114 | 69 | 135 | 384 | | 241 | 110 | |

# FY11 and FY12 YTD Average Daily Census for All DMH State Operated Hospitals

| Fiscal Year Month | Tinley | Alton | | Choate | Read | Singer | Madden | Elgin | | Chester | McFarland | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Civil | Civil | Forensic | Civil | Civil | Civil | Civil | Civil | Forensic | Combined | Civil | Forensic |
| Jul-10 | 70 | 22 | 100 | 48 | 124 | 73 | 132 | 83 | 306 | 240 | 94 | 21 |
| Aug-10 | 69 | 23 | 101 | 46 | 121 | 72 | 130 | 84 | 308 | 242 | 93 | 22 |
| Sep-10 | 64 | 21 | 102 | 50 | 120 | 69 | 132 | 75 | 311 | 243 | 95 | 20 |
| Oct-10 | 72 | 22 | 103 | 50 | 111 | 63 | 136 | 73 | 316 | 244 | 94 | 21 |
| Nov-10 | 68 | 23 | 102 | 51 | 109 | 71 | 135 | 72 | 315 | 242 | 92 | 19 |
| Dec-10 | 67 | 20 | 105 | 49 | 110 | 72 | 138 | 73 | 317 | 242 | 91 | 20 |
| Jan-11 | 71 | 22 | 106 | 49 | 112 | 69 | 144 | 74 | 318 | 241 | 85 | 21 |
| Feb-11 | 66 | 21 | 105 | 67 | 113 | 71 | 138 | 72 | 316 | 242 | 86 | 21 |
| Mar-11 | 68 | 20 | 107 | 75 | 112 | 72 | 132 | 69 | 315 | 242 | 86 | 21 |
| Apr-11 | 65 | 19 | 109 | 77 | 112 | 77 | 122 | 52 | 313 | 243 | 85 | 21 |
| May-11 | 68 | 16 | 110 | 74 | 111 | 74 | 138 | 61 | 316 | 240 | 84 | 22 |
| Jun-11 | 68 | 13 | 113 | 75 | 115 | 67 | 145 | 62 | 313 | 242 | 85 | 22 |
| Jul-11 | 63 | 12 | 115 | 78 | 115 | 64 | 134 | 62 | 316 | 241 | 84 | 23 |
| Aug-11 | 59 | 11 | 110 | 78 | 116 | 61 | 136 | 76 | 312 | 238 | 84 | 23 |
| Sept. 15 2011 | 45 | 14 | 108 | 81 | 113 | 55 | 132 | 77 | 310 | 239 | 83 | 27 |

9/21/2011

The Chester Mental Health Center's physical plant constitutes one of the most modern maximum-security mental health facilities in the country. Architectural design components were intended to meet the demands of security while at the same time creating an environment, which facilitates the effective delivery of therapeutic programs and services to the individuals who live here. In January 1980, Chester Mental Health Center was the second forensic psychiatry facility in the country to receive a full two-year accredited status by The Joint Commission. We continue to receive Joint Commission accreditation at each survey.

Upon completion of the facility in 1976 the architectural firm received a "First Design Merit Award" for the outstanding design work expressed in the Chester Mental Health Center. Those presenting the award were especially impressed with the exterior courts, which create an environment conducive to rehabilitation and recovery. Over the years, we have continually installed, remodeled and upgraded the building, mechanical systems, fire systems, safety and security systems in order to keep Chester MHC at the forefront of the highest security standards.

Chester Mental Health Center was designed and built with the knowledge that every aspect of security would be incorporated into the building and grounds. The architectural design achieved the strict security standards and also created a setting that is humane and therapeutic. This is the only mental health hospital in the state build exclusively with this mandate. The facility consists of 24 buildings all interconnected by corridors around a central spine. Many narrow vertical windows provide natural light with a feeling of openness, but because of their size and shape, preserve security.

Staff and visitors enter the hospital through a sally port, which is electrically operated by control center staff. Entrance is directly into one of the two 900-foot corridors, each of which connects half of the facility's treatment buildings. These corridors permit entry into all of the living units and program areas without having to go outside in order to move from one building to another thereby increasing security and safety.

A standard living module has a comfortably furnished and carpeted dayroom area containing sofas, chairs, a television viewing area, music listening stations, a pool table, and table games. Skylights and large windows adjacent to small patios provide abundant natural light and a spacious environment. Each module on the west side of the facility has individual rooms with an area of over 100 square feet with a toilet and a lavatory. The modules on the east side have individual rooms with common restrooms. There are 380 patient rooms: 237 rooms with a toilet and a lavatory and 143 rooms that have common restrooms. There are 272 toilets, 282 lavatories, 68 showers and 20 urinals for the residents that live here.

The individuals living here have private rooms immediately adjacent to the dayroom areas, which accommodate a choice of interactions including an opportunity for the individual to be alone or with various sized groups. We provide additional safety and security by locking the doors at night for those living on the west side. We have the ability to provide this service because of the toilet and sink in each room and our security system with electronic locks. The control panel on the unit stem can lock the doors individually or as a group.

Chester Mental Health Center is the only state hospital in Illinois with an Infirmary to provide interim medical care for our individuals with acute illnesses, infection and physical ailments, which reduces the need for inpatient community hospital costs. The Infirmary has eighteen rooms with individual toilets and lavatories, seven showers and one tub.

The kitchen, food service line and dining room are centrally located and interconnected which increases the safety and efficiency of food preparation. We completed a total kitchen renovation in 2004. We have a 30-day food supply on site at all times.

In 2006 we completed the installation of an on-site laundry. All laundry at the facility is done in-house which increases security and efficiency with laundry services for the residents.

In response to the information pertaining to asbestos at Chester Mental Health Center sent to COGFA from the Department, the building was constructed with some asbestos containing materials. We have an asbestos management plan in place. CDB abatement projects totaling over 1.3 million dollars have been completed. Any remaining asbestos is encapsulated and is not a hazard unless disturbed. Based on previous abatement projects the costs to remove the remaining asbestos should be less than the amount spent to date.

Our physical plant is in the basement of the facility. Every mechanical system is redundant providing two of everything to eliminate any disruption in services thereby increasing security and patient safety.

The heating system is totally redundant. We have 2 boilers, each capable of meeting the facility's heating load. These boilers normally fire with natural gas; however, they are also piped to be fired with fuel oil. This conversion between natural gas and fuel oil can happen in minutes if necessary. We have two 15,000-gallon underground fuel oil storage tanks for the backup fuel for the boilers. We have dual controls, pumps and heat exchangers.

We have total redundancy with our cooling system. We have two new chillers installed in 1998, each capable of meeting the facility's cooling load. The electrical utility company supplies the power, with backup power from the on-site generator. We have dual controls and pumps.

Our electrical system is totally redundant in that we purchase electricity from the grid. When a power outage occurs the backup generator starts automatically and transfers power within 10 seconds. A generator upgrade in 1999 ensures that the entire facility can continue normal operations. The generator runs on fuel oil and is connected to the two 15,000 gallon storage tanks.

The domestic water system is totally redundant. We purchase water from the City of Chester. The water supply into the building consists of two 8-inch water lines, one on the east side and one on the west. The water line is a continuous loop inside the building. This design ensures constant water delivery. For additional safety and continuous service, we have the ability to isolate small sections for repairs while the majority of the facility remains in service. The facility also has a 100,000-gallon water tower. In the event that the City has a water problem, we can isolate our system from the city to avoid the problem. This can meet our needs for up to 5 days depending on our usage. The domestic hot water is totally

redundant. We have two 380-gallon water heaters with each capable of meeting the demands of the facility.

The fire safety system is totally redundant in that we have sprinklers, heat detectors, and smoke detectors throughout the entire facility. We have 9 independent sprinkler systems. We replaced all of the sprinkler heads on the ground level in 2000. All sprinkler heads in the patients' rooms are tamper-resistant. We recently upgraded the controls for the smoke and heat detectors and fire alarms in 2005.

Patients have made several attempts to escape and only twice were they successful. Ensuing searches lead to the individuals being returned. The 35 years of lessons learned at the current facility are invaluable to make continued corrections in procedures and infrastructure. At the forefront of our excellent security system are 460 specially trained employees with 35 years of data from this facility to utilize in improving patient care. We have a security card access system. Each employee has an electronic key card programmed with specific access to assigned areas within the hospital. We installed an individualized duress system in 2002. With this system each employee carries a small device. When activated the control room receives a notification that alerts them as to exactly who is having difficulty and exactly where they are. The control room then immediately directs assistance over the building's public address system. To increase security and awareness, we only use our public address system in an emergency code. In 2010 we improved our security system again by installing monitoring cameras in the living areas. We have 106 security cameras in use both inside and outside the building. We can monitor the entire 28 acres from our control room. We have a microwave beam protection system encompassing the entire building and roof. Anything passing through this invisible barrier triggers an alarm with security responding. If someone were able to go beyond the electronic beam detection, then a 15-foot high fence surrounds the entire facility. We also have lighting around the perimeter of the grounds.

Chester Mental Health Center is unique. We serve a unique role in the hospital system. Chester Mental Health Center is the maximum secure forensic psychiatric facility designed to provide care and treatment for adult males in Illinois who require a greater degree of structure, security and specialized treatment than can be provided in any other of the state mental health facilities. Our mission is to restore each individual to fitness in accordance with statutory requirements or to effect behavioral changes necessary to enable each individual to be transferred to a less secure environment in the shortest time possible. Chester Mental Health Center provides this service for the safety of the individuals who live at Chester Mental Health Center and to all residents of Illinois.

Community Behavioral Healthcare Association of Illinois

Community Behavioral Healthcare Association

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**October 31, 2011**

**Honorable Members of COGFA**
**facilityclosure@ilga.gov**

**Regarding: Proposed closings of Tinley, Singer and Chester state operated mental health facilities and restructuring of DMH state operated inpatient facilities.**

**Tinley Park Proposed Closing.**

CBHA opposes the closing of Tinley as outlined by the executive branch documents and communications we have either reviewed or received.

Cognizant of the comments and testimony COGFA has received, the committee's motions of Thursday October 27, 2011, and the committee's request to be succinct - CBHA offers the following brief comments regarding Governor Quinn's announced closings of Tinley, Singer and Chester state operated mental health facilities and the proposed restructuring of DMH state operated inpatient facilities.

**Governor Quinn's announced closings of Tinley, Singer and Chester state operated mental health facilities and proposed restructuring of DMH state operated inpatient facilities.**

CBHA believes Governor Quinn's announced closings of Tinley, Singer and Chester state operated mental health facilities and restructuring of DMH state operated inpatient facilities *does not currently but should:*

1. Ensure the safety and receipt of care, treatment and services individuals in need of that care, treatment or service currently received at Tinley, Singer and Chester state operated mental health facilities. The closings of Meyer, Zeller and more recently some Nursing Home facilities should be reviewed for "lessons learned".

2. Comply with state responsibilities and specifically executive branch roles, responsibilities and requirements found in Public Acts: 80-1414, 88-380, 89-507, 93-770, 94-498, 95-682, 96-652, 96-1399, 96-1472, 97-528; as specified in state Acts and Codes including but not limited to:
    1. (405 ILCS 30/) Community Services Act.
    2. (405 ILCS 35/) Community Support Systems Act.
    3. (405 ILCS 5/) Mental Health and Developmental Disabilities Code.
        - Emergency admissions by petition
        - Court ordered admissions
        - Transportation

3. Be accompanied by a multiple year plan or plans for the closing and restructuring, plans that are supported by a commitment of state financial resources for the statewide development and implementation of local community support systems inclusive of acute care with emphasis on care and treatment of extended and/or repeated users of inpatient and/or other intensive mental health care, treatment and services.

   In order to achieve this goal, the Department of Human Services should develop and implement prior to any closings and in cooperation with the General Assembly, consumers, advocates, stakeholders and community behavioral health care providers, appropriate plans for the Department, communities and community behavioral health care providers specific planning, funding, client assessment, service system evaluation, technical assistance, and local development for the array of services inclusive of community support systems, as alternatives when appropriate, to those currently offered at Tinley, Singer and Chester state operated mental health facilities.

CBHA believes the committee has received many excellent suggestions at public hearings as well as those submitted to the committee.

We thank the committee for this opportunity to comment and for its efforts to secure input regarding Governor Quinn's announced closings of Tinley, Singer and Chester state operated mental health facilities and the proposed restructuring of DMH state operated inpatient facilities.

**October 31, 2011**

**Regarding: Proposed closings of Tinley, Singer and Chester state operated mental health facilities and restructuring of DMH state operated inpatient facilities.**

**CBHA Appendices Pages 1-4**

## MENTAL HEALTH
## (405 ILCS 30/) Community Services Act.

(405 ILCS 30/1) (from Ch. 91 1/2, par. 901)
Sec. 1. Purpose. It is declared to be the policy and intent of the Illinois General Assembly that the Department of Human Services assume leadership in facilitating the establishment of comprehensive and coordinated arrays of private and public services for persons with mental illness, persons with a developmental disability, and alcohol and drug dependent citizens residing in communities throughout the state. The Department shall work in partnership with local government entities, direct service providers, voluntary associations and communities to create a system that is sensitive to the needs of local communities and which complements existing family and other natural supports, social institutions and programs.

The goals of the service system shall include but not be limited to the following: to strengthen the disabled individual's independence, self-esteem and ability to participate in and contribute to community life; to insure continuity of care for clients; to enable disabled persons to access needed services, commensurate with their individual wishes and needs, regardless of where they reside in the state; to prevent unnecessary institutionalization and the dislocation of individuals from their home communities; to provide a range of services so that persons can receive these services in settings which do not unnecessarily restrict their liberty; and to encourage clients to move among settings as their needs change.

The system shall include provision of services in the areas of prevention, client assessment and diagnosis, case coordination, crisis and emergency care, treatment and habilitation and support services, and community residential alternatives to institutional settings. The General Assembly recognizes that community programs are an integral part of the larger service system, which includes state-operated facilities for persons who cannot receive appropriate services in the community.

Towards achievement of these ends, the Department of Human Services, working in coordination with other State agencies, shall assume responsibilities pursuant to this Act, which includes activities in the areas of

planning, quality assurance, program evaluation, community education, and the provision of financial and technical assistance to local provider agencies. (Source: P.A. 88-380; 89-507, eff. 7-1-97.)

(405 ILCS 30/4) (from Ch. 91 1/2, par. 904)
Sec. 4. Financing for Community Services.

(405 ILCS 30/4.4)
Sec. 4.4. Funding reinvestment.

(405 ILCS 30/4.5)
Sec. 4.5. Consultation with advisory and advocacy groups.

(405 ILCS 30/6)
Sec. 6. Geographic analysis of supports and services in community settings.

## MENTAL HEALTH
## (405 ILCS 35/) Community Support Systems Act.

(405 ILCS 35/1) (from Ch. 91 1/2, par. 1101)
Sec. 1. Purpose. The statewide development and implementation of local community support systems to serve the chronically mentally ill with emphasis on care and treatment of extended and/or repeated users of inpatient and/or other intensive mental health services such as day treatment, emergency and non-medical residential care shall be a priority for the Department of Human Services, hereinafter referred to as the Department, in community program funding. In order to achieve this goal, the Department shall develop and facilitate, in cooperation with community agencies serving the mentally ill, the implementation of appropriate plans providing guidance for the Department and community agencies in planning, securing, funding, client assessment, service system evaluation, technical assistance, and local level development of community support systems. In addition, the Department shall continue funding community support system pilot projects established pursuant to Section 16.2 of the Mental Health and Developmental Disabilities Administrative Act for the duration of the established pilot project period, and shall give priority for continuing funding of such community support system program components of proven effectiveness at cessation of the pilot project period through the Department's regular grant-in-aid and purchase care resources.
(Source: P.A. 89-507, eff. 7-1-97.)

**MENTAL HEALTH**
**(405 ILCS 5/) Mental Health and Developmental Disabilities Code.**

(405 ILCS 5/Ch. III Art. VI heading)
ARTICLE VI. EMERGENCY ADMISSION BY CERTIFICATION

(405 ILCS 5/3-600) (from Ch. 91 1/2, par. 3-600)
Sec. 3-600. A person 18 years of age or older who is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization may be admitted to a mental health facility pursuant to this Article.
(Source: P.A. 96-1399, eff. 7-29-10; 96-1453, eff. 8-20-10.)

(405 ILCS 5/3-605) (from Ch. 91 1/2, par. 3-605)
Sec. 3-605. (a) In counties with a population of 3,000,000 or more, upon receipt of a petition and certificate prepared pursuant to this Article, the county sheriff of the county in which a respondent is found shall take a respondent into custody and transport him to a mental health facility, or may make arrangements with another public or private entity including a licensed ambulance service to transport the respondent to the mental health facility. In the event it is determined by such facility that the respondent is in need of commitment or treatment at another mental health facility, the county sheriff shall transport the respondent to the appropriate mental health facility, or the county sheriff may make arrangements with another public or private entity including a licensed ambulance service to transport the respondent to the mental health facility.

(405 ILCS 5/3-607) (from Ch. 91 1/2, par. 3-607)
Sec. 3-607. Court ordered temporary detention and examination.

**Rhonda Wilson – RN, MS**

**My name is Rhonda Wilson and I have 23 years experience at CMHC. I hope to help you understand the overall affect and impact the threatened closure will have on the patients. You need to understand that**

**TIMING IS EVERYTHING. Patients diagnosed with a mental illness are finally being treated with respect they deserve in the medical care arena instead of being negatively stigmatized. They are finally winning the right to get services covered by insurance companies where previously they were denied. These patients now have a chance of recovery and have hopes and dreams that they didn't have before.**

**Mental illness is a chemical imbalance in the brain. You need to understand that a patient diagnosed with a mental illness should be no different than a patient diagnosed with diabetes. The chemicals needed to function for someone with a mental illness can often be corrected with the right medication and treatment the same as a diabetic can be treated with a proper diet, oral medication and sometimes insulin. In a budget crisis, no one would suggest that we take away the ability of a diabetic to be treated for a diabetic crisis or suggest it is ok to stop chemotherapy treatments to cure someone with cancer but now it seems OK to simply remove the ability for thousands of patients with mental illness from receiving care.**

**TIMING IS EVERYTHING. I have heard a lot of explanations from the Department of Human Services about the placement of our forensic patients but what I haven't heard is how they plan to care for and maintain our behavior management patients. They have been trying to transfer our BMP patients and make CMHC all forensic but that hasn't happened. Our Behavior Management Patients population is responsible for the majority of our R/S hours and a majority of our staff injuries caused from patient aggression. Where are they to go?? We recently had a Medical Director retreat with the Medical Directors from the other state hospitals conducting reviews on patients who have been sent to Chester from their respective facilities. During the patient meetings they deemed several of our patients to be appropriate for our structure. They reinforced that our set up is able to maintain the safety of these difficult to treat patients and maintain the safety of our staff. They indicated that their staff are currently not trained or equipped to handle many of the CMHC BMP patients.**

**TIMING IS EVERYTHING. At this time I do not believe any other facility is prepared to handle and successfully treat our BMP patients.**

Eric Vana, RN

I appreciate this opportunity to provide testimony concerning the proposed closure of CMHC. I am opposed to this proposal for the following reasons:

**First;** Chester Mental Health Center provides a unique, valuable service to the State of Illinois. It is the only maximum security hospital in the DHS system.

A psychiatric hospital is specialized in that it focuses upon the needs of patients with mental illness, at Chester Mental Health Center we further specialize in that we focus on the needs of patients with severe mental illness who exhibit physical aggression in less secure facilities. Because of this we do not admit patients directly from the community, our patients are referred to us from other State hospitals, State correctional facilities and the court system of Illinois. We actually service the other hospitals in the DHS system as well as the courts of Illinois. We are the Go-To facility for severe behavioral management patients.

The law requires each patient to be in the least restrictive setting, the patients at Chester Mental Health Center have been identified as those requiring a maximum secure setting to provide for their safety and the safety of others, as a result our patients are rarely discharged directly to the community. Once stabilized by CMHC staff they are transferred to less secure settings in the DHS system, such as Madden, Alton, McFarland, etc; where they are treated and assessed further before discharge into the community, or they are transferred back to court.

**Second;** Chester Mental Health Center services a mixed patient population consisting of both Civil and Forensic cases. The common immediate need being intense, effective behavioral management, without which a marked increase in injuries could be expected.

At CMHC a civil patient is one that has been diagnosed with severe mental illness and is currently exhibiting aggressive behavior that threatens harm to self and others; with the goal of treatment being to stabilize the behavior and then transfer to another less secure DHS hospital, usually the one that referred the patient to CMHC initially.

A forensic patient is one who has been determined to be;

unfit to stand trial due to severe mental illness, or UST
extended UST or NG2
not guilty for reason of insanity due to severe mental illness or NGRI

Again these patients ~~have~~ required the intense behavioral management CMHC provides as an expertise.

**Finally;** the staff at CMHC face daily substantial risk, however, they are specially trained to meet the rigorous needs of these patients.

>The patients have severe behavioral management issues resulting from mental illness.
>By Hx are physically aggressive.
>They require a max. security setting to provide for their well being and the well being of those around them.

All staff at CMHC receive training to deal with aggression with non-violent interventions. Effectiveness is not an option, it is a requirement. The patients at CMHC are not locked in cells nor are they housed on locked down units. Patients are allowed to walk freely in living areas such as the Rehab department, library, gym and yard; immediate, effective intervention is always at hand. Despite training and precautions staff do sustain injuries from highly violent patients.

In conclusion, I believe it is important to understand that the treatment provided by CMHC is:

1) highly specialized psychiatric care in service to other DHS hospitals and the Illinois courts
2) focused on patients with severe mental illness and who are physically aggressive
3) focused on patients determined to be UST, NGRI, and NG2
4) maximizing stabilization and preparing patients for transfer to less secure facilities

I hope that this testimony will give you a clearer picture of the unique, valuable service CMHC provides within the DHS hospital system as the State's only maximum security psychiatric hospital. There exists no other facility in the State that duplicates the work that is being done at CMHC. Maximum security is our specialty and it is a necessary service provided to the people of Illinois that we are very good at.

I respectfully request that you oppose the proposal to close CMHC.

## VIOLENT PATIENTS/INJURED STAFF

William Henson: Hi, my name is Bill Henson and I have worked as a social worker at CMHC for the past 4 years. I have served as an instructor for Non-Violent Crisis Intervention during that time. I previously worked for Illinois Dept. of Corrections for 17 years.

It has been my pleasure to work with a group of Professional/ParaProfessional staff over these years who have provided services in order to protect the community at large as well as to initiate recovery of those who suffer severe and difficult to treat mental illnesses. Our success has been astounding in achieving these goals and this is due to the dedication of a specially trained staff who have given their best in adverse situations, sometimes suffering life altering injuries in the process.

During my employment at CMHC I have knowledge of and witnessed numerous assaults on staff and injuries sustained from assaults or containment. The potential for injury stretches across all disciplines that come in contact with a mentally ill patient. Injuries are not limited to the Security Therapy Aides who usually are the ones containing violent patients. Nurses, Social Workers, Psychologist, Educators, and even Psychiatrists have been assaulted here at CMHC.

When injuries are sustained there can be a huge impact on the entire milieu. Not only are there the pain, discomfort, and limitations with a physical injury, but it also impacts those nearest the injured person. Family member's lives may be altered, anxiety and worry for their loved one's well being and recovery arise. The fellow staff member's who witnessed the incident may also experience anxiety and post traumatic stress disorder.

The following are some of my co-workers who have personal experiences they have offered to share related to injuries at CMHC. We share these experiences with you not to gain sympathy but rather to express the type of patients housed at Chester MHC. Please keep in mind that this is not a problem isolated to Chester MHC but rather anyone who may encounter an agitated, aggressive psychotic patient. It is our belief that these assaults would occur regardless of where the Governor may choose to move and house these individuals. It is my hope that those who are determining the fate of these workers will remember that behind the "Business" are beating hearts,... real, hardworking American people who have invested themselves, their time and training to build a profession that would support their family and community in addition to providing a valuable and specialized service for the mentally ill and disabled. Thank you for listening.

NORMAN GRAU: Hi, My name is Norm Grau and I have been employed for over 12 years at Chester MHC as an Security Therapy Aide I and II. On Feb. 28, 2011 I was helping hand out mail to the patients on my unit when a therapist ask for STA assistance to get a patient away from her. The patient was agitated and threatening. I responded since I was the closest to her. I asked the patient to step away from her office door. The patient refused. I asked him again and he still refused. Another STA then came up and also asked him to move away. Together we managed to convince him to move away and asked him to go sit down on the couch away from the therapist's office. I then returned to handing out mail to the patients.

Without any warning I was hit from behind just behind my right ear. I hit the pool table and then the floor helpless. I was later told that 2 other patients had come to my aid until other staff arrived to restrain the patient. All this happened within seconds. I was taken by ambulance to the hospital with a concussion. I spent a day and ½ in the hospital. I couldn't drive because I couldn't keep my balance. I lost my balance periodically for 3 weeks. I was off work for 4 weeks due to the injury. I have now returned to my regular duties and recovered fairly well other than occasional headaches. I was fortunate my injuries were not worse. I believe that due to my good rapport with most patients and treating them with respect, it resulted in the 2 patients coming to my immediate assistance. When a person gets blind sided by an aggressive patient, there is very little that can be done to prevent this.

Does any one have any questions of me?

SANDY SCHWARTZ: Hi, my name is Sandra Schwartz. I am retired from CMHC. I have worked there as a Licensed Practical Nurse and Security Therapy Aide. I too have experiences with aggressive mentally ill patients and the challenges the staff there face. I received a severe bite from a patient with AIDS, Hepatitis, and Syphilis. This patient would bite repeatedly when being aggressive and I am aware of at least 5 other staff that received bites from this patient while he was housed at Chester MHC. I don't think people understand what all happens to us when something like this happens. After I was bitten I was thrown against the wall by the aggressive patient and received a neck injury which required surgery. I had to immediately start taking the same HIV and Hepatitis medications as the patient prophylactically. These medications made me extremely ill and after 3 months I had to stop taking them due to the side effects I was experiencing. Being bitten impacts all areas of your life. I constantly had the concern in the back of my mind, - what if I did become positive for HIV or Hepatitis? There was extreme stress with relations with my Husband of __ years. I also remember one time when I broke a glass in the kitchen sink and cut my hand. It was bleeding and my daughter came to help me. I yelled at her to get back for my fear of her possibly catching something from me that I may have. To date I never tested positive for HIV, Hepatitis, or syphilis and I thank God for that. However, I will never forget the emotional stress and impact I had on my life for many months after this brief incident at Chester MHC.

MARY COMETTO: Hi, my name is Mary Cometto. I am currently employed at CMHC as a Security Therapy Aide and have been for the past 8 years. I would like to bring to light some information I think is relevant related to treating our All Adult Male population. One of the roles of working with the mentally ill is to physically restrain as a last resort when imminent risk of harm is present. We currently have 240 adult male mentally ill patients with a history of violence and aggression. The best predictor of future dangerousness and aggression is past history. These men in our care have demonstrated this history. We currently have less than 15% of our Security Therapy Aides as female. I think this is fairly self explanatory as there are not many women physically capable and/or willing to physically restrain an aggressive male. In the 8 years I have worked here, I have seen 4 female staff permanently disabled from violent attacks. Some are here today among you. Let me tell you the gender percentages at the other facilities that our patients have been proposed to be sent to: Alton MHC, Elgin MHC, and McFarland MHC STA's are all **over 60%** female. As for our civil patients who would be transferred to presumably Chicago Read and Madden MHC's, they are staffed with Mental Health Technicians. These staff are not trained the same and as in-depth as those working in a forensic population or maximum secure facility. The Mental Health Technician gender percentages working at Chicago Read and Madden are also **over 60% female**. As you can see, no other facility in the state has any where near the percentage of males to work with and physically restraining aggressive adult men in psychiatric emergencies. Some of these other facilities even have to call in a "Code Team" or Security Officers from other locations possibly buildings away to help contain an aggressive individual. Each second that goes by while an individual is violent and assaulting can lead to more severe injuries to all in the area. Chester's system can get appropriate levels of trained staff to assist in these situations within seconds. I ask you, - can you imagine how the injury rates to staff and patients will escalate and worker's compensation climb when we place known physically violent men in these environments. I pray that none of these would result in a death. Chester has been successful in this endeavor with no deaths to patients or staff at our facility since my employment. Do we really want to risk giving somewhere else this responsibility that we area already successful with?

MARK TROUE: My name is Mark Troue and I have worked at Chester MHC for over 19 years. I have worked as a Registered Nurse, Nursing Supervisor and for the past 12 years as Director of Staff Training and Development. I feel lucky and fortunate to work with such fine staff. I have seen very aggressive assaults followed by extreme professionalism by our staff. It would be easy and perhaps even human nature to hold a grudge with individuals who try to assault you. Yet at Chester, our staff come right back the next shift as professional as always, ready to face another new day. I do not believe this is by chance.

For anyone who may not be aware or fully understand, let me just say a little about how a violent psychotic patient can be handled within a mental health center in Illinois. We have no mace, pepper spray, tack team suited up with riot gear, guns, clubs or tasters. We cannot use pressure points, joint locks or manipulation holds to subdue a violent individual. We are considered a hospital which is here to treat and provide care, not to inflict pain to a patient. All our staff members may do is physically hold the aggressive individual with their hands until the violent patient calms down.

Given the award winning architectural design, duress alarm systems, excellent staff and their abilities to maintain safety and security,... the lack of fatalities is no accident. I have personally been at many of these other facilities and I do not believe this safety level can be maintained at any other mental health facility within the state with comparable results.

As Director of Training, I have seen our staff come in to annual training programs willing to learn and give their best. Just this year, we have strengthened our annual cycle training curriculum by adding more material on Mental Ill Diagnosis and treatment. These continue to be designed to increase staff's knowledge on various behaviors and motivators for patients and how to best deal with these behaviors on an individual level. All this adds to staff's skills to do anything possible to not have to physically intervene.

As you have just heard testimony from, sometimes assaults remain inevitable. I cannot think of any other place in the state where staff are so willing to accept these challenges daily.

Thank you for your time and dedication to treating the mentally ill and the staff that serve them. Can anywhere else really be as prepared to deal with this unique population?

**The Mental Health Code established the secure setting at Chester Mental Health Center and the security services include the ability to work with and provide treatment for the most aggressive and potentially violent patients in Illinois' mental health system. Chester Mental Health Center is required to operate within the same laws and directives as the other state Mental Health Facilities. The only exceptions include: 1) Restraint orders for up to four hours versus up to two hours for other state hospitals; 2) If a patient is extremely violent the law allows staff to apply hand cuffs for up to 10 minutes to assist in safely applying restraint devices if necessary. As a maximum security facility Chester MHC employs Security Therapy Aides as direct care staff. Our philosophy ensures that such services happen in a therapeutic, humane, and the least imposing manner possible. We provide orientation, training, and performance/competency monitoring for all direct care staff. Treatment and security provides the fundamentals for the overall success of the Hospital's mission and goals.**

**Security Therapy Aides provide therapeutic security services so each patient may benefit from involvement in treatment within a safe, secure, and non-threatening environment. The professional staff of the hospital uses this safe and secure environment to conduct excellent treatment services.**

**The Behavioral Healthcare Collaborative group an outside consulting firm recently and complemented the care provided to our patients even with the patients' histories and severity of psychiatric conditions. This group identified the important strength of thorough Behavior Management Plans that are based on formal functional analysis and documented that Chester was the only state hospital doing this Best Practice assessment and intervention. Chester is the Intensive Care Facility for the state and our staff has received special training in how to best care for individuals with intensive needs. Chester Mental Health Center staff are the experts in working with patients to assist them in reaching clinical stability, identifying triggers and teaching adaptive ways to cope with their behaviors and mental illness. The patients come to Chester MHC because they are in need of specialized treatment due to the severity of their illness and level of impairment that the other state hospitals are not able to provide.**

**The clinical leadership group holds Utilization Review meetings on identified patients based upon length of stay. This process assists with identification and implementation of solutions to barriers which previously prevented the patient's transfer or clinical improvement. This process provides improvement with the interventions used and for some patients a revision in the treatment focus. For the treatment resistant patients, we complete psychopharmacology reviews which may result in medication changes and improvement. Our patients may have some of the following barriers prohibiting them from transferring to a less secure facility: 1) patients are clinically unstable and continue to be acutely ill; 2) patients are a danger to themselves, requiring inpatient care to guard self from harm; 3) patients are a danger to others and remain physically violent and assaultive, requiring inpatient care to guard others from harm; 4) patients are unable to care for their basic needs in a less restrictive setting; 5) some patients are clinically stable, but are refusing transfer because of fear/institutionalization; 6) some patients are clinically stable but will assault someone in order to stay at Chester MHC. The specific identified barriers which prevent patients from returning to court or from being transferred to another state hospital include elopement risk, continued assault and attack of staff or peers, extreme self injurious acts, sexually inappropriate and assaultive behaviors, refusal of medication which results in violence, fire setting behaviors, medication noncompliance resulting in violence, and other facilities' refusals to accept the patient especially if the patient had a violent act at that hospital prior to transfer.**

**The number of patients our facility admits and discharges in a year has increased significantly despite a decrease in our overall census.**

## Deb Rathert

**Our facility has made numerous improvements regarding the need to balance security with therapy and treatment while including hope for recovery. These improvements and changes make the facility safer for patients and staff. Some examples of these improvements include the implementation of safer restraint beds, the use of Humane Restraint devices for safer transport of patients, process revisions regarding patients sleeping while in restraints, improved training on the way staff intervenes with patients prior to an incident, and the addition of cameras in patient care areas. All of these changes provided a positive impact on patient and staff safety. Statistics show that the Restraints and Seclusion hours dropped significantly (30% decrease) with the length of time in restraints also improving. The Restraint/Seclusion rate (represents the numbers of hours a patient spent in seclusion or restraints for every 1000 inpatient hours) declined significantly (32% decrease). Patient injuries requiring Medical Intervention (69% decrease/improvement), 1:1 monitoring hours(78% decrease/improvement), Office of Inspector General (OIG) complaints (39% decrease/improvement), and Human Rights complaints has also decreased ((38%) from FY 2007 to FY11. Overall our patients are safer, restrained less and appear to be happier if OIG complaints and Human Rights are any indication. The facility has an active Consumer Advisor Council which is a forum for the patients to be heard, get resolution to issues and be an active part in solving problems that affect them. This new process is a big success.**

**With the facility's installation of cameras in the patient living areas we now have the ability to view Restraint/Seclusion incidents, This review supplies an additional tool to learn more and develop ways to improve our Restraint/Seclusion processes including the interventions we use to address the various incidents.**

**Our facility has other roles within the state system. CMHC accommodated a large influx of UST patients to prevent the state from being in contempt of court for patients waiting in the jails too long. We have an infirmary equipped to care for patients within our system that need a higher level of medical care than can be provided by other state facilities or jails. We have a very secure facility with two brief escapes in our history. (17 and 35 years ago). The facility made changes to the facility to prevent these types of escapes from reoccurring. Our facility frequently admits patients who eloped and/or escaped from the other state hospitals.**

**We consistently met our budgetary requirements when asked even though it resulted in less money budgeted for our facility the next year.**

**There are areas for improvement at Chester that we are aware of and we are working to improve. We have the most violent patient population and the one of the lowest patient to staff ratios in the state. Other state hospitals have staff injury medical intervention rates equal to or worse than ours.**

## In Conclusion:

**The biggest concern beside the impact on our patients and staff is the overall affect that will happen to the facilities and communities that will be forced to take our patients. These patients' barriers to transfer are real and serious. Many staff and patients will be injured at the other state hospitals before the untrained staff will no doubt figure out or develop the methods necessary to assist these patients. We pray that no one is killed while making changes that are based on political differences. Changes should be made based on patient needs and based on everyone's needing to be safe. The inability to care for the needs of the most serious cases is unacceptable. The state hospital system currently has the necessary facility to provide an intensive care unit for the most severely mentally ill at Chester MHC. Not providing care for these patients is not acceptable.**

**Tim Koeneman –**

**30 years of experience can not be replaced by 30 days of training**

**Over the past 30 or more years, CMHC staff has developed the treatment programs that involve intensive psychotherapy, medication therapy, vocational instructions, and custodial care that is needed to bring the patients to a state of wellness that allows the patient to be declared fit to go to trial or to be transferred to a less restrictive environment.**

**Whether patients are admitted for maladaptive, violent behavior or as UST, and NGRI the thing they have in common is that they are leaving county jails, and other treatment facilities which do not have the experience or the physical structure to provide the secure, safe and intensive treatment that CMHC provides. Due to their severe mental illness and inability for others to provide the care needed, patients arrive at Chester in a great state of suffering. They arrive many times, unkempt, dirty, malnourished, and needing medical attention.**

**We have spent years perfecting the routines and care needed to help these patients and create a system of care that works.**

**As an STI with 12 ½ years of experience as an STA and also an NCI instructor I have learned that it is hard to explain how much you learn from the staff who worked here for years before you work here and they teach you the techniques they have learned and used to stay safe and keep everyone from harm. You end**

**up being like a team – a family. That connection can't be taught in a class!**

**Again I want to emphasize that by sending our patients to another facility you can not successfully replace 30 years of experience with 30 days of training**

John Greatting

There are a lot of ways that the security at Chester Mental Health Center is different then other facilities.

- We are the only facility that is able to use handcuffs if a patient is extremely out of control.
- We use humane wraps to transport our patients to physically move them from one area to another if they are out of control.
- We do not allow ground passes.
- There is security present with the patients at all times.
- Each of our patients have individual rooms with most having toilets and sinks in their room.
- **The rooms with sinks and toilets are locked during hours of sleep to maintain safety.**
- We do 15 minute security checks on all of our patients. We are the only facility who does rounds every 15 minutes.
- Have an outside security that patrols the grounds 24/7
- We have separate yards so more than one unit can go outside at once.
- Outside cameras monitoring the grounds 24/7
- Walk through metal detector for all visitors
- External Beam system monitors grounds and the roof 24/7
- Do patient counts at the beginning and end of each shift and anytime patients move within the facility.

**The average cost for a patient to be treated at Alton is $167,934 a year. The average cost for a patient to be treated at Chester is $145,100 a year.**

**At the current costs it is less expensive for patients to be treated at Chester than Alton by $22,833 per patient. It is cheaper to treat a patient at Chester than any other state facility!**

**If all 241 Chester patients would be moved to Alton it would cost an ADDITIONAL $5,502,890 above the current cost per year.**

**Real costs would be more since all 241 patients would not go to Alton but would go to other facilities state wide and they have a much higher cost per patient than Chester or Alton. This additional cost is for treatment only and does not include the cost to update the facilities and the cost to staff the facilities to accept the maximum secure patients.**

**Jim Draves**

**I am Jim Draves. I am an STAI at CMHC.**

**AFSCME Local 424 requested information from DHS Labor on September 21, 2011. Despite numerous attempts to obtain the requested information we were unable to obtain the requested information until 1 ½ hours prior to this meeting. We had hoped to have the data in time to use the data to provide facts to support the following:**

- **The state has invested $3,779,000 dollars spent on security upgrades to keep the facility safe and secure including: security windows, electronic locks, fencing, duress alarm systems, and camera monitoring equipment.**
- **51% of our patients (122 out of 241) currently at CMHC have returned to the CMHC for 2 or more admissions because they were too violent to be handled at the other facilities or a reoccurrence of a crime and their violence history resulted in their placement location at Chester.**
- **Give numbers and information about improvements being made at CMHC and compare Chester to the other state hospitals.**

**We didn't receive the requested information in enough time to include much information in the oral testimonies. We will provide pertinent information to the CGFA committee in writing.**

10-20-11

Please reconsider the closing of the Chester Mental Health facility. This would be such a devastating blow to our whole community and Southern Illinois. I am not an employee there, I work at Chester Memorial Hospital which will also be greatly affected by the closing and being a smaller hospital we are already on shaky ground.

I know so many good and hard-working people who work at Chester Mental Health and it will be a crushing blow to them and their families.

Please give a recommendation to keep our facility open. I know we are down here in the Southern region of the state but our facility and people will be hard to replace; they are trained to work with the most needy of the mental health patients and they're some truly dedicated workers.

Please please reconsider our closing.

Sincerely, Jacinta Mulholland
1209 George St.
Chester Ill 62233

October 21, 2011

Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706

Dear Respected Senators and Representatives of CoGFA:

I have been employed at Chester Mental Health Center for almost 28 years. For the past ten years, I have been an Executive Secretary I to the Medical Director. I consider my job challenging, interesting, and rewarding. As I listened to the testimony of Secretary Saddler and Director Jones at the public hearing on October 12 regarding the proposed closure of Chester Mental Health Center, I have to admit I was quite annoyed.

Per testimony of the Secretary and Director, one of the issues they considered when deciding which facilities to close was difficulty recruiting professional staff. They specifically mentioned that Chester MHC currently has a temporary, or acting, medical director who was reassigned from Alton Mental Health Center. They also stated that we are understaffed with psychiatrists. As stated above, I have worked in the Medical Director's office at Chester Mental Health Center for ten years, and I feel that the Secretary and Director did not paint a clear and honest picture of recruitment, nor did they provide you with pertinent information about medical directorships in the Division of Mental Health. I would like to share some observations from my perspective. Although my experience is limited to recruitment of psychiatrists, I am sure the information below is applicable to recruitment of other professional staff also. Did you know:

- Of the nine DHS/DMH mental health hospitals, **SIX** have temporary or acting medical directors, including Alton Mental Health Center, the proposed new maximum security facility. This indicates to me that other facilities are also experiencing difficulty recruiting for this position even though they are considered more "desirably" located.

- Medical Directors (technically classified as a Medical Administrator II, Option D) are employed with four year term appointments. Therefore, a candidate is only guaranteed a position for four years, assuming the facility does not close. After four years the appointment can simply not be renewed and they no longer have a job.

- Medical Administrator II positions are classified as "Merit Compensation". They are not guaranteed raises nor do they have any of the protection of the union contracts.
  -- NOTE: Employees in the Merit Compensation positions have not received a raise since FY09.

- Currently there is only a $400 a month difference in the salary range of a medical director compared to that of a staff psychiatrist. A relatively insignificant monetary incentive to encourage an experienced psychiatrist to take an administrative position with enormous responsibilities.

- There is very little, if any, money allocated for recruitment activities including for medical directors or psychiatrists. We are just supposed to "know" where to find them.

- There is a shortage of psychiatrists nationwide, not just in the State of Illinois or Chester, Illinois, for that matter. Anyone can do an Internet search on "psychiatrist shortage" and numerous articles come up from all over the country regarding this issue.

- If a candidate requires a license issued by the Illinois Department of Professional Regulation and does not have one, it can take months (I have seen it take six months or more) for them to obtain one.

- As Ms. Deterding explained in her testimony at the public hearing, the hiring process has up to 10-11 steps and it can take 2-11 months. Most professional candidates simply will not wait this long, especially well qualified psychiatrists. Chester MHC has lost candidates who given up after waiting months for a start date. Selected candidates have also been recruited by other employers with much faster employment practices while we waited for final approval from Springfield to give a start date at Chester MHC.

- There have been occasions in which candidates were ready to accept, or had already accepted, a position, all the paperwork was approved, and then a hiring freeze is issued and everything stops. The candidate moves on to other employment.

- Due to the current financial situation of the State of Illinois, professional candidates are reluctant to accept positions with an unstable employer.

A public hearing is not the proper setting to delve into the details of hiring practices and recruitment. The Chester hearing took four hours even without such detailed information. However, since Secretary Saddler and Director Jones stated that this particular issue was one of the reasons they proposed Chester MHC for closure, I felt compelled to try to give you another perspective. We at Chester MHC work diligently to recruit professional staff to provide quality care to our patients, and in spite of all the difficulties, Chester's performance is equally good or better than the other facilities. If the DHS/DMH truly wants to improve recruitment, and subsequently patient care, I think it is time that those in positions of authority do something about removing the barriers faced by facility staff when it comes to hiring instead of using them as a reason to close a facility.

I oppose the closing of Chester Mental Health Center. I ask that you recommend to Governor Quinn to keep Chester MHC open. I also ask that you, as legislators, encourage our leadership to work with us to recruit professional staff by removing the hurdles that face facility staff in completing this ever-important task.

Sincerely,

Felecia Rucker

Felecia Rucker, Executive Secretary I
Chester Mental Health Center

Chester Chamber of Commerce

P.O. Box 585 Chester, IL 62233 (618) 826-2721 www.chesteril.com

Home of Popeye

October 06, 2011

Commission of Government Forecasting and Accountability
703 Stratton Building
Springfield, IL 62706

Dear CGFA Members:

The Chester Chamber of Commerce consists of approximately 120 members who are committed to supporting and bettering our community. It is on behalf of all these people that the Chamber of Commerce expresses its strong opposition and concern over the potential closure of the Chester Mental Health Center and the disastrous effects on our community.

The loss of employment caused by a closure of the Chester Mental Health Center would be very destructive to our local economy. The direct loss of employment to the citizens of our community and area would leave many families in a dangerous position. According to a Department of Human Services economic impact study, the Chester Mental Health generates 581 jobs and $55 million in income and economic output for the area. There is no dispute that the loss would be enormous and lasting. Businesses would close, jobs would be lost, property values would diminish and our schools would suffer.

These are certainly critical times for our state, and difficult decisions must be made. However, the Chester Mental Health Center is extremely important to the economic future of the town of Chester and the Southern Illinois Region.

In addition, the Chester Mental Health Center is Illinois' **only** maximum security mental health facility providing a secure treatment environment which meets the security requirements of forensic and high risk patients. The facility serves an average of 240 all male patients.

On behalf of our community, I urge you to reconsider this decision and allow this facility to continue serving the people of Illinois.

Sincerely,

Tom Welge

Tom Welge, President

Cc: Office of the Governor
Senator Dave Luechtefeld
Representative Jerry Costello, Jr.

October 12, 2011

The Chester Chamber of Commerce consists of roughly 120 members who are committed to supporting and bettering our community. Our membership includes small businesses, professional organizations, restaurants, social clubs, insurance agencies, financial service providers, banks, auto dealership and auto repair organizations, and manufacturers among others. It is on behalf of all these people, the Chamber of Commerce expresses its strong opposition and concern over the potential closure of the Chester Mental Health Center and the disastrous effects on our community.

While our local economy has weathered the economic crisis of the past few years fairly well, historically never being boom or bust, it is still extremely fragile. The loss of employment caused by a closure of the Chester Mental Health Center would be very destructive to our local economy. The direct loss of employment to the citizens of our community and area would leave many families in a dangerous position, but the multiplier effect of this loss of funds into our public services, schools, and businesses is difficult to imagine. We can certainly debate the total numbers, but there is no dispute that the loss would be enormous and lasting. Businesses would close, jobs would be lost, property values would diminish, and our schools would suffer.

Every single job is important in a community of our size, and the jobs at Chester Mental Health Center are especially valuable due to the wages and benefits provided as compared to the regional average. It would be extremely difficult for a community of our size to try and fill this void. Given the current economic challenges we face as a nation, and the particular challenges in trying to run and attract business in Illinois, it is unlikely that private enterprise would step in and make up for the loss we would suffer. The Chamber, City, and County know how hard it is to attract or grow a business with even a handful of new employees. The challenge of replacing the possible lost employment from Chester Mental Health is too great.

Chester has certainly benefitted from our relationship with the Mental Health Center through the years. At the same time, the State of Illinois has enjoyed a dedicated work force and a community that works to support its operations here. These are certainly critical times for our state, and difficult decisions must be made. However, the closure of the site here, while perhaps attractive on paper, is a cut far too deep, and a wound from which it would be difficult for Chester and our area to recovery from. On behalf of our community, we urge you to reconsider this decision and allow this facility to continue serving the people of Illinois.

Sincerely,

Tom Welge

Tom Welge, President

**(Remarks by the Chester Chamber at the Public Hearings on October 12, 2011)**

**Public Comments on the Facility Closure of the Chester Mental Health Center**

9/29/2011

To Whom it May Concern:

Closing Chester Mental Health Center would affect a big part of the population in Southern Illinois in a very bad way. A total of 600 people would lose their jobs and be impacted, not including the families they have to support. This has caused much worry and concern as to if the facility does close, where will they go for jobs? There are not enough jobs in this area as it now.

If Chester mental Health closes, this will also harm many local businesses. Visitors will not be coming into town to visit patients any longer resulting in the lack of business they once gave to stores, gas stations, and restaurants in the area. If 600 people lose their jobs at Mental Health, they surely won't be visiting and spending as much money at local businesses either. The economy is in a slump right now already, closing Mental Health will only make matters worse.

Unlike, Central and Northern Illinois Southern Illinois has little to offer. Closing Mental Health would take that much more away from what we barely have now. So many people would lose jobs, and will not be able to support their families. It is so very important we keep Chester Mental Health Center open!

My Dad, Rich Gross, has been employed at Chester Mental Health for about 10 years. He enjoys working there, and was struck by surprise when he had heard Gov. Pat Quinn's plan to close the Facility. It has been a couple of weeks now since we've heard this news and all we have done is worry, what we will do? Will we have to move? Will we be able to afford our expenses we have now? He must work to help support our family, and it is heartbreaking to think he could be unemployed in the near future.

Please do all you can to stop Gov. Quinn's plan to close Chester Mental Health. Not only will my family suffer and have to make many sacrifices, but our whole community will suffer. This is not the answer to help the State's monetary problems.

PLEASE KEEP CHESTER MENTAL HEALTH OPEN!!!!

Sincerely,
Rebecca R. Gross

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I am a social worker at Chester Mental Health Center. I have worked there for 8 years. Through the years I have seen what a valuable service we provide to the state of Illinois. We treat the most

severely mentally ill men in the state. Some this has been their home for years due to a violent crime. Some only stay a matter of months while they are stabilized. Some are so ill they can no longer live in the community due to their violence. Their quality of life is good here. Even though we have a maximum-security status, the patients have access to a dining room, a gym, an auditorium, a rehabilitation department with classrooms, even a greenhouse, and a library. There is also a very large yard that is divided into sections, so 2 large units can get fresh air. Their are also decks on all the units. I do not think the other hospitals can even compare to what Chester can offer.

Gretchen Johnson

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DO NOT CLOSE THE CHESTER MENTAL HEALTH CENTER. IT WOULD BE THE END OF THAT SMALL TOWN NOT TO MENTION THE FACT THAT YOU WOULD BE PUTTING PEOPLE IN INSTITUTIONS THAT ARE NOT ABLE TO HANDLE THEM. THANK YOU FOR YOUR QUICK ATTENTION TO THIS MATTER

Jeanette Phillipos

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Thank you for allowing this forum to express individual opinions.

I have been an employee at CHESTER MENTAL HEALTH CENTER for nearly 23 years. It has been my pleasure to work with a group of Professional/Paraprofessional staff over these years who have provided services in order to protect the community at large as well as to initiate recovery of those who suffer severe and difficult to treat mental illness. Our success has been astounding in achieving these goals and this is due to the dedication of a specially trained staff who have given their best in adverse situations, sometimes suffering life altering injuries in the process.
We know that smaller, more rural communities would have a much harder time absorbing massive layoffs. No doubt local business would suffer and close, not only in the town of Chester, itself, but other localities. Closure of this facility would be devastating to the area, thus, to the State of Illinois as a whole.

It is my hope that those who are determining the fate of these workers will remember that behind the "business" are beating hearts,..... real, hardworking American people who have invested themselves, their time and training to build a profession that would support their family community in addition to providing a valuable and specialized service for the mentally ill and disabled. Again, thank you for listening.

Vanessa Lynn Broussard, LCSW, PSA
"Freeing the Human Spirit"

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Maybe the "law-makers" should live at singer, under cover for a week and see what goes on...why would they know what kind of a decision to make if they sit in their comfy little seats and contemplate the fates of others? it is time we, THE PEOPLE, keep our law makers accountable...this is the kind of thing that happens when we sit by and say, well, "it doesn't concern me".....

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Getting Old Hasn't Slowed Me Down or Shut Me Up

Linda LaSalla

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Name: S. Randolph Kretchmar
Title: Attorney
Organization: (Private law practice)
Please indicate your relationship to the Facility: Concerned Citizen
Address: 1170 Michigan Avenue, Wilmette, IL 60091
Your Position: Proponent of closing Chester Mental Health Center
The type of Testimony you would like to give: Written statement (filed herewith)

For ten years, my practice of law has been exclusively on behalf of individuals who are involuntarily confined in Illinois state psychiatric facilities. I know of no one else not a patient or staff, who has spent as many days inside these so-called "hospitals" over this period of time. My position on the issue of closing Chester is based on associations with numerous psychiatrists, psychologists, social workers and other mental health professionals, as well as assistant state's attorneys, circuit court judges and public defenders, and individuals adjudicated "not guilty by reason of insanity" for crimes up to and including murder.

State psychiatry is, very simply, a destructive and degrading project. It is destructive and degrading to both medicine and the law. My clients have been told, by courts and other official representatives of government and society, that they have defective brains which caused them to commit their crimes. Their acts were not their responsibility, not under their control. Society has therefore chosen not to punish them, but to "treat" them. This is supposed to be both merciful and practical, but in fact it is neither.

A forensic psychiatric "patient" is systematically dehumanized. He/she is required to believe against all subjective experience and without any objective evidence, that the psychiatric "diagnosis" he/she is given is a real brain disease about which the state treatment "team" is the only authority. The "medication" prescribed for this disease can be reliably predicted to cause intense suffering, lifelong disability and early death. However the patient must pretend that it is beneficial.

My clients come to me because they find it impossible to go along with the program. They don't believe in the explanation, and they don't want the treatment. Too late, they have realized that they should have pled guilty to the criminal charges against them, and made more honest amends by going to prison.

Ironically, once the true situation is faced, the handling is relatively straightforward. Instead of learning how to lie convincingly and tolerate dangerous psychotropic drugs for life, the "patient" must instead learn how to control his/her emotions and behavior. This is not an inherently more difficult task, it simply requires different attitudes and understandings. On occasion, the "doctors" feel they must change their "diagnosis" of mental disorder. But this has never presented much of a problem, because psychiatric diagnoses are always after-the-fact justifications for chosen treatments anyway.

Those who, unlike my clients, do manage to go along with the system, become professional mental patients and life-long consumers of state "services". They may or may not learn to believe their own lies about "mental illness", but they never become whole, and they never cease to cost society greatly.

That brings me to Chester Mental Health Center. It's a lynchpin of this terrible, destructive system, which pretends to treat the criminally insane but actually just turns criminals into sicker, more dangerous criminals. Close it down. It is a pretense at best, for a modern, historically wealthy social order, which had no trouble creating misery for it's underclass -- just huge difficulty looking at it.

Our prison system, ugly as it may seem, is a much more honest and no less efficacious solution to the same problem.

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Mental illnesses are brain disorders. As with other types of illnesses, there is a full spectrum of severity requiring various levels of care. Chester Mental Health Center provides care to those with the most severe mental illnesses that need the most specialized care. If this care is not available, the people who need it will either receive no treatment or inadequate treatment. Because of the nature of their illnesses, safety for them and for people around them is a significant concern. As in specialty facilities that treat other medical conditions, staff at Chester Mental Health Center are experts in treating their patients. If this facility closes, some of these patients may move to other facilities that are not prepared nor trained to treat them which will increase risks of harm for the patient, other patients, and the staff of that facility. As a maximum security psychiatric hospital, Chester Mental Health Center is able to address problems of potential assault, self injury, violent behavior, elopement, and other aggressive behavioral issues. These problems will escalate in other less secure settings. Persons with mental illnesses, including those at Chester Mental Health Center, bear the additional burden of stigma and are often among the most vulnerable of citizens in our

society. As a mental health professional for over 25 years, I urge you to find a way to keep Chester Mental Health Center open to provide the necessary care for these fellow citizens with severe mental illnesses.

Thank you for your consideration.

Mary Gray, RN, MS, Board Certified—Psychiatric Mental Health Nursing
835 Thunderstorm Road, Carbondale, IL 62901

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This letter is in support of keeping the communities of Murphysboro and Chester IL viable economically by keeping the facilities for mental health open in both communities. Those served by these facilities are relatively close to family members for ongoing communication and support as they continue their rehabilitaton. Additionally, these communities rely on the jobs provided by these facilities out of economic necessity. I support all means to prevent facility closures in these two communiities.

Dr. G. Sue McCann

Licensed clinical psychologist HI, CA 23100

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The economic impact to Southern Illinois would be devastating!

KEEP OUR FACILITIES OPEN!

Chris Barker

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October 12, 2011

Dear Commission on Government Forecasting & Accountability Members:

As a current employee of Chester Mental Health Center, I would like to speak from my experience as Social Worker and Employee Assistance Representative.

Facility Closure, Downsizing, Layoff, these are all things that bring on individual and group stress. It was just this kind of stress that brought me to Chester Mental Health Center from the St. Clair County Public Aid Office in 2002. I enjoy working with the consumers so thankfully the stress turned out to be very rewarding. Hopefully the outcome will be as positive this time as it was nearly ten years ago.

Chester Mental Health Center is small in comparison to what it could be and once was. As you toured our facility this afternoon you undoubtedly noticed the mass potential that could arise from our walls. Consumers could receive services that may end up saving the State millions. Work with us to bring Chester up to par. Right now there's group cohesion of togetherness that has not been felt in years at Chester. Administration and line staff have a wave of communication that is the best it has ever been.

I had originally planned to speak at the Public Hearing tonight. However, due to time limit restrictions, I opted to submit my comments in written format. This is such a serious matter and there is so much potential for growth, I hope to be part of the future of Chester Mental Health Center. So please stop housing our mentally ill brothers and sisters within the prison walls and start the rehabilitation process. We need your help. We don't need to close. We need to grow. The number of mentally ill individuals hasn't decreased has it?

Thank you for your efforts in helping 'Save Chester Mental Health Center.'

Sincerely,
Shirley Shaw, MSW, SWII
PO Box 604, Tilden, IL 62292
618-317-1517 cell

I am Scott Rubach, a security therapy aid I at CMHC. the closure would be devastating to my self and the city of Chester. myself, As a USAF Vet, this is the only local job that came close to what I was being paid when I got out in 1991, $1,800.00 a month gross. I now make about $2,000.00 a month gross. this is still under the $40,000 a year boast that the state of Illinois is making about the income people make here.

For the city of Chester, well the lost of one or two doctors, a pharmacists, a dentist, a chiropractor, a lawyer, and unemployment of local businesses from layoffs from this closure, not to mention were I would get a job. for surely as the last facility closing the state won't have any work for me a veteran.

And by the records of this state, we have the lowest patient per cost in the state. any movement of the only max security in the state does not save money. and where will All of the patients go? There will be some that will get released, some that escape, and unseen, unheard, crimes mean nothing to the elected official's until one of their families become a victim.

The people we take care of, we protect them and the general public from the violence they do when they can't control themselves. Do you want to go to your hospital for a few days stay and find out that you are sharing a room with a criminally insane person who got caught killing yet another Illinois State Citizen?

Please think this through, the state is endangering it's citizens, and economy with this closure. there are no savings here and only more state money will be used to offset the unemployment, training of new STA-I, facility upgrades, movements. and are the other places really secure?

Thank you
Scott Ruach

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Please don’t take away any more southern Illinois jobs. There is nothing down here for people to find work in.

Ed Davis

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To Whom it May Concern:

As a long time resident of Southern Illinois, I have great concern about the possible closing of IYC and Chester Mental Health. I do have family members who work at both, but along with that....both facilities are assets to their communities, providing service, bringing resources and economy to the region.

The employees who might lose their jobs will either have to relocate, or find different jobs. Both of those options are difficult in this time of lack of jobs anyway. Many have been state workers for a long time. Can you imagine how many state employees will be scrambling to try for the same few jobs that may exist somewhere in IL.

Please reconsider your apparent decisions to close these facilities, many lives are at stake at being drastically changed.

Thank you.
Paula Goebel
Retired Teacher Southern Illinois

October 13, 2011

Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, Illinois 62706

Dear Commissioners:

Closing Chester Mental Health Center would be a tragic loss for the people of Illinois. This facility houses approximately 225 male forensic patients whose mental illnesses cause them to be dangerous to themselves and others. Many of the patients have committed extremely violent acts and have been found to be not guilty by reason of insanity. Chester MHC is the only facility in the Department of Human Services whose clientele is solely male forensic patients.

As a Registered Nurse who worked at Chester MHC for over seven years, I was a witness to the way in which other Illinois Department of Human Services Mental Health Center's rely upon Chester MHC. When these facilities find themselves unable to manage violent patients, these facilities send the patient to Chester MHC. The Illinois Department of Corrections also sends patients unfit to return to society due to their violent nature to Chester MHC.

At this time, no other DHS facility has the same capacity as Chester MHC to handle the needs of these patients. Providing therapy and care for these patients requires special expertise. The registered nurses and ancillary staff at Chester MHC are well trained and experienced in providing the care for the patients' mental and physical needs during a crisis. Chester MHC facilities are different from the other mental health centers in DHS. Chester has individual rooms for each patient, while at other facilities, patients often have roommates.

In addition to losing services needed to care for a specialized client population, closing Chester MHC means an economic hit to the community and a loss of revenue to the State of Illinois. According to the Economic Impact Study, closing Chester MHC will mean the loss of 581 jobs, $129,691.00 in sales tax to the community, $431,406.00 in state sales tax and $203,898 in state income tax.

The Illinois Nurses Association respectfully requests that Chester Mental Health Center stay open in order to continue to provide much needed services to the State of Illinois.

Sincerely,

H.F.

Henry Felts, RN

Members of the Commission on Government Forecasting and Accountability:

I wish to express how much closing Chester Mental Health Center would affect my family and the surrounding community.

First, my husband and I both work at CMHC, him for 12 years and myself for 11 years. We had planned to work there until retirement age. It would most difficult for us to have to relocate for many reasons. We have a son in a nearby college who lives at home. I have an elderly grandmother that lives close by. My husband's parents are less than a mile away and his mother has advance stage Alztheimer's Disease. She falls a lot and has to make trips to the hospital. She can not be left alone and my father-in-law is not in the best of health so he has many doctor's appointments. My husband has to be available to watch his mother and also take his father to appointments.

Second, the impact on the community of Chester and the surrounding communities would be devastating to say the least. Many people would either have to move away, be a work away parent, or simply not have the money to feed their families. In this time of life it is so important for the children to have their parents home daily for guidance. There is so much peer pressure leading the children of today astray that they need all the guidance they can get and it needs to be constantly reinforced. These children left unattended and unguided will possibly end up to be those needing the treatment that CMHC currently provides.

Also, it is a proven fact that financial hardships lead to many divorces. Again this will have a devastating impact on the children. There will be many people forced into bankruptcies leading to closures of lending institutions. Again forcing more people out of work and affecting their children. All business in this area will be affected and further affecting their staff and their families.

All these instances will lead to more people on Public Assistance which just adds further to the state's debt. It may be a different line item but the bottom line is it is still the State of Illinois Budget.

Now let's look at the feasibility of the closure. It makes absolutely no sense to reconstruct facilities to hold the patients from CMHC when we are already operating as the lowest cost per patient facility in the state. We also have been operating at the lowest staff to patient ratio as any other facility even though we have the "worst of the worst" patients which shows what experience can do. Also, we actually have enough patient rooms to consume Alton without having to be reconstructed. We already have all the security measures in place and would just need to absorb some of their staffing at our facility. On a weekly basis we take in the patients from all the other facilities that they were not able to handle. This lack of experience will lead to a patient or staff member being very seriously hurt or even death. You can not train someone for 30 days or even 6 months and expect them to have the knowledge that our staff has acquired from years of time on the job. We have staff that have worked their for 30 years and are able to mingle them with staff of different levels of experience. This makes for a much safer environment for all. We have some patients that have been there for years and are never going to be anywhere but in a maximum security setting.

Some have been tried other places and sometimes return within the week. Our staff are able to recognize the triggers of these long time patients and are able to de-esculate them before they become a problem. This is not something that is learned in a training session. It is simply years of experience at it's best.

Has anyone looked at the fact that Alton MHC is near a school. We are not really near anything but a prison.

It was mentioned at the hearing on October 12th that one of the reasons for we were slated for closure was the fact that they can not seem to hire medical staffing. It is not that we can't hire them, the fact is that once we take the applications that it takes us so long to get approval for the hire that the applicant loses interest. Someone with a medical degree does not usually have to be on the unemployment line very long. They have great opportunities. If we would hire them when they applied and were interviewed someone else may not grab them up ahead of us. I don't believe it is because of our facility. Surely a Psychiatrist applying for a job at a maximum security mental institution knows they are going to deal with the type of patient's we house. After all, these are intelligent individuals.

In closing, I ask that you look at all the facts before rendering a decision on our closure. I know that from the testimony given by DHS and the governor's office you are aware that they actually do not even understand how our facility is run and the procedures that are used. We are different than any other facility and that is with good reason. I would like to see the decision makers actually spend a few 8 hour shifts locked in the modules with our patients and see just what it takes to maintain the security in a maximum security facility.

Thank you for your time and consideration.

Respectfully,
Michelle Clover, Office Associate
Chester Mental Health Center