

COMMITTEE MEMBERS:

As a reference we are providing you with these packets of testimony by the members of the staff of Singer Mental Health Hospital.

Thank You,
Singer Committee

Introduction by Linda Flemming

Good afternoon. My name is Linda Flemming. I am the President of the AFSCME local at Singer Mental Health Center. I am here to introduce the panel that will be testifying today.

These members of the panel encompass several service areas and have the expertise that is vital to the care of individuals with acute mental illness.

The services that we provide to a vast geographical part of Illinois are the only services available in our area for those individuals we serve.

Bob Izral will discuss Singer's statistics and the successes we've had with various surveys and treatment.

Maurice Bowdry will discuss how the social services department works to acquire funding, living accommodations, and community support for our individuals when they are discharged.

Dr. Pathan will talk about the role of our psychiatrists.

Linda Kobler will speak about how we serve various educational institutions and the other types of treatment we can and are willing to offer to individuals with mental illness.

Dennis Kurz will discuss treatment options for individuals with acute mental illness and the availability of acute civil beds in the community.

Terry Meacham will describe our recovery vision.

Dr. William Wood, one of our psychiatrists will speak to the needs of our hospital in the community.

I will now turn it over to the first member of the panel.

The governor has proposed to eliminate seven links in Illinois' public safety network, one of which is Singer Mental Health Center where hundreds of persons with mental illness are treated every year. He proposes closing Singer by January 1st.

In Rockford, a city hard hit with unemployment, Singer MHC is a major employer with a staff of about 164 employees. A University of Illinois study estimates the closure's ripple effect would mean an additional 108 jobs lost in the community and \$28 million in subsequent economic losses.

Singer treats three kinds of patients with mental illness: those in crisis who need short-term care, maximum security Chester patients who've qualified for hospitalization at Singer, and patients from all of Illinois who've been charged with or convicted of crimes. You might think a 76 bed facility is a small operation. But in fiscal year 2011, Singer had 854 admissions, 370 from Winnebago County alone. Our utilization rate was 94%, psychiatric hospitals are considered at capacity at 85%. Admissions have increased 17% since fiscal year 2008. We are responsible for admissions from 23 northwestern Illinois counties – about 1/5 of the state – Rockford to Peoria, Rock Island to DeKalb.

We are a teaching hospital, preparing future doctors, nurses, pharmacists, social workers and activity therapists. We continue to meet the accreditation and certification standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Centers for Medicare and Medicaid Services (CMS). They, as well as the Office of the Inspector General and the Department of Labor's Safety Inspection Division, have made unannounced inspections this past year. These groups have made recommendations for improving our documentation and infrastructure, but, significantly, they have made zero criticisms with respect to clinical issues or active treatment. We are the only facility in the state that has had no material audit findings for 18 years. Our rate of restraint, seclusion and patient injuries is below the state and national averages. These may be the reasons we tied for first place among state facilities in the latest patient survey of safety and satisfaction.

Recently our department has lowered our census from 76 to 60 and told us to take no more than 2 patients per day. There have been as many as 14 patients waiting in the area's waiting rooms. At 2 admissions per day, you do the math for patient number 14. Today there is a patient in Kishwaukee Hospital's Emergency Room who has been waiting for 10 days.

The plan is to close one of the best, most needed mental hospitals in Illinois. There is no plan for those in crisis who need short-term care, or those charged with or convicted of crimes. There is no plan for the Rosecrance-Ware Center, or the emergency rooms and psychiatric units at Swedish-American or Rockford Memorial. There is no plan for the shelter, the jail, the police and sheriffs' departments, or the justice system. There is no plan for 272 more unemployed, no plan for \$28 million in economic losses, no plan for next year's 854 admissions. There is a plan, however, to start in 87 days.

Bob Izral, Psychologist, Singer Mental Health Center



H. Douglas Singer Mental Health Center
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My name is Maurice L Bowdry. I am a clinical social worker at Singer MHC. There are eight other clinical social workers at Singer. Each of us have the challenge of providing numerous services to the patients that we are assigned to work with. Our patients come us with psycho-social issues that have not been treated and for the most part, it is a challenge for our patients to try and resolve their issues without assistance.

For the sake of time, I would like to identify some of these issues without going into too much detail. For the most part the clinical social work team at Singer are responsible for multiple developments that we hope will enhance the patients lives, they are:

Housing: so many of our patients come to us and have various circumstances that contribute to their homelessness or inability to obtain shelter.

Finance or Entitlement: Patients come to us that have been incarcerated for many years and have no means of financial support. They do not necessarily know how to go about applying for and qualifying for entitlements such as Social Security Disability Insurance or SSDI. Also, due to their work history, felony crime or convictions on other matters, they are not considered eligible and often denied benefits.

Health Care: Qualification for health care is a huge issue because without the ability to pay for medication, decompensation from stability is inevitable. Their illness returns causing a readmission to Singer.

Family Dynamics: Many of our patients have lost complete contact with their families. This is due to a variety of reasons, being incarcerated for many, many years. Some patient have a history of violence with family and some families are not able to deal with or understand persons that have a mental illness. Often times families distance themselves and avoid any communication.

Patient's Values: There are so many patients that don't understand their illness and believe they are justified for the misgivings they may have imposed on the community, the courts, family and friends.

Illiteracy: Many of our patient have not attended school past the eight grade due to their low IQ's, mental impairments and social emotional issues.

Appositional Defiance: No matter how much energy is placed in to providing services for our patients, some simply do not accept them. Often times it is based on denial that they have a mental illness which again results in a readmission to Singer.

Each of the social workers at Singer are met with the challenge of trying to resolve many problems concerning their patients. The efforts made are in the hope that they will obtain stability and to be as functional as possible in society. The social work team at Singer MHC are optimistic about change. However, it is realized that in this field, recidivism is a reality. Our challenge is ongoing, yet we believe that Singer MHC is equipped to meet the challenges of our patients to make a difference in their lives.

My name is Farah Pathan. I've been working as a psychiatrist at Singer Mental Health Center since January of 2007. As you might know, Singer Mental Health Center is a major provider of mental health services in this area with the capacity to treat up to 76 patients. It means 800 to 900 patients a year. We treat patients with severe mental illness, aggression and violent behavior due to their illness; we treat patients who are declined by the community hospitals and private sector hospitals due to lack of beds, lack of funding, or lack of expertise.

The staff at Singer Mental Health Center has been exposed to violent behaviors by patients as a result of their illness including: being hit, kicked, punched, bitten, and spit on. Despite this, the staff continues to provide compassionate, respectful and nonjudgmental care to their clients. While making the decision to close Singer Mental Health Center, the patients and their families were not considered at all, although it will have a huge and devastating effect on their continued recovery, health and welfare. **In closing I want to say that we are the carotid artery of the community and not the appendix! You can not cut us out!**

Singer Mental Health Center

A Look at the Facts

1. Rockford is the third largest city in the state. 156,000
2. Singer MHC is the only state facility in the Northwestern part of the state.
3. Singer affiliates with numerous colleges and universities and has served as a stronghold in the education of medical, nursing and pharmacy students for the past 30 years.

UIC Rockford School of Medicine and School of Pharmacy, Rockford College School of Nursing, RVC Nursing program, OSF School of Nursing, Highland Comm. College School of Nursing, Drake University Pharmacy program, Roosevelt College School of Pharmacy, St. Louis School of Pharmacy and Midwestern University.

4. Rockford has the highest unemployment figure in the state. Closing mental health services to a 21 county community area would devastate psychiatric care to the unemployed and the un-insured.
5. Expanding services at Singer to include forensic clients would be both cost effective to the state and increase employment in the Rockford area. Singer has 4 vacant units which could be easily updated to provide services pursuant to state needs.
6. Local community hospitals have reported an inability to provide services to many of our clients due to lack of beds and services for violent or problematic behaviors. Concerns have also been shared by law enforcement in regard to transportation of our clients to Chicago and by emergency room physicians who foresee psychiatric emergencies tying up services.
7. Reducing services to the mentally ill in our community could result in increased homelessness, crime and suicide.
8. In conclusion, Singer offers not only impressive care to the psychiatric needs in the Rockford and 21 county area, but also as a teaching facility that has offered psychiatric education to 10 universities and colleges. Repeatedly, Singer has passed surveys impressively and with honors and due to educational affiliations has offered care at a higher standard. Keeping Singer open and expanding to suit the state and community needs would be the right thing to do.

COGFA Report (10/5/11)

My name is Dennis Kurz. I am a licensed clinical social worker and I have worked in Mental Health for the State of Illinois for 20 years (almost 15 years at the Elgin Mental Health Center and over five years at the Singer Mental Health Center here in Rockford). I currently serve as the Unit Coordinator for the Community Reintegration Program at Singer.

I want you to imagine that you had been working at the same job for 15 or 20 years and that your place of employment had just recently closed. You are suddenly out of work. You are married, have a family, a mortgage, and more than enough bills, but you no longer have health insurance. You can't afford it. You have been looking and looking for another job with no real success and you have been growing increasingly desperate. Finally, feeling hopeless and helpless, you fall into a deep depression and begin to seriously contemplate suicide. Fortunately, your family realizes that there is something wrong and that you need help. They take you to the nearest Hospital Emergency Room where you are seen by a doctor and by a mental health professional who evaluate your current psychiatric condition and your significant risk factors. You are assessed as an immediate threat to yourself and as unable to guard yourself from serious harm without treatment on an inpatient basis.

But, you don't have insurance. Where can you go to get treatment? There is still a safety net for psychiatric services in our area. The Singer Mental Health Center currently has 58 beds available for patients in need of acute (immediate or emergency) treatment, whether or not they have insurance. Treatment at Singer and other State Hospitals is based on need and not on ability to pay. Singer provided treatment for roughly 850 admissions during the last fiscal year.

The trouble is, if Governor Quinn's recent proposal to close seven State facilities is carried out as planned, by July 1st 2012 the State will no longer have any acute care beds for the 23 counties that Singer currently serves. To further magnify the problem, Quinn's plan calls for the elimination of all 75 acute psychiatric care beds that are currently available at the Elgin Mental Health Center. This means that, between Singer and Elgin, the state would be eliminating 133 acute care beds and would no longer be providing any acute care beds in Northern Illinois outside of Cook County. Local private hospitals would be expected to take care of the acute psychiatric admissions that state facilities would no longer be handling. Patients without insurance or any other form of benefits and in need of psychiatric hospitalization would be transferred to Madden Mental Health Center, near Chicago.

At Singer we have our mission on display for all to see, right at the front entrance.
Recovery is our mission!

Close our doors-no recovery for mental health.
Shut us down-no hope for the people in need.
Close our doors-increase the crime rate 3x 6x you guess!
Close out hope for the lost, help for the forlorn.
Mental Health Recovery-means life survival, in a world beyond turmoil!
No Mental Health Recovery-crimes against humanity!
No Mental Health plan for action on living, no progress!
Take away Recovery-turn your backs on people, leave them without hopeful
Treatment. No Mental Health Recovery, force people to act out on their illness that could
have been arrested, by treatment with Mental Health Recovery.

MENTAL HEALTH SUMMIT

Invest in Mental Health. Treatment Works.

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

September 21, 2011

The Honorable Patrick Quinn
Governor of Illinois
100 West Randolph Street—Suite 16-100
Chicago, Illinois 60601

Re: Proposal to Close Tinley Park, Singer and Chester Mental Health Centers

Dear Governor Quinn:

The Mental Health Summit (a list of our members is enclosed) is greatly concerned by your proposal to close three of the nine state psychiatric facilities. We believe that this proposal is illegal, unwise and inhumane. We oppose these closures unless and until: (a) the State, in consultation with persons with mental illnesses and their family members and with mental health service providers, develops a comprehensive plan to serve those persons currently being served by Tinley Park, Singer and Chester Mental Health Centers in alternative settings; and (b) commits itself to comply with the Section 4.4 of of the Community Services Act, 405 ILCS 30/4.4, which requires that all of the funds saved by these closures be reinvested in the mental health system. Our past experiences with state hospital closures suggests that this planning process will take longer than is anticipated by the closure proposal you have announced, particularly if the State intends to comply with the legal requirement for community reinvestment.

Here are our concerns:

- During the past 60 years the number of state psychiatric hospital beds has declined from 35,000 to 1,300 despite a doubling of the state population.
- Each psychiatric hospital bed serves many people. Thus, even though Tinley Park now has only 50 beds, more than 1900 persons were treated there during Fiscal Year 2011. Any plan for closure needs to serve *all* of these people, not just find a place for the fifty people who happened to be in the facility on the day it is closed.
- Private psychiatric hospitals cannot adequately serve the persons currently being served by state hospitals because:
 - during the past fifteen years the number of private psychiatric hospital beds has declined from 5,000 to 3,500.
 - the decline in the number of private psychiatric hospitals beds has been caused largely by the inadequate rates being paid under Medicaid for inpatient psychiatric

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- care. In the absence of a Medicaid rate increase, these private hospitals will not increase the number of persons with mental illnesses they serve.
- Illinois has moved many Medicaid recipients into managed care programs. These entities pay hospitals rates even lower than Medicaid, which has led many hospitals to refuse to treat persons in these programs.
- Most private hospitals have neither the physical infrastructure nor staff to treat many of the patients currently being served by state facilities
- Many persons served by state hospitals have been involuntarily committed. There is no funding source currently available to cover the substantial costs associated with involuntary commitment in private hospitals.
- Several years ago Illinois terminated its CHIPS program which provided state funding to private hospitals to care for persons not eligible for Medicaid. This is important because a disproportionate percentage of persons currently being served by state hospitals are not on Medicaid.
- In April, 2011, the Department of Healthcare and Family Services imposed dramatic restrictions on the availability of psychotropic medications needed to maintain persons with mental illnesses safely in the community. The two new managed care entities serving Medicaid recipients in the Chicago suburbs also provide limited access to psychotropic medications. These restrictions are likely to *increase* the need for inpatient services in Illinois. Any mental health service plan must recognize this reality.
- Illinois will be required under the consent decrees it has signed in *Williams v. Quinn* and *Colbert v. Quinn* to provide community services to thousands of persons with mental illnesses currently being warehoused without services in nursing homes. No funds have been appropriated to serve these individuals in the community.
- Because Illinois has never provided adequate funding for its community mental health system, the Illinois Department of Corrections houses more persons with mental illnesses (approximately 6,500 persons) than all of the public and private psychiatric hospitals in the state combined (approximately 4,800 persons). And the Cook County Jail alone houses more persons with mental illnesses (approximately 1,500 persons) than all nine of the of the state psychiatric hospitals combined (1300 persons). Closing three psychiatric hospitals without a comprehensive plan will make this worse.

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- The community mental health system is unable to serve people who will be dumped out of these three hospitals. That is because:
 - Community services are already dramatically underfunded and have suffered serious and disproportionate cuts in the last several years. Some providers have closed and all of them have reduced staff and services.
 - Among the most effective evidence-based treatments for serious mental illnesses is Assertive Community Treatment (ACT). ACT is particularly effective and necessary for those persons with the most serious symptom who have been utilizing our state hospitals. Unfortunately, Illinois has made ACT virtually unobtainable by setting the reimbursement rate well below the cost of providing this service.
 - Illinois has also failed to provide sufficient funding for supportive housing programs for persons with mental illnesses. Many people end up in psychiatric hospitals due to a lack of decent and safe housing. A substantial percentage of the persons who will be dumped into the community when these hospitals are closed will need supportive housing.

The Summit believes that the best place to treat persons with mental illnesses is in the community. Thus, we have not and do not oppose the closing of state hospitals. However, when a hospital is closed, the state must develop a comprehensive plan to serve those who will no longer be served by that hospital. That plan must be developed in cooperation with persons with mental illnesses and their families and alternative service providers. The plan must also identify funding for these alternative services. The Summit urges you to comply with the Community Services Act and delay the closing of these facilities until a comprehensive plan is developed.

Sincerely,

Mark J. Heyrman
Summit Facilitator

enclosure.

October 3, 2011

To Whom It May Concern:

I am currently a fourth year pharmacy student at the University of Illinois at Chicago, as well as a Certified Psychiatric Rehabilitation Counselor, and I am writing to express my sincere regret to hear of the possible closing of H. Douglas Singer Mental Health Center in Rockford, IL. I fervently advocate for the need to maintain this facility and the services it imparts to the mental health community. I recently had a clinical rotation at Singer MHC, and it was undoubtedly one of the best experiences I have encountered. Prior to pharmacy school, I worked in a multitude of psychiatric hospitals, and Singer MHC proved to be a very high quality service provider. The staff exemplifies the true meaning of the multidisciplinary treatment approach, thus offering optimum services for patients. Singer MHC furnishes a safe and secure environment for patients, as they learn to develop the necessary life skills to transition from acute treatment to community independence. Autonomy and mental stability represent primary goals of many patients living with psychiatric illnesses, and Singer MHC is an integral stepping-stone to achieving these ambitions. Singer MHC also serves as an exceptionally valuable learning and training site for medical, pharmacy, and other healthcare students. The staff possess expertise in their respective areas, and they offer a plethora of knowledge and skills to be passed on to the future doctors, nurses, and pharmacists in the field of psychiatry. I believe it would be an immense loss to patients, healthcare professionals, and the community should this facility be shut down. I understand the resolution would be to shift patients to other state facilities and to strive for community-based treatment; however, I believe doing so would be a detriment to the patients. Overcrowding state hospitals would be a great disservice to patients, who would no longer receive the type of individualized care they receive at Singer MHC. Prematurely sending patients into the community before they are ready or stabilized would only further harm an already delicate patient population that often gets dismissed. I emphatically hope the State realizes the need and benefit of keeping Singer MHC open, so it can continue to bestow optimal treatment to those seeking psychiatric care.

Sincerely,
Nerissa S. Caballes, MS, CRC, PharmD Candidate 2012

Drake[®]

UNIVERSITY

September 19, 2011

Governor Pat Quinn
Office of the Governor
207 State House
Springfield, IL 62706

Dear Governor Quinn:

We write in response to your September 5th announcement that you will move to close seven state facilities, some of which provide services and assistance to the mentally ill and disabled of the state. This news is disheartening in many ways:

- Illinois citizens who suffer from mental health conditions will no longer be able to receive much needed care. Reports estimate that only half of those currently in need of mental health care receive it (Chicago Sun-Times, 9/19/2011).
- Increase load for higher-cost options, such hospital emergency rooms, homeless shelters and correctional facilities with no long-term solution in site.
- Resources spent through increased number of those imprisoned for behaviors resulting from mental illness.
- Job loss for many of the state's mental health care workers.
- As a country, we continue to allow the implementation of disproportionate cuts in the areas of mental health healthcare and services, taking advantage of a population that is unable to find its voice because of the very nature of its situation.

Singer Mental Health in Rockford, Illinois has served as an experiential teaching site for Drake University for more than 40 student pharmacists since 2004. Students learn not just the clinical aspects of caring for the mentally ill, but they have the opportunity to better understand what mental illness really means for the patient and their families and its impact on their daily lives. An experience at Singer Mental Health changes the hearts and minds of students with regard to this issue year after year. Students comment on how committed preceptors Joan Hosang and Natalie Ryan are to teaching students, and to the care of their patients.

Drake University's College of Pharmacy and Health Sciences, located in Des Moines, IA prides itself on offering students the opportunity to experience the breadth and depth of

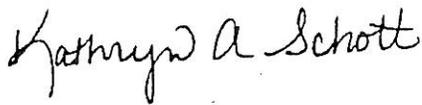
what it means to provide health care to all. Our mission professes to “provide an exceptional learning environment that prepares students for meaningful personal lives, professional accomplishments, and responsible global citizenship.” Facilities such as Singer Mental Health are critical to the ongoing development of global citizens who understand the issues surrounding mental health services and are helping to create leaders and advocates for one of our most underserved populations.

We encourage you to spend some time at Singer Mental Health facility, so that you can see as so many of our students have, the important care this facility provides to our most vulnerable citizens.

Respectfully,

A handwritten signature in black ink that reads "Denise A. Soltis". The signature is written in a cursive style with a large initial 'D'.

Denise A Soltis
Assistant Dean for Clinical Affairs
denise.soltis@drake.edu

A handwritten signature in black ink that reads "Kathryn A. Schott". The signature is written in a cursive style with a large initial 'K'.

Kathryn A. Schott
Director, Experiential External Affairs
kathy.schott@drake.edu

Hearing on the Future of Singer Mental Health Center
Richard Kunnert, Pres. Of the Rock River Valley Mental Health Assoc.
Retired former Superintendent of Singer Mental Health Center
October 5, 2011

I am here speaking for the Board of the RRVMA. I am also a retired former superintendent of Singer Mental Health Center. I was on the staff when the facility opened in 1966. Prior to becoming superintendent, I spent 15 years working with community mental health centers developing programs for adults and children and adolescents, first in a nine county region, then in a 26 county region. I was involved in the closures of East Moline State Hospital, Galesburg Mental Health Center and Dixon State School. I had the opportunity to work with some of the best minds in the public mental health field. But when I look at the current plight of the Illinois public mental health scene, it is apparent brilliance did not win out. The current service array defies logic. One of the most egregious examples would be that people being discharged from Singer don't necessarily qualify for aftercare services at community clinics, whose purpose has been to provide needed aftercare. Amazing.

Singer came into existence as part of a referendum that called for the development of a community mental health system as an alternative to having people languish in state hospitals. These new regional hospitals were to back up community mental health center programs. The goal was to keep hospitalization as short as possible and help the people get back into the mainstream of the community. While never perfect, this region had a very respectable service system and was seen as innovators of many best practices. Now only an adult program exists, but not a system, nor a respectable clinical process for continuity of care.

The need for a comprehensive care system remains, the original idea for the Singer facility remains, in our view, a good idea. The dream needs to be revisited. Singer's current clinical format does not fit our communities' needs. We propose the state selling the building to a non-for-profit organization that could use the eight units creatively to serve adults, revive a children and adolescent unit, and provide a unit for mixed diagnosed people with MI and SA, and provide space for short-term, temporary place for complex medical and behavioral issues to be resolved for people with developmental challenges. Rockford could again have inpatient beds to meet people's behavioral health needs.

If the political decision is made to close Singer, the issue becomes how much of Singer's \$14 million budget stays in the community. We believe at a minimum 50% of the budget should remain in the community to create an alternative service system.

While we appreciate Singer staff's concern about their jobs, there is no evidence that state government is committed to solving behavioral health inpatient service problems in our area. Given the plight of thousands of adults and young people who suffer from behavioral health issues in our communities, we believe a new model for care has to be considered. And control for a care system needs to be local and under private auspice, in our view.





NAMI Illinois

National Alliance on Mental Illness

NAMI ILLINOIS AFFILIATES

- Barrington Area
- Champaign County
- Cook County North Suburban
- DeKalb, Kane So. & Kendall Counties
- DuPage County
- East St. Louis
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- Southeastern Illinois
- South Suburbs of Chicago
- Southwest
- Southwestern Illinois
- Springfield
- Stark County
- Tri-County
- Will County

NAMI Illinois' Position on Closure of Three Illinois Mental Health Facilities:

"Illinois Must Stop Stepping Over a Dollar to Pick Up a Dime!"

Illinois must maintain an adequate number of inpatient beds for psychiatric treatment.

Illinois is in crisis: Psychiatric beds are proposed for elimination at the same time that community services, including crisis intervention and crisis stabilization programs are at their lowest capacity - and funding - in years. This in effect, leaves few, if any options for responding to people in crisis. History illustrates that eliminating hospital beds when there are no appropriate community alternatives is irresponsible and cruel public policy that only leads to shifting of costs to criminal justice systems, emergency departments and nursing homes rather than to true cost savings.

The development of a strong infrastructure of community-based services could decrease the need for inpatient beds, but Illinois' already decimated infrastructure of these vital services is today inadequate in virtually all of Illinois.

NAMI Illinois opposes closure of three of Illinois' state operated mental health facilities and the restructuring of services at others until there are adequate programs in place that guarantee treatment options for individuals needing a high level of mental health care on a temporary basis. Those services must address and include temporary hospitalization, outpatient stabilization with on-going access to effective medications, and reintegration supports with treatment in the community. An appropriate range of options for responding specifically to psychiatric crises could include mobile crisis teams, 24-hour crisis stabilization programs, and inpatient beds in community hospitals.

With effective systems and supports, there is always a reduced need for hospitalizations, but the crisis component must still be effectively addressed; and the reality is that some beds will always be needed for individuals requiring intermediate or long-term care.

Over the past five years disproportionate funding cuts to mental health services have eroded community services in every community in Illinois. Some community providers have been forced to close; all others have been forced to reduce staff and services. Eligibility for community-based mental health services has been reduced to individuals who are enrolled in Medicaid, leaving all Illinoisans who do not have private insurance or public funding without access to any type of mental health treatment or care.

State operated hospitals meet a need for a safety net of service when all else has failed. From 2007-2009 Illinois has seen an increase in numbers of individuals served in state operated hospitals, increasing from 8,126 people served in 2007 to 8,742 people served in 2009. On the converse, there has been a dramatic decline in people served by state funding, i.e. 179,580 in 2007 versus 168,513 served in 2009. These numbers corroborate the relationship and the unintended impact of reducing services in the community, only to have needs met through higher cost services. Demands for public mental health services are growing; **Illinois must stop stepping over a dollar to pick up a dime!**

For additional information, contact: Lora Thomas, Executive Director (217) 522-1403



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NAMI ILLINOIS AFFILIATES

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Cook County North Suburban
DeKalb, Kane So. & Kendall Counties
DuPage County
East St. Louis
Elk Grove/Schaumburg
Greater Chicago
Greater Decatur
Grundy County
Hanover Township
Jackson County
Kane County
Kankakee County
Lake County
Livingston/McLean Counties
McHenry County
Metro Suburban
Metropolis-Southern Most Illinois
Mount Vernon
Northern Illinois
North Central Illinois
Northwestern Memorial
Northwest Suburban
Quincy
Rock Island/Mercer Counties
Sauk Valley
Southeastern Illinois
South Suburbs of Chicago
Southwest
Southwestern Illinois
Springfield
Stark County
Tri-County
Will County

NAMI Illinois' Talking Points on Illinois' Hospital Closures:

Illinois must stop stepping over a dollar to pick up a dime...

- The Division of Mental Health's State Operated Mental Health Hospital System will predominantly become a forensic hospital system with limited to no capacity for civil, acute and extended care if these closures are enacted. A plan must be developed to care for the entire population, including those with civil acute care needs, as that population is once again growing as a result of cuts to community care.
- The announced closure of three state operated hospitals forces DMH to completely restructure its state-operated hospital system. It needs time to plan for these closures, modify facilities to meet the needs of a forensic population and systematically address the issues of consumers and families.
 - It is important to note that transition plans must be developed not only for those currently in each hospital, but for all of the persons they serve. Example, Tinley Park currently has 50 beds, but they treated more than 1900 individuals in 2011. DMH must plan for treatment of the 1900 – and - all others who could not access treatment there.
- As announced, the only hospitals offering any type of civil acute care treatment will be: Choate and Madden – sending people far north or far south in Illinois. This plan does begin not meet the geographic needs of Illinois families
 - It exacerbates transportation issues for people with mental illnesses and makes it very unlikely for many, that there can or will be family support for patients. Within any solid evidence-based recovery program, the support and presence of friends and families is critical.
 - Isolation not only prolongs progress in moving to stabilization and recovery, but it also tends to reinforce the stigma of mental illnesses.
- Community mental health services have been severely cut and weakened as a result of state budget cuts over the past five years. Illinois is eighth in the nation in the percentage of budget cuts to state mental health programs and services.
- Over the past 60 years, the number of state psychiatric hospital beds in Illinois has fallen from 35,000 to 1,300, despite a doubling of the state's population during that same time.
- During the past 15 years, the number of *private* psychiatric hospital beds in Illinois has dropped from 5,000 to 3,500. And, because of reduced payment rates in Medicaid and state mental health funding, many private hospitals have already dramatically cut psychiatric services and beds. With even more demand, there are fewer and fewer places to turn.
- Earlier this year, Illinois' Department of Healthcare and Family Services imposed major restrictions on the availability of many psychotropic medications. Consumers were told they would be "grandfathered" into exemption if they continued their current medication. That has not consistently happened throughout the state, and some who were successful in recovery are now getting sick – with some needing hospitalization because of a forced change in medications. While some medications are cheaper – when

someone becomes ill as a result of unnecessary changes to medications – it's a problem that is accompanied by a dramatically increased cost. Illinois has paid – and will continue to pay - a much higher price when all costs are considered.

- Jails and prisons have become the “de facto” institutions of weak mental health systems and services. Cook County Jail already houses more psychiatric patients than all state operated psychiatric hospitals combined. It's a trend that we're not effectively addressing with any policy decision.
- It's time for Illinois to step back to the planning table and look at systems. The closure of state operated hospitals pits dimes against dollars if we look at all systems impacted by untreated mental illness:
 - Hospital Emergency Rooms / Hospitalization
 - Department of Corrections / Jails & Prisons
 - Law Enforcement / Judicial Systems
 - Homelessness / Suicide
 - Communities / First Responders



Advancing the human and civil rights of people with disabilities

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Equip for Equality Testimony
Before the Commission on Government Forecasting and Accountability
Proposed Closure of the H. Douglas Singer Mental Health Center
Rockford, Illinois
October 5, 2011

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

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

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

It is important to remember that the capacity of state-operated mental health centers, such as Singer MHC, is reflected not only in the daily census numbers, or the number of beds, but in the total number of people served on an annual basis. State-operated mental health centers typically provide services to individuals in need of acute psychiatric care on a short-term basis. In FY 2010, Singer provided acute care services to over 700 individuals with mental illness. Who or what will fill this void if Singer MHC is closed now – particularly for those who are uninsured and not Medicaid eligible? Answering this question must precede, not follow, a decision to close. Unless the State first develops a comprehensive plan and increases capacity in the community, the closure of Singer MHC will likely result in greater numbers of people with

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mental illness being diverted to the criminal justice system, becoming homeless, or even dying.

Over the years, private hospitals have decreased the number of inpatient psychiatric beds - partly in response to low rates and seriously delayed payments from the state. As a result, we have received reports of people with mental illness who are in crisis and in need of acute psychiatric care languishing in hospital emergency rooms for 3, 4, and 5 days, without receiving treatment, waiting for a bed to open somewhere. For those with no insurance, transfer to private hospitals is generally not an option. If Singer MHC is closed at this time, without a plan for locally accessible services, this problem will be exacerbated.

The Governor has announced that there are not adequate funds in the state budget to operate Singer MHC and therefore it must be closed. In response to this announcement, the Department of Human Services proposes to shift the responsibility to provide critical mental health services and treatment to private hospitals and community providers – neither of which has the current resources or capacity to serve those now served by Singer MHC. A decision to close Singer without having a safety net in place puts the health and safety of individuals with mental illness at risk, and is therefore premature.

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

Thank you very much.

MENTAL HEALTH SUMMIT

Invest in Mental Health. Treatment Works.

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

The Mental Health Summit **strongly opposes** the proposal to close Singer and other state-run psychiatric hospitals without a comprehensive plan for dealing with the affected patients.

About the Summit: The Mental Health Summit is a coalition of advocates for people with mental illnesses. It consists of providers, advocacy groups, and organizations in mental health fields, devoted to improving services in the state. A full list of member organizations is attached.

A closure of Singer, coupled with closures of Tinley Park and Chester, will have negative impacts in the following areas:

Other state hospitals

- In 2010, there were 10,237 unique patients served by state psychiatric hospitals. Of these patients, 3,024, or about 30%, were served by Singer (766), Chester (469), and Tinley Park (1,789).
- A reduction in services of this magnitude will place a substantial burden on the remaining six state-run psychiatric hospitals.
- Transportation costs will increase as the remaining hospitals are forced to serve larger geographic areas. Elgin is the nearest state psychiatric hospital to Singer, and it will have to serve the area currently served by Singer.

Private hospitals

- Because of federal law, hospitals may not discharge patients until they are stabilized.
- Mentally ill persons are waiting in emergency rooms for 24-72 hours to be transferred to a psychiatric hospital.

Community mental health services

- Over the past three years, community mental health services have been cut.
- Patients served by state psychiatric hospitals often are too sick for community care.

Homelessness, Homelessness Services, and the community

- Demand for homelessness services will increase as patients are discharged from psychiatric hospitals with nowhere to go.
- Families of mentally ill persons will be forced to provide care for their seriously mentally ill relatives, even when those relatives ought to be receiving inpatient care.

Criminal justice system

- If mentally ill persons are not treated properly, they may wind up in the criminal justice system.
- There are more people with mental illnesses in the state prison system than there are in all of the public and private hospitals combined. The largest mental hospital in the state is now the Cook County jail.

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Summit Members

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



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A District Branch of the
American Psychiatric Association

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

I am a Child and Adolescent psychiatrist who is self-employed in a private practice in Rockford where I provide outpatient treatment for children, teens, and adults. I also serve as adjunct faculty in the role of assistant clinical professor at the University of Illinois College of Medicine- Rockford. Additionally, I am the medical director of Remedies, the Rockford not-for-profit methadone clinic, which serves individuals with opiate addiction who are often living on the margin. In my various roles, I have the opportunity to work with people who have a variety of mental health and or addiction concerns from a breadth of socioeconomic backgrounds.

It is my opinion that the closure of Singer would place far more burden on the local not-for-profit hospital systems which have psych units (Swedish American and Rockford Memorial) to accept no pay and or Medicaid patients. This burden is already considerable. In truth, I typically seek to hospitalize half a dozen patients a year from my outpatient private practice. I can say without hesitation, however, that trying to help patients to secure a psych bed, even if they have insurance, has become a nightmarish process.

Rarely do the local inpatient psych wards have available beds, and all of my patients in recent memory who have required hospitalization were sent via ambulance to a suburban Chicago hospital for admission. I am not intending to complain about the local hospitals, but rather to point out the fact that many of the psych beds locally are already filled with folks that the hospitals were behooved to accept. Illinois State laws have made it a crime to reject a patient based on their ability (or lack thereof) to pay. This means that not-for-profit hospitals have to "eat" the cost. Even not-for-profits have to have enough paying customers to stay afloat. Further, shipping patients an hour or more away for admission is costly (ER costs, ambulance, etc.) and horribly inconvenient for the patient and his family.

It is a fantasy that acutely or chronically mentally ill patients can be cared for solely in an outpatient community outreach program. This type of patient will often require hospitalization at one point or another, and may require multiple hospitalizations over time. I question the ability of our local community mental health centers to handle the increased case load of acutely ill patients if Singer closes, given that there would be less access to psych beds. Also, in the fourteen years that I have practiced psychiatry in Rockford, I am yet to see any patient with whom I was familiar admitted to The Elgin State facility. For whatever reason, there seems to be limited access to those beds. Ultimately, I fear that the end result of less access to inpatient psychiatric care for those who need it places patients in grave danger with potential for ever higher rates of homelessness, incarceration, suicide, and homicide.

Lastly, I would like to discuss the impact that the closure of Singer would have on the U of I College of Medicine-Rockford in the training of future physicians. Currently, our medical students work and follow attending psychiatrists at Singer as a part of their third year training rotation in psychiatry. In my

opinion, there is no better training ground than a state hospital in which to learn about mental illness and work with patients in a setting that operates around the clock. If Singer were to close, it would be very difficult to fashion a rotation that would give the medical students the type of experience that I, as clinical faculty, am aiming for with regard to their education in psychiatry, and their general medical education.

I thank you for your consideration of my comments.

Respectfully submitted,


Martha Crotts, MD



October 5, 2011

Senator Jeffrey M. Schoenberg, Co-Chair
Representative Patricia Bellock, Co-Chair
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, Illinois 62706

Re: Proposed Closure of H. Douglas Singer Mental Health Center

Dear Senator Schoenberg and Representative Bellock:

Thank you for this opportunity to comment on the proposed closure of the Singer Mental Health Center in Rockford, a 76-bed state-operated psychiatric hospital funded and operated by the Illinois Department of Human Services Division of Mental Health (DMH). The Illinois Hospital Association (IHA) presents the following comments on behalf of our 200 member hospitals and health systems and the patients and communities they serve.

DMH's proposed closure of Singer and two other of Illinois' nine state-operated hospitals and the transfer of forensic patients in these facilities to the remaining civil acute inpatient state-operated hospital beds will greatly weaken an already fragile mental health system in Illinois. It will reduce access to acute psychiatric care in northwest Illinois as well as in communities throughout Illinois. It will cause the loss of beds at Singer and will reduce the statewide existing state-operated hospital capacity from approximately 1,400 civil acute beds to approximately 200 civil acute beds. The closure of Singer will mean loss of access to a state psychiatric hospital for persons who are not committed there through the criminal justice system.

For individuals with serious mental illness who need the level of care provided in a hospital, the loss of close to 1,200 inpatient psychiatric beds depletes an already limited pool of inpatient resources. The private hospital system does not have a sufficient pool of inpatient beds to offset this loss. There has been a 28% drop in private hospital psychiatric beds in the past decade, from 5,350 beds in 1991 to 3,816 beds in 2010. Moreover, the loss of these beds is not evenly distributed across the state, leaving many Illinois communities without any psychiatric resources at all. Only nine rural hospitals in Illinois offer inpatient psychiatric services, and 84 Illinois counties have no psychiatric units at all. In the geographic region served by Singer Mental Health Center, there are three private hospital psychiatric units. Two are located in the Rockford area; one is in a rural community. Each is a small unit and would have great difficulty assuming responsibility for all of the patients currently served at Singer.

The loss of acute, inpatient psychiatric capacity will further exacerbate the challenges currently experienced by persons with mental illness who depend on the public system of care. It compounds budget cuts to community mental health and substance abuse services made in the past three years. Eliminating care at both ends of the continuum of

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IHA Comments on Proposed Closure of H. Douglas Singer Mental Health Center

care leaves few alternatives to persons with serious, chronic illnesses and will likely contribute to an increase in the use of hospital emergency departments, longer waits for limited inpatient private hospital psychiatric beds, and delays in treatment for all patients. Without treatment, persons with mental illness often become homeless, end up in jail, or in the worst cases, do not survive.

We cannot afford to take such risks for our most vulnerable residents, especially within the timelines suggested for such closures. A systems restructuring such as the one that has been proposed must occur within the framework of a plan that assures access to care will be preserved for those persons with serious mental illness who require acute care. IHA's Behavioral Health Steering Committee articulated such principles in 1997 and reiterated and refined them in 2005 when the state proposed that the Tinley Park Mental Health Center be closed (see attached). Such a plan should be developed with input from a broad cross section of stakeholders, including patients and families.

Persons with mental illness, like every patient, need the right care, at the right time, in the right place. The public psychiatric hospital is one setting in the continuum of care. It is designed to be a critical safety net that supports persons with serious illness who require a safe, structured environment.

As a key part of the continuum of care, private hospitals in Illinois are willing to serve and do serve hundreds of thousands of persons with mental illnesses each year. The state's private hospitals cared for close to 148,000 persons with a principal diagnosis of mental illness as inpatients in 2010; more than 750,000 persons diagnosed with a behavioral condition; and more than 190,000 patients with a principal diagnosis of mental or substance use illnesses in their emergency departments in 2009. However, private hospitals are serving these growing numbers of patients in fewer facilities and with fewer beds. The private hospital system does not have the capacity to assume responsibility for all the patients who will be displaced by the proposed state-operated hospital closures.

We recognize the state's challenging economic circumstances and the costs associated with maintaining antiquated facilities. However, we ask whether and to what extent the proposed closures will actually save money. It is critical the COGFA take into account several important factors when considering the proposed closures:

- If the closure of state hospitals contributes to an increase in homelessness and incarceration, it will cost the state more to house a person in jail than it does to provide treatment. The state would be transferring costs from one sector of the system to another, without any net savings to the state.
- Hospital Emergency Department care is very costly. Many persons using hospital emergency departments are Medicaid recipients. These state-operated hospital closures likely will cause more Medicaid recipients with mental illnesses to use EDs, especially in the absence of other alternatives.

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IHA Comments on Proposed Closure of H. Douglas Singer Mental Health Center

- State law requires funds from the closure of a state facility to be reinvested in the community. The state cannot use these funds for another purpose other than mental health services. Thus, the proceeds from a sale of a state-operated hospital property must be used for mental health purposes.

It is also important to note that in 2009, DMH eliminated \$9.4 million in funding for the Community Hospital Inpatient Psychiatric Services (CHIPS) program that was designed to serve persons with mental illness who needed acute inpatient psychiatric care in a private hospital. The CHIPS program was established when the state closed the Zeller Mental Health Facility and downsized the Alton and Elgin mental health facilities as an alternative for persons who otherwise would use a state hospital. Twenty-three hospitals were participating in this program. The elimination of CHIPS has further reduced access to acute inpatient psychiatric care for a vulnerable population.

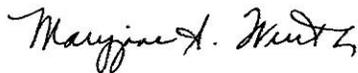
Illinois hospitals are committed to transforming health care to assure that every patient, including persons with mental and substance use illnesses, has access to the right care, at the right time, in the right place. To achieve this goal, all of us will need to work together, collaboratively, creatively and effectively, using the best of what currently exists and embracing new models.

Legislation enacted this year—House Bill 2982/Public Act 97-0381—presents one positive approach to building systems of care that capitalizes on regional strengths and encourages collaboration across systems of care. This legislation recognizes there will not be new funds but that there can be savings associated with innovative program design, elimination of redundancies and sharing of resources.

While we look forward to the opportunity to redesign the state's mental health system on a regional basis to make it more effective and efficient, we are very concerned that the proposed closures of the H. Douglas Singer Mental Health Center and other state-operated hospitals will adversely affect those efforts.

Thank you for the opportunity to provide these comments.

Sincerely,



Maryjane A. Wurth
President

Attachment

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Position of the Illinois Hospital Association Behavioral Health Steering Committee Regarding the Closure or Other Restructuring of the Tinley Park Mental Health Center Facility

Based on principles adopted in 1997 by the IHA Behavioral Health Steering Committee (Steering Committee) and Board regarding the privatization of state-operated mental health facilities (SOF), the Steering Committee on February 22, 2005 identified the following issues as relevant to the decisions related to whether or how the Tinley Park Mental Health Center facility should be restructured. It was their recommendation that these issues must be addressed to ensure access to an appropriate level of care for persons with mental illness:

- **The State must clearly state its vision regarding mental health services for Illinois citizens and define, publicly, its intent with regard to the role and relationship of its facilities and community resources.** The failure to define the role of the SOF in terms of its mission for the citizens of the State and relationship to community hospitals and other community providers strains the relationship between the parties, interjects ambiguity where there should be clarity, and, more importantly, does not put patients, families, and all Illinois citizens first.
- **Articulate criteria regarding which patients are most appropriate for a private hospital and which are most appropriate for a SOF.** Currently, admission and length of stay criteria are lacking or poorly defined. Admission criteria primarily are about the patient's funding source: If you are a Medicaid patient, you go to a private hospital. If you are uninsured, the SOF may accept you.
 - Clinical criteria are needed to determine before an admission whether the patient would be better served in the SOF or private hospital. Criteria are also needed to determine when a transfer is appropriate and necessary.
 - Criteria are also needed about medical services the DHS views as medically necessary and, therefore, eligible for payment.

We believe that the SOF is appropriate for patients who are not successfully treated in community hospitals. These patients often exhibit the following characteristics: they are treatment resistant and/or have had multiple (three or more) admissions in the previous twelve months, and/or may require a longer length of stay (beyond 10 days). And, they may be unmanageably violent.

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Private hospitals are appropriate for patients who present medical complexities that benefit from access to multiple specialties; patients who need to be stabilized and treated within the shortest time frame; and patients who will benefit from the diagnostic and other therapeutic resources of an acute care setting.

Patients with co-occurring disorders are caught between narrowly construed regulatory and public financing schemes that do not support access to appropriate services. For example, the state SOFs reluctantly accept patients with a primary diagnosis of substance abuse; Medicaid does not reimburse a private hospital for substance abuse treatment or rehabilitation, but only detoxification services, leaving the addicted person no access to treatment for their addiction in an acute care setting. The Illinois Department of Alcoholism and Substance Abuse licenses and pays for “sub-acute” Medicaid services, not acute services such as those needed by a substance abuse patient who has attempted suicide or has a psychiatric condition. Thus, the State financing of behavioral services lacks a comprehensive and coordinated rehabilitative focus, and thus leaves gaps that perpetuate expensive relapse and readmission.

Patients with developmental disabilities with mental illness also have few options for acute treatment available to them today. Given that the private sector cannot generally treat these individuals on an acute basis, they pose a natural population of citizens for which the State should assume responsibility. At a minimum, the State must fund, either directly or by arrangement, services that effectively meet the complex needs of these individuals.

- **Ensure patients in the private sector have community access to the same resources as are afforded patients in the SOF.** A patient upon discharge from a SOF has a firm referral to a community mental health provider. The patient being discharged from a private hospital must also have the same assurance he or she will have an appointment within the time frame dictated by his or her condition. Access to medication must also be assured, since failure to adhere to medication regimens often leads to readmission to an acute care setting.
- **Improve Medicaid rates.** Medicaid rates for inpatient psychiatric services are inadequate and vary across the state. The most vulnerable providers often have the lowest rates. Inadequate Medicaid rates coupled with burdensome administrative processes further weaken a fragile private inpatient psychiatric community. Because a large number of SOF patients are presumed to be Medicaid eligible, the adequacy of Medicaid payment is an essential variable in the shift of the locus of care to the private sector. If the private sector is not

Illinois Hospital Association

financially viable, patients will be at risk of having no options should the SOF also be unavailable.

Moreover, the mechanisms under which the hospital either obtains DHS or Medicaid payment must also support rather than burden the provider. For example, the Community Hospital Inpatient Psychiatric Services (CHIPS) contract, which is the mechanism through which DHS contracts with private hospitals to serve a patient who otherwise may be treated in a SOF, requires a hospital to always attempt to qualify a patient for Medicaid before DHS pays the hospital. This is a costly and burdensome process, causing significant payment delays. For hospitals with low Medicaid rates, they will receive less money than they would have received from DHS, following a cumbersome administrative process, and following a lengthy period of time. Few, if any, hospitals can knowingly adopt a business model that requires them to seek out less reimbursement for services first.

Therefore, in order to ensure the private sector is able to care for the patient with mental illness:

- Medicaid rates for inpatient hospital psychiatric services must be improved. The State should at a minimum be willing to pay the private hospital with which it contracts the same per diem as it paid itself under Medicaid.
 - Medicaid rates should never be less than the rate DHS pays. Ideally, both rates should be comparable and adequate to cover reasonable costs.
 - The burdens associated with completing MANG applications should be shared by the State. For example, the State should provide staff support to the hospital that must complete lengthy applications. Moreover, the hospital should not be penalized if a physician does not believe a patient is disabled.
- **Make the courts more user-friendly and accessible to the private sector.** Many patients who refuse medication or admission require involvement with the judicial system. Courts are not easily accessible; there are numerous continuances; psychiatrists and staff must accompany the patient to court. There is no compensation for this. The courts must be more patient and user friendly to support the needs of patients, families and providers in the communities who must negotiate with this system. Necessary legal hearings could be conducted more creatively and efficiently. For example, a hearing could be held at the hospital, when feasible, or through the use of tele-technology that is transmitted from the courthouse or another central location. This would also assist in obtaining the support of psychiatrists to testify in such hearings.

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- **Maintain in the community the funds currently allocated to the state-operated facilities.** Closure of the SOF should not reduce the overall financial support available for mental health services, i.e., there should not be a net loss of funding to the community. There is evidence that fewer funds will be available to the community, including hospitals and community mental health centers, than are currently allocated to Tinley Park SOF.

The closure of other SOFs has resulted in a net loss to the community of mental health funding. If the community alternatives to the SOF are not strong and well financed, patients will need the safety net provided by the SOF. Moreover, the DHS fee-for-service conversion threatens the financial viability of community mental health centers. The system is being tugged at both ends of the continuum. At a minimum, the funds currently allocated to the Tinley Park SOF should continue to be available either for its operations or for a combination of state operated, private operated acute services, and community outpatient services.

- **Formally evaluate effects of reducing or eliminating SOF capacity against program goals.** Perform a formal evaluation of any program of SOF reduction or deinstitutionalization to determine whether the program's goals are truly being met, the effect of the program on all of the parties involved (community hospitals, community behavioral health providers, consumers, and Illinois citizens). Make this evaluation public and available for comment.



PRINCIPLES AND RECOMMENDATIONS REGARDING THE PRIVATIZATION OF STATE-OPERATED MENTAL HEALTH FACILITIES

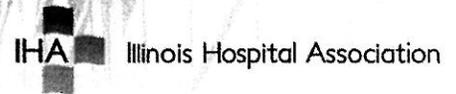
- Patients first.
- Services for each patient should be delivered in the most appropriate clinical setting for that particular patient. Privatization is not the goal; rather it is a means to achieve the goal of high quality, cost effective, and accessible services for the patients.
- To the extent the private sector is able and willing to provide appropriate services to persons who otherwise would receive them in the public sector, it is a cost-effective alternative that encourages creative use of scarce resources, and offers more clinical options from which patients and families can choose.
- One rationale for shifting resources from state-operated facilities to community providers is cost-effectiveness. However, current financial resources committed to delivering services in a state-operated facility must be reserved for services used by these patients, albeit in different settings. The state must demonstrate its commitment to preserving and enhancing resources for patients, not shifting the financial responsibility onto providers or families, or diverting mental health dollars into other areas.
- Government retains the ultimate responsibility to establish performance standards and to monitor performance, a responsibility that is not diminished under a privatized system. These functions, however, should involve collaboration between government, families, consumers, advocates and providers.
- Outcomes must be measured, and against these performance measures, by an objective party.
- The state must recognize and provide accordingly that some of the patients present complex symptomology that requires long-term services that may not be appropriate for an acute care model. Provisions must be made to insure these patients receive services of an intensity, comprehensiveness, and duration that are appropriate for their needs.
- The state must define the population of persons who would be eligible for services in the private sector. Such definitions should be consistent with the Illinois Mental Health Code and should, at a minimum, include (a) persons who are uninsured and without financial means to pay for needed services; (b) patients who meet a DSM IV diagnosis of mental

illness or, if a child or adolescent, a severe emotional disturbance; and (c) exhibit functional impairment in significant life activities.

- Family involvement is critical to the success of therapy and the patient's long-term health. The services provided must include families.
- A continuum of services should be available to patients to allow for an appropriate match of needs and services. Providers, must therefore, must be able to offer a range of clinical services, including, but not limited to inpatient, partial, outpatient, and wraparound services. Where a single provider entity is unable to offer the spectrum of services a patient needs, providers should collaborate to insure such access is available.
- The state should remove existing barriers to collaboration or those which prevent flexibility in programming or training.
- The delivery of mental health services neither exists in a vacuum, nor falls under the exclusive purview and control of a single state agency. All public and private resources must be considered members of the care team to which the patient belongs. All parties must contribute to the team's success and not diminish its effectiveness (e.g. judicial system in certain parts of the state impose significant burdens on mental health patients, families, and providers who must act pursuant to law and the court's decisions.)
- Services must be culturally competent and sensitive and should respect the dignity of each patient and his/her family.

Shaping the Debate

Focusing on Critical **Illinois Health Care** Issues



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

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

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.



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 illness can touch anyone, regardless of age, gender, ethnicity or socio-economic status. It is serious and can be life threatening. It is also treatable. Unfortunately, it remains misunderstood and too often goes untreated until there is a crisis. It may be masked by homelessness, drug abuse, and absenteeism from work or school. But these sometimes invisible and often times misunderstood diseases must be treated as fully as other chronic health conditions such as heart disease, diabetes, high blood 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.



1601 Parkview Avenue
Rockford, IL 61107
815.395.5701
FAX 815.395.5706
www.rockfordhealth.org

**Rockford Health Council
Statement for Public Hearing
Re: Closure of Singer Mental Health Center
October 5, 2011**

The Rockford Health Council Board of Directors' position on the proposed closing of the Singer Mental Health Center is as follows:

- We agree with the following two statements from Phil Eaton, President/CEO of the Rosecrance Health Network

“The proposed closing of Singer Mental Health Center presents an opportunity to look at a critical need in our community and assess how we can provide appropriate and adequate acute care for individuals in psychiatric crisis who need hospitalization. In light of the State’s severe economic crisis, perhaps it is time to consider alternatives to state-run institutions. If the State is unable to provide appropriate and adequate community-based care, we must find another way to provide critical services to individuals with mental health emergencies in need of immediate hospitalization.”

“Absent alternatives such as private hospitalization close to home and improved access to state hospitals in other cities (not a preferred option), closing Singer will have a significant impact on a vulnerable population, their families and this community.”

- Further, three new Illinois state laws mandate that significant improvements in the treatment of mental health and substance abuse patients is necessary:
 - Public Act 97-0438 was amended by House Bill 2084 to creates the Mental Health and Developmental Disabilities Services Strategic Planning Task Force which now requires the development of a comprehensive strategic plan for the state’s mental health and developmental disabilities services; and
 - The new Regional Integrated Behavioral Health Networks Act creates a process for improving access to mental health and substance abuse services; and
 - Public Act 97-0439 requires counties without mental health advisory boards to establish same. Winnebago County is so required.
- Shutting Singer without an alternative would be tantamount to an abandonment of the State’s duties to mental health patients and the communities it serves.

Mission: *The Rockford Health Council exists to build and improve community health in our region through education, action, and advocacy.*

Local Impact of Closing Singer Mental Health Center

The Singer Mental Health Center is a critical partner in addressing community issues. Our community has a significant percentage of individuals who struggle with mental health issues, many of them without the financial resources to address them through private means. In July, 38% (240 individuals) of all homeless persons in the Rockford area counted in the bi-annual point in time count self reported that they had been told that they had a serious mental illness. Without appropriate treatment these individuals end up in the jail system and in the emergency rooms of our community. Mental health services are not effectively provided this way, doing a disservice to those with mental illness and are also cost prohibitive delivered in this manner.

People with severe mental illness need access to treatment, rehabilitation and support within the community. These services can be provided through a variety of social, health and mental health agencies. Singer plays a key role in this continuum, especially since Community mental health services have been severely cut and weakened as a result of state budget cuts over the past five years. Singer actively develops and partners with other agencies regarding discharge planning.

Other factors to consider;

Over the past 60 years, the number of state psychiatric hospital beds in Illinois has fallen from 35,000 to 1,300, despite a doubling of the state's population during that same time.

Illinois is eighth in the nation in the percentage of budget cuts to state mental health programs and services

Jails and prisons have become the "de facto" institutions of weak mental health systems and services. Cook County Jail already houses more psychiatric patients than all state operated psychiatric hospitals combined. The percentage of mentally ill people in the Winnebago County jail is high enough that the jail contracts for mental health services as part of it's operating budget.

George Davis
City of Rockford

Varner, Ben

From: Brian Channel <blchan1@hotmail.com>
Sent: Thursday, October 06, 2011 11:00 AM
To: facilityclosure
Subject: closures

I am writing to support the workers and patients who would be affected by the closure of facilities such as Singer. These facilities and their programs are vital to many people in our area who need and receive treatment for various mental health issues.

To close these facilities in order to balance a budget or bring spending under control is patently absurd. There are other ways to do that and this is not one of them. I find it extremely objectionable that closing these facilities would even be seriously considered.

Not only are more local people out of work if this happens, but the people who need the care provided by Singer and other facilities like it will be "left out in the cold" and unable to receive the treatment and help they need.

Please, for the sake of the workers and for those they take care of, find other ways to save money. Closing these facilities would be a huge detriment to the workers and those who need treatment for mental health issues.

Sincerely,

Rev. Brian Channel
Durand United Methodist Church
Durand, IL

Proponents
Record of Appearance



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: David Vaught

Title: Director, Governor's office of Management & Budget

Firm / Business or Agency: Gov Pat Quinn

Address: 1135 Gateshead Drive City: Naperville State: IL Zip: 60564

Email: David.Vaught@illinois.gov

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Mary L. Iff

Title: Retired Nurse

Firm / Business or Agency: _____

Address: 1935 Wisteria Rd. City: Rfd. State: IL Zip: 61107

Email: _____

POSITION: Proponent Opponent No Position
close

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Dominic Castanza

Title: Business Manager Local 32 Laborer's

Firm / Business or Agency: laborer's local 32

Address: 4477 Linden RD City: Rockford State: IL Zip: 61109

Email: linna32dc@frontier.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Ellen Goldsworthy

Title: RN

Firm / Business or Agency: Swedish American Hospital

Address: 1401 E State St. City: Rockford State: IL Zip: 61104

Email: egoldsworthy@swedishamerican.org

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Opponents Record of Appearance



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Christy Green, MSW, LSW, QMHP

Title: Licensed Social Worker

Firm / Business or Agency: _____

Address: 7721 Orion St. City: Loves Park State: IL Zip: 61111

Email: cgreen333@

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

As a clinician who works w/ individuals who have plagued w/ severe and chronic mental illness, it is my experience that the clients I serve have not been adequately treated or even successfully placed by community or private sector facilities. Many of the clients served by Singer and other state facilities are the only institutions which care for and treat for a period of time long enough to stabilize my clients. I had one client who was discharged after a week at Glen Oaks hospital, 4 hours after discharged, she was picked up in a catatonic state, by police in the middle of N. Main street. That night, this client was admitted to Singer for a 3 week stay, which was long enough to stabilize client on a med regime which she & her clinician's could maintain. When discharged from Glen Oaks, this client was discharged w/ over six meds, each taken a various daily dosages, some once a day, some many times a day. A regime which was impossible to self administer.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: REV. JIM ROBERTS

Title: RETIRED PASTOR OF EMMANUEL LUTHERAN CHURCH

Firm / Business or Agency: _____

Address: 401 PARIS AV. City: ROCKFORD State: IL Zip: 61107

Email: JAROB 401 @ AOL.COM

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

I WAS^A CHAPLAIN OF ELGIN STATE HOSPITAL IN LATE 1960'S. THE PATIENTS THERE HAD NO OTHER PLACE TO GO. IT WAS NOT WHAT I WOULD CALL A HEALING PLACE, BUT A PLACE WHERE PEOPLE WERE MEDICATED AND KEPT SAFE.

WHEN THE STATE FOCUSED ON LOCAL MENTAL HEALTH CARE, PEOPLE WITH MENTAL ILLNESSES DEPENDED ON PLACES LIKE SINGER.

WHEN I WAS PASTOR 1973-2009 OF EMMANUEL LUTHERAN CHURCH WE HAD A SOUP KITCHEN, FOOD PANTRY, CLOTHES CLOSET, EMERGENCY HOUSING, AND HALF-WAY HOUSE FOR DRUG RECOVERY. IN ALL THESE PLACES THERE WERE PEOPLE WHO DEPENDED ON SINGER FOR GUIDANCE, SUPPORT, AND MEDICATION.

THEY WERE SURVIVING, BARELY, IN THE COMMUNITY BECAUSE OF THESE PROGRAMS AND ESPECIALLY SINGER. CLOSING SINGER WOULD BE AN HUGE BURDEN UPON THESE STRUGGLING & POOR PEOPLE. THESE ARE PEOPLE THAT DON'T HAVE INSURANCE AND THEY WILL HAVE A VERY HARD TIME FINDING SERVICES IN OTHER FACILITIES. I'M CONCERNED ABOUT THESE PEOPLE WHO HAVE LITTLE MONEY, AND LITTLE CHANCE TO BE A FORCE OR HAVE A VOICE ON THEIR OWN BEHALF.

(OVER)



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name:

Kathleen Ryan Napier

Title:

E 911 DISPATCHER

Firm / Business or Agency:

Address:

435 W MADISON

City:

Belvidere

State:

IL

Zip:

61005

Email:

KNAP435@yahoo.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

As a parent, spouse of a family member who are challenged with mental health disorders and as a community member who already sees too many people who walk the streets without shelter & medications due to lack of mental health services in their life, this would truly be a tragedy to close SINCERELY.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Hannah Meacham

Title: Teacher

Firm / Business or Agency: _____

Address: 3529 Inglenook Ln City: Rockford State: IL Zip: 61114

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Where will all of the people go?
It will cost more to close it ~~than~~ to and
more than than to keep it open
what about the employees?



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Rhea J. Hoyt

Title: Retired Teacher

Firm / Business or Agency: _____

Address: 4715 Stonegate Pl City: Rhyl State: IL Zip: 61108

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Where will the clients go?



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Mary Bennett

Title: MHT 2

Firm / Business or Agency: Singer MHC

Address: 4402 N. MAIN ST City: Rockford State: IL Zip: 61103

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Closure of Singer would be devastating to our community. Clients that are served will unfairly be ~~traveled to~~ ^{sent to} centers that will take them out of area.

Loss of jobs will have an impact on economics in this area. Perhaps causing further need for mental health funding.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Christopher Arbisi

Title: Mental Health Technician

Firm / Business or Agency: Singer Mental Health Center D.H.S.

Address: 6724 Rydberg Rd City: Rockland State: IL Zip: 61109

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS: If Singer closes.

Best of Luck with:

over crowded shelters
over crowded E.R.s.
officers transporting persons in crisis to the Chicago area
over crowded jails

increase in crime,

I'll just be another state unemployment statistic.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Dick Doughty

Title: Concerned voter

Firm / Business or Agency: Citizen

Address: 6724 Rydberg Rd City: Rockford State: IL Zip: 61109

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Closing Singer would be only a Detrement
to Rockford. Loss of jobs, ~~loss~~ loss of Revenue,
& a major Disturbance to Patience.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Stanley Campbell
Title: executive director Rockford Urban Ministries
Firm / Business or Agency: Rockford Urban Ministries
Address: 201 - 7th St City: Rockford State: IL Zip: 61104
Email: rockfoururbanmin@aol.com

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

WRITTEN COMMENTS:

Please keep Singer open.
As a community activist I see the many people served by Singer who use it as a life line. If Singer closes I would be forced to refer people to the local State Senator's office - which I believe is Sen. Syverson. Please keep Singer open!
Stanley Campbell



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

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10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: DOUGLAS D. BOWDEN

Title: PASTOR

Firm / Business or Agency: BETH EDEW UNITED METHODIST CHURCH

Address: 3201 HUFFMAN BLVD City: ROCKFORD State: IL Zip: 611032941

Email: BETH EDEW @ UTRCP.ORG

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

BETH EDEW UNITED METHODIST CHURCH

SHARES PARTNERSHIP WITH SINGER

MENTAL HEALTH CENTER TO CARE

FOR "PEOPLE OF GOD" NEEDING

MENTAL HEALTH RESIDENTIAL CARE.

SO, WE ASK & APPEAL THAT

SINGER MENTAL HEALTH CENTER

REMAIN OPEN TO HELP PEOPLE IN REAL NEED



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Matt Hoffman

Title: Social Worker

Firm / Business or Agency: Singer Mental Health Center

Address: 143 S Maple Ave City: Byron State: IL Zip: 61010

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

I urge you to keep our human services fully funded. These agencies are an essential safety net for our communities. We serve thousands of Illinoisians who have little political voice and are the hardest hit by these difficult economic times. The services we provide are needed more than ever.

Thank you.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Tia Turner

Title: SSW

Firm / Business or Agency: _____

Address: 1519 Quincy St City: Rockford State: IL Zip: 61103

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Closing Singer Mental Health Center
will be have a negative impact on the
rockford area community.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Jean Morrow

Title: Past President NAMI

Firm / Business or Agency: NAMI in Illinois

Address: 8546 Terry Rd City: Rockford State: IL Zip: 61108

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

We cannot lose any more crisis beds. The current number needs to be maintain. A plan needs to be presented to make this happen.



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Erica Carabelli

Title: RN

Firm / Business or Agency: SMHC

Address: 13175 Keelson Dr City: Richton State: IL Zip: 61072

Email: KB00D0653@AOL.COM

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Benazir Chhotani

Title: _____

Firm / Business or Agency: _____

Address: 913 N. main st. Apt. #101 City: Rockford State: IL Zip: 60567

Email: bchhotani2@uic.edu

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Rebecca Sorenson

Title: U of I Medical Student

Firm / Business or Agency: _____

Address: 1601 Parkview City: Rockford State: IL Zip: 61107

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Greg Parker
Title: Behavioral Therapist
Firm / Business or Agency: Swedish American Hospital - Center For Mental Health
Address: 1401 E. State Street City: Rockford State: IL Zip: 61104
Email: gparker@swedishamerican.org

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Mike Butterworth

Title: Employee

Firm / Business or Agency: Singer MHC

Address: 253 Rose Ave City: Love Spoke State: IL Zip: 61111

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Faye A Edlund

Title: Social Worker

Firm / Business or Agency: Singer

Address: 2873 Blue Oaks City: Rockford State: IL Zip: 61102

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Joe Grebener

Title: Water Plant Well operator

Firm / Business or Agency: ALSCME 1058 / City of Rockford Public Works

Address: _____ City: _____ State: _____ Zip: _____

Email: joegreb@comcast.net

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name:

DAVID GREENE

Title:

WATER DEPT.

Firm / Business or Agency:

Address: 2018 15TH AVE City: ROCKFORD State: IL Zip: 61104

Email:

GREENE6@COMCAST.NET

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name:

KATHLEEN E. SIMPSON

Title:

MHT II

Firm / Business or Agency:

Singer Mental Health Cent.

Address:

4402 N. Main St

City:

PK Rd

State:

IL

Zip:

61105

Email:

MSKATTALE2000@yahoo.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: FRANCES WEBB

Title: RN II

Firm / Business or Agency: SINGER MENTAL HEALTH

Address: 173 MICLIE CR. City: SYCAMORE State: IL Zip: 60178

Email: fran1733@yahoo.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Shelia Ayres

Title: Mental Health Tech #

Firm / Business or Agency: Howard Douglas mental Health Center

Address: 4402 North Main Street City: Rockford State: IL Zip: 61103

Email: Shelia.Ayres@yahoo.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS: My address is 3219 Gilbert Ave. Apartment 8
Rockford, IL. 61101



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Felicitas V Lewis
Title: MENTAL HEALTH ~~ADVOCATE~~ Technician II
Firm / Business or Agency: Singer Mental Health Center
Address: _____ City: _____ State: _____ Zip: _____
Email: felylop@aol.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Michael Edlund

Title: Dir. Rehab Services (retired)

Firm / Business or Agency: Singer MHC

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name:

DENNIS HOSANG

Title:

Firm / Business or Agency:

Address: 2117 MONTANA AVE City: ROCKFORD State: IL Zip: 61108

Email:

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: NEIL SARDESAI

Title: MEDICAL STUDENT

Firm / Business or Agency: UIC - College of Medicine

Address: 6532 SPRING BROOK RD #210 City: ROCKFORD State: IL Zip: 61114

Email: nsarde2@uic.edu

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name:

MARVIN LINDSEY

Title:

Firm / Business or Agency:

Community Behavioral Health Care Assoc. of IL

Address:

3085 Stevenson

City:

Springfield

State:

IL

Zip:

62703

Email:

mlindsey@cbha.net

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name:

Sydon Wiggat

Title:

Mental Health Recovery Support Specialist

Firm / Business or Agency:

IOHS - DMH

Address:

1806 S. 6th St.

City:

Rockford

State:

IL

Zip:

61104

Email:

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: LORA THOMAS

Title: Executive Director

Firm / Business or Agency: NAMI Illinois

Address: 218 W. Lawrence City: Springfield State: IL Zip: 62704

Email: thomas.lora@sbeglobal.net

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Deanna Lamm

Title: Support service worker

Firm / Business or Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: H. Douglas Singer Mental Health Center

IDENTIFICATION:

Name: Morgan Mchalek

Title: _____

Firm / Business or Agency: UIC COP

Address: 321 W. Jefferson St. APT 4 City: Rockford State: IL Zip: 61101

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

10/5/11

SUBJECT MATTER: **H. Douglas Singer Mental Health Center**

IDENTIFICATION:

Name: Kate Elliot

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Roscoe State: IL Zip: 61073

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS: