# <u>Tinley Park Mental Health</u> <u>Center</u>

Written Testimony and Records of Appearance for 11/1/2011 meeting



#### ALL MENTAL HEALTH FACILITIES

#### Admissions/Triages Count By Admitting Facility

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

-	Admitting Facility	Total Count	Admissions Count	Triages Count
14	TINLEY PARK M.H.C.	2,033	1,902	131
19	ALTON M.H.C.	190	188	2
29	CLYDE L. CHOATE M.H.C.	294	294	0
39	CHICAGO READ M.H.C.	1,365	1,365	0
44	H. DOUGLAS SINGER M.H.C.	807	794	13
54	JOHN J. MADDEN M.H.C.	4,028	3,673	355
59	ELGIN M.H.C.	1,156	1,156	0
66	CHESTER M.H.C.	178	178	0
74	ANDREW MCFARLAND M.H.C.	722	722	0
	GRAND TOTALS:	10,773	10,272	501

Capitol Office: 119B Capitol Building Springfield, Illinois 62706 217/782-9537 FAX: 217-557-3930 ejones@senatedem.ilga.gov

District Office: 507 West 111th St. Chicago, Illinois 60628 773/995-7748 FAX: 773/995-9061 ejones3@senatedem.ilga.gov





EMIL JONES, III

STATE SENATOR • 14TH DISTRICT November 3, 2011 Committees: Licensed Activities - Vice Chairperson Redistricting Transportation Energy State Government & Veterans Affairs

Secretary Senate Black Caucus

## Honorable Members of the Commission on Government Forecasting and Accountability:

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

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

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

Governor Quinn proposes that closing this facility would assist our State in closing the \$313 million in budgetary shortcomings. However, numbers aside, if we want to get the Illinois economy on the path towards recovery, closing a facility that houses individuals with acute mental illness is not the solution. Closing this facility would dramatically alter revenues to the local economy. Closing this facility would result in more layoffs. Closing this facility is just not the answer, and it is not the right thing to do during the aftermath of a great recession.

In conclusion, tough decisions are a necessary evil due to the increasing budget shortfall and the inability of the State to pay its bills in a timely manner. But shuttering the Tinley Park Medical Center will only put a temporary band-aid on the problem, and will cause Illinoisans already hit hard by job loss to suffer more. In order for our state to have a strong recovery, we need to continue to work collectively towards job creation and finding responsible ways to trim out frivolous expenses. Closing this facility and placing the burden solely on our most vulnerable citizens is not the answer.

Sincerely,

Sil fonto

Emil Jones, III State Senator – 14<sup>th</sup> District

Behavioral Health Services Linkage Case Management 5825 W. Belmont Avenue Chicago, Illinois 60634 773.745.9870 773.745.9892 Fax



November 1, 2011

**Honorable Members of COGFA** 

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

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

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

Since that time, under admitted budgetary pressures, the plan has changed from modernizing to closure. During the FY 11, Tinley treated nearly 2,000 patients, a number that has steadily increased over the past several years. Where will these patients in need of acute care go? What will happen if Chicago Read is converted to extended-care, as planned? Madden MHC will be the only alternative for uninsured patients north of I-80. Currently, Madden is frequently full. Behavioral Health Services Linkage Case Management 5825 W. Belmont Avenue Chicago, Illinois 60634 773.745.9870 773.745.9892 Fax

### Lutheran Social Services of Illinois

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

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





1621 Theodore Street • Joliet, IL 60435 (815) 744-4555 • Fax (815) 744-4670 www.steppingstonestreatment.com

Testimony to the Commission on Government Forecasting and Accountability

> Submitted by Peter McLenighan Executive Director Stepping Stones, Inc.

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

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

Stepping Stones will continue to provide Inpatient Sub acute, Residential, and Outpatient treatment services for persons with a mental health related diagnosis. In FY11:

- 49% (350 of 715) reported previous psychiatric treatment.
- 21 of these 350 people reported previous treatment at TPMHC.
- The most frequently reported diagnosis was depression followed by bi polar.



DHS Office of Alcoholism and Substance Abuse However, the following is offered to clarify Stepping Stones' limitations in responding to the proposed closure of TPMHC.

1 Stepping Stones is <u>currently operating at capacity and has long waiting lists</u> <u>and waiting periods for admission</u>. On average, there were 176 people waiting for an assessment, and another 44 assessed and waiting for admission to treatment in PY11. From the time of initial contact to admission for persons without insurance and not a "priority" as designated by the State was:

Intensive Residential Treatment	67	72 days	
Intensive Outpatient Treatment	a U	52 days	
Outpatient Counseling	8 <u>,</u>	23 days	

- 2 Licensed services are limited to persons whose primary diagnosis is a substance use disorder.
- 3 <u>Admission is limited to persons who can be safely and treated in non-locked</u> <u>facilities</u>, which disqualifies persons who are currently a danger to themselves or others or who are otherwise not currently psychiatrically stable.
- Finally, I thank the Commissioners for their leadership and service regarding this important issue.

Peter McLenighan



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

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

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

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

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

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

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

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



105 West Adams, Suite 1420, Chicago, Illinois 60603

Education, Advocacy & Political Action 911 South Second Street, Springfield, Illinois 62704

Closure of Tinley Park Mental Health Center

The Illinois Nurses Association and its 27 RNs are opposed to this closure.

The effects it will have one the residents is one that could cause most of them to become homeless in the community setting. I see them everyday and so have you. They are the ones walking around pushing the shopping carts with every thing they own, or standing on the street corner talking to themselves why? Because they don't do community based treatment programs. They get released from a facility, and then they are given scripts for their medication and told where the out patent mental health clinic is and they then are on their own. Some end up back into DHS do to the patient inability to cope with the normal day to day stressors or forget to take their medication. This in turn causes them to relapse and they end up in the over crowded Emergency rooms and are either sent back to a state facility or the jails.

In closing this facility the patient will have further to travel for State services, like Madden, Chicago Reed or Mc Farland Mental health Center.

Finally we know the real reason for this closure is for the state to sell the land to the City of Tinley Park as it did when DHS closed Howe. The state never maintained the facility or even hired anymore staff when Howe closed.

Thank you. Henry Felts R.N. Staff Specialist Illinois Nurses Association



Joel K. Johnson, M.Ed. President and CEO

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The Eymbol of Qualit,



#### Human Resources Development Institute, Inc.

222 South Jefferson Street \* Chicago, Illinois 60661 Tel. (312) 441-9009 \* FAX: (312) 441-9019 http://www.hrdi.org

October, 31, 2011

VIA Email: facilityclosure@ilga.gov

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

RE: Closing of Tinley Park Mental Health Center

To Whom It May Concern:

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

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

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

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

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

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

Sincerely,

el K. Johnson, M.

Advocate South Suburban Hospital

17800 South Kedzle Avenue || Hazel Crest, IL 60429 || T 708,799,8000 || advocatehealth.com

November 1, 2011

Dear Sen. Jeffrey Schoenberg and Rep. Patti Bellock,

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

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

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

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

While these mentally ill patients are here on these extended stays, we are not prepared and staffed to effectively advance their care. We can do very little for these patients in our emergency departments. Yet the increasing responsibility of boarding them strains our ability to care for the patients that we are licensed and able to best serve.

For example, just recently, the Advocate South Suburban Hospital emergency department was holding six mentally ill patients waiting to be transferred to a licensed mental health facility (Tinley Park). This was the highest census of mentally ill patients that we have seen in our emergency department. Unfortunately, these numbers will only rise in the wake closing Tinley Park. Our concern is that if we get several stroke or heart attack victims while we are boarding large numbers of mental health patients, it will severely compromise the care we are able to provide.

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

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

Sincerely,

Michael Euspelie Michael Englehart

President Advocate South Suburban Hospital

#### Testimony Regarding the Impact on Will County of the Proposed Closure of Tinley Park Mental Health Center

#### October 26, 2011

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

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

Joseph E. Troiani, Ph.D., CADC Director of Behavioral Health Programs Will County Health Department Midwestern Consortion Division of Survey and Certification

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March 25, 2009 (Via Certified Maß)

Thomas J. Monahap Hospital Administrator Tinley Park Mental Health Center 2400 West 183<sup>rd</sup> Street Tinley Park, filinois 60477-3695

#### Subject: Priority exception request for Tinley Park Mental Health Center

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

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

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

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

The information you provided does not demonstrate that the beneficiaries in Cook County and Will County would suffer serious, adverse health care access consequences should this psychiatric hospital not become Medicare certified. Our records indicate that there are an existing 1,186 Medicare certified psychiatric health in Cook County and Will County. Therefore, there does not appear to be a lack of access to psychiatric services in the Cook County and Will County area. However, we will add your request to the CMS queue of providers awaiting survey for the current fiscal year. The survey will be contingent upon the accomplishment of the required recertification workload noted above.

233 North Michigan Avenue Soite 600 Chicago, Illinois 60501-5519

Richard Bolling Federal Building 601 East 12<sup>th</sup> Street, Room 235 Kansas City, Missoori 64166-2808 Page 2 Thomas J. Monahan

If you need further assistance, you may contact Heather Lang in the Chicago office at (312) 885-5208.

Sincerely,

, Toqueline Lamo

/Jacqueline Lewis Acting Branch Manager Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health

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

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

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

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

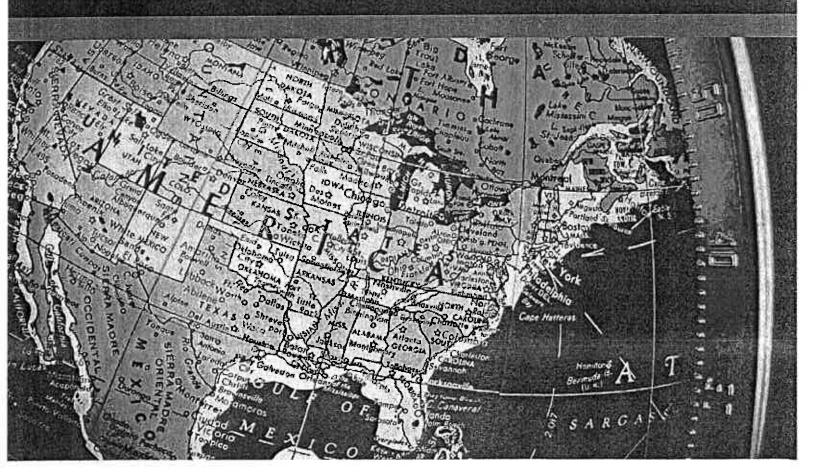
# Mational Alliance on Mental Illness

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# State Mental Health Cuts: A National Crisis

A report by the National Alliance on Mental Illness

March 2011





National Alliance on Mental Illness Find Help. Find Hope

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

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

#### State Mental Health Cuts: A National Crisis

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

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

One in 17 people in America lives with a serious mental illnesses such as schizophrenia, major depression, or bipolar disorder.<sup>1</sup> About one in 10 children live with a serious mental disorder.<sup>2</sup>

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

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

-Individual living with mental illness

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

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

I National Institute of Mental Health, "The Numbers Count – Mental Disorders in America." www.nimh.nih.gov/publicat/numbers.cfm.

<sup>2</sup> U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General, Rockville, Md., 1999, PP408-409, 411.

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

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

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

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

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

#### FUNDING OF MENTAL HEALTH SERVICES

The two largest sources of state support for mental health services are Medicaid (46 percent in 2007), a joint federal-state program, and state general funds administered by state mental health authorities, (40 percent in 2007.)<sup>3</sup>

Two features mark the current budget crisis:

- Many states have significantly cut non-Medicaid mental health funding from 2009 to 2011, with deeper cuts projected in 2012.
- Enhanced federal funding of Medicaid in response to the recession will expire in June 2011, causing significant reductions in federal support for this important program. In response, many states are proposing changes that will further erode vital treatment and support for mental illness.<sup>4</sup>

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

<sup>3</sup> Lutterman, T., "The Impact of the State Fiscal Crisis on State Mental Health Systems: Fall 2010 Update," NASMHPD Research Institute, Inc., Oct. 12, 2010, Slide 46, http://www.nri-inc.org/reports\_pubs/2010/ImpactOfStateFiscalCrisisOnMentalHealthSystems\_Fall\_2010\_ NRI\_Study.pdf

<sup>4</sup> K. Sacks and R. Pear, "States Consider Medicaid Cuts as Use Grows", New York Times, Feb. 18, 2010,

<sup>2</sup> State Hental Health Curr: A National Crisis

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

#### THE PRICE WE PAY: STATE MENTAL HEALTH CUTS

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

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

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

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

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

California	\$587.4 million	Ohio	\$57.7 million
New York	\$132 million	Alaska	\$47.9 million
Illinois	\$113.7 million	Washington, D.C	. \$44.2 million
Arizona	\$108.4 million	South Carolina	\$40.5 million
Massachusetts	\$63.5 million	Nevada	\$39.2 million

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

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

Alaska	35%	Kansas	16%
South Carolina	23%	California	16%
Arizona	23%	Illinois	15%
Washington, D.C.	19%	Mississippi	15%
Nevada	17%	Hawaii	12.1%

A Report by the National Alliance on Mental Illness 3

A complete alphabetical chart of state-by-state changes to general funding of mental health services can be found in Appendix I. A complete chart of state-by-state changes ranked by percentage of cuts can be found in Appendix II.

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

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

A grandparent

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

It is well documented that even prior to the economic recession, more than one-half of people living with serious mental illness received no services in the previous year.<sup>5</sup> It is very likely that the significant cuts that have occurred in a number of states have further diminished access to needed services.

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

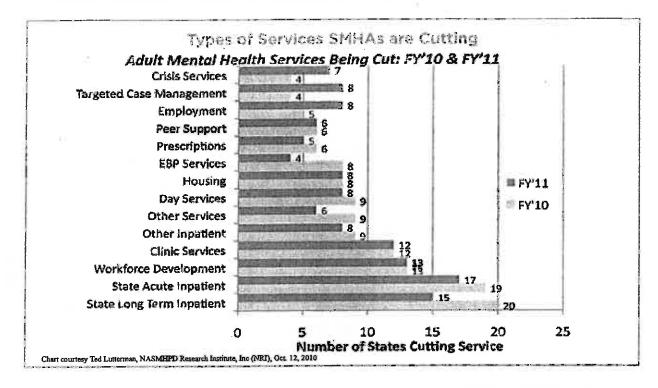
- Ohio once had one of the top mental health systems in the country. Today, after several years of significant budget cuts, thousands of youth and adults living with serious mental illness are unable to access care in the community and are ending up either on the streets or in far more expensive settings, such as hospitals and jails.<sup>6</sup>
- After three years of budget cuts totaling \$113.7 million, Illinois' community mental health system is in shambles. According to Christopher Larrison, professor of social work at the University of Illinois, these cuts in mental health funding, on top of already inadequate funding, has led to the "decimation" of community mental health services, particularly

4 State Mental Health Cuts: A National Crisis

<sup>5</sup> R.C. Kessler et al., "Prevalence and Treatment of Mental Disorder: 1990 to 2003," New England Journal of Medicine, 352 (2005) 2515.

<sup>6</sup> C. Candisky, "Ohio's Mental-Health System Falls Far Short, Report Finds", Columbus Dispatch, Jan. 26, 2011, www.dispatch.com/live/content/local\_news/stories/2011/01/26/ohio-mental-health-system-badly-flawed-report-says.html?sid=101

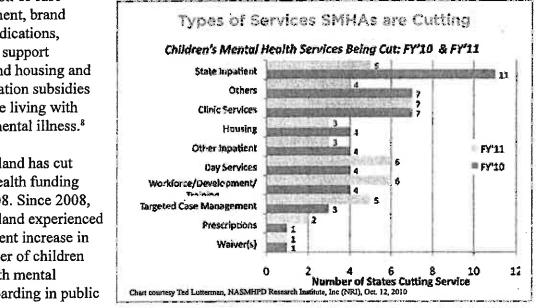
in the rural southern part of the state. "Imagine a small rural community where there are people with schizophrenia left untreated," said Larrison. "If you dry up the services, then the hospital emergency rooms and police, who are also at the breaking point, will have to deal with an increasing number of people suffering from untreated mental illness."7



Arizona cut \$108.4 million from its mental health budget between 2009 and 2011, reducing services to about 14,000 Arizona citizens living with mental illness and resulting in the

elimination of case management, brand name medications, access to support groups and housing and transportation subsidies for people living with serious mental illness.8

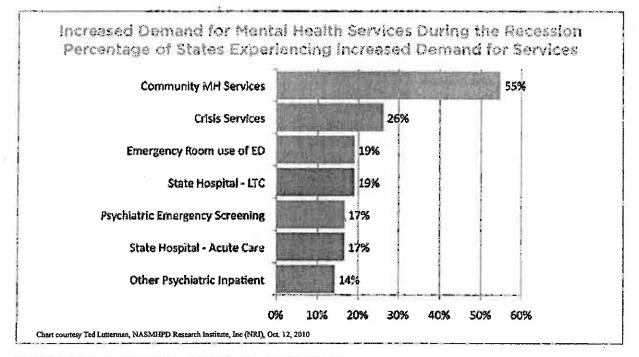
Rhode Island has cut mental health funding since 2008. Since 2008, Rhode Island experienced a 65 percent increase in the number of children living with mental illness boarding in public



P. Ciciore, "State Cuts to Community Mental Health Services Continues Disturbing Trend," News Bureau, Illinois, Aug. 5, 2010, 7 http://news.illinois.edu/news/10/0805mentalhealthcuts.html

N. Santa Cruz and A. Powers, "Mental Health in Arizona: A Case Study," Los Angeles Times, Jan. 19, 2011, http://articles.latimes. com/2011/jan/19/nation/la-na-arizona-mental-health-20110120; H. Clarke Romans, Video Interview on Democracy Now, Jan. 11, 2011. hospital emergency rooms, with no place to go for treatment.

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



#### WHAT SERVICES ARE BEING CUT?

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

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

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

6 State Montal Health Cuts: A National Crisis

<sup>9</sup> Lutterman, T., Id., slide 23.

<sup>10</sup> Lutterman, Id., slides 21 and 22.

In many states, critical safety net services for youth and adults living with mental illness have either already been eliminated or are threatened for elimination. For example:

- In October 2010, the Governor of Washington announced across the board cuts of \$17.7 million in state mental health funding for 2011 and 2012. These cuts will reduce the availability of crisis and involuntary commitment services as well as outpatient and medication monitoring services. The cuts will also force additional closures or downsizing of inpatient psychiatric treatment facilities.<sup>11</sup>
- Kansas has cut \$19 million in state mental health funding since 2008. As a consequence of
  these cuts, nine of Kansas' 27 Community Mental Health Centers are experiencing deficits
  and are in jeopardy of being closed. Most of these Centers serve rural areas of the state. This
  year, the Governor's budget proposes an additional \$15 million in cuts, which would primarily
  impact services for uninsured children and adults living with serious mental illness.<sup>12</sup>
- The budget recently introduced by Texas legislators proposes a decrease of about 20 percent in funding to outpatient mental health services for children and adults. If implemented, this will mean that Bluebonnet Trails Community Services, which provided mental health care to about 10,400 people in eight central Texas counties in 2010, will lose funding for about 2,800 of these youth and adults. Bill Gilstrap, a 53-year-old welder with bipolar disorder, has been receiving services from Bluebonnet Trails since 1997. "I'm a taxpayer, and I have a real sense of belonging in the community, " Gilstrap said. "The stark reality of my situation is that if I wasn't getting quality outpatient services, I'd be in a psychiatric hospital or I'd be in jail."<sup>13</sup>
- In Tennessee, \$15 million in cuts have been proposed to the state's public mental health and alcohol and drug abuse authority. If implemented, these cuts will result in the closure of community mental health programs, alcohol and drug abuse treatment facilities and peer support centers.<sup>14</sup>

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

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains data on numbers of people living with mental illness served in inpatient and outpatient settings on its Uniform Reporting System (URS) database. Eleven states reported reductions in numbers of people served in **both** inpatient settings and community services between the years 2007 and 2009. Those states are Alabama, Alaska, California, Idaho, Illinois, Nebraska, New Jersey, New Mexico, North Carolina, Virginia and Wyoming.<sup>15</sup>

J. Roszak, "My Turn: Can we Afford Mental Health Cuts?" Kitsap Sun, www.kitsapsun.com/news2011/jan28/my-turn-can-we-afford-mental-health-cuts/

<sup>12</sup> K. Conner, "Mental Health Advocates DeCry Cuts", Hays Daily News, 2/8/2011, http://www.hdnews.net/Story/mentalhealth020811

<sup>13</sup> A. Ball, "Mental Health Center Faces Big Cuts in State Budget", Austin American Statesman, Jan. 25, 2011, www.statesman.com/news/texas-politics/mental-health-centers-face-big-cuts-in-state-1209770.html

<sup>14</sup> E. Schelzig, "Tennessee Agency Head Likens Budget Cuts to Amputation," MSNBC.com, 2/2/2011, www.msnbc.msn.com/id/41396321/ns/health-mental\_health/

<sup>15</sup> www.samhsa.gov/datoutcomes/urs

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

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

Months turned into years. He was homeless, desperate for food and still refused to accept treatment. Even when he was involuntarily ordered to a hospital, he was not held long enough to stabilize. Many times, he would threaten suicide, as if it was the only option he had left.

—A mother

#### INCREASED BURDENS ON LAW ENFORCEMENT

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

- In Nevada, a 12.4 percent reduction has been proposed for mental health funding in the state budget. If implemented, this would reduce the number of youth and adults receiving outpatient mental health services to 2,765 from 4,075. Clark County (Las Vegas) District Judge Jackie Glass, whose Mental Health Court would lose all funding, as would the Mental Health Court in Washoe County (Reno), told legislators that rather than save costs, cuts of this magnitude will lead to increased costs. "You are either going to pay less now, or more later", Judge Glass stated. "You will see...people (who lose mental health services) ending up in prison, jails, emergency rooms, homeless, harassing tourists and breaking into homes."<sup>17</sup>
- In Sacramento County, Calif., U.S. District Court Judge John A. Mendez blocked the County from cutting mental health services as a way to balance the budget. The Judge found that the county's plan to balance the budget by cutting mental health services to thousands of individuals would cause "catastrophic harm" and violate the Americans with Disabilities Act (ADA), resulting in potentially high litigation costs for the county.<sup>18</sup>

<sup>16</sup> M. Levenson, "Mental Health Workers DeCry Planned Cuts", Boston Globe, Feb. 11, 2011, www.boston.com/news/local/massachusetts/articles/2011/02/11/mental\_health\_workers\_decry\_planned\_cuts/?page=full

<sup>17</sup> E. Vogel, "Mental Health Cuts Opposed", Las Vegas Review Journal, Feb. 2, 2011, www.lvrj.com/news/mental-health-cuts-opposed-115087449.html

<sup>18</sup> C. Hubert and D. Walsh, "Sacramento County Mental Health Cuts Blocked by Federal Judge," Sacramento Bee, July 22, 2010,

 In Oklahoma, calls to the police involving psychiatric emergencies have increased 50 percent. Stacy Puckett, executive director of the Oklahoma Association of Chiefs of Police, says that "officers are traveling from one end of the state to the other and are out of their departments six, eight, 10 hours at a time" to try to find psychiatric beds for those who need them.<sup>19</sup>

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

A brother

#### THE THREAT TO MEDICAID

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

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

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

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

A Report by the National Alliance on Montal Illness 9

www.disabilityrightsca.org/news/2010\_newsaboutus/2010-7-22-sacbee.htm

<sup>19</sup> K. Zezima, "State Cuts Put Officers on Front Lines of Mental Care," New York Times, Dec. 4, 2010, www.nytimes.com/2010/12/05/us/05mental.html

<sup>20</sup> Kaiser Commission on Medicaid and the Uninsured, "State Financial Conditions and Medicaid" October 2010 update, www.kff.org/medicaid/upload/7580.07.pdf, p.2.

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

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

- --- Parents of a man living with schizophrenin.

#### HOLDING THE LINE

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

- In Georgia, responding to the settlement of a civil rights lawsuit focused on horrific conditions in psychiatric hospitals and the lack of community services, governor Nathan Deal's proposed budget for fiscal year 2012 recommends an increase of \$35,650,039 in general fund dollars for mental health services for children and adults. The increase would go for expanding community-based services, such as supportive housing, assertive community treatment and crisis intervention and stabilization services. The governor's budget proposes a decrease in funding for inpatient treatment.
- North Carolina Governor Bev Perdue recommended 2012 budget includes a \$75 million increase to North Carolina's Mental Health Trust Fund. This increase would be used to expand local inpatient hospital beds and housing programs for people living with serious mental illness, and care coordination services for people living with serious mental illness who are most at risk. Additionally, the increase would be used to develop systems of care characterized by integrated primary and behavioral health care services and integrated electronic record systems.
- Although Oklahoma Governor Mary Fallin's budget proposes cuts to all state agencies, her proposed cuts to agencies dealing with education, health and human services are lower than

in other areas, in recognition that these agencies provide vital services to the state's most vulnerable citizens. Moreover, the budget proposes additional funding for several initiatives designed to divert individuals living with mental illness and substance use disorders from incarceration into treatment, including expansion of a program facilitating mental health triage services for individuals experiencing psychiatric crises who come into contact with law enforcement.

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

#### POLICY RECOMMENDATIONS

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

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

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

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

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

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

The National Association of State Mental Health Program Directors (NASMPHD) reports that nearly 4,000 state psychiatric beds have been eliminated or are being considered for elimination, and 11 state hospitals have been closed or are being considered for closure since the economic crisis began. At the same time, community services, including crisis intervention and crisis stabilization programs have been eliminated. This, in effect, leaves few, if any options for responding to people in crisis.

History illustrates that eliminating hospital beds without appropriate community alternatives is cruel, irresponsible public policy and leads to shifting of costs to criminal justice systems and emergency departments rather than true cost savings.<sup>21</sup> The development of a strong infrastructure of community-based services will decrease the need for inpatient beds in some cases, but this infrastructure is today inadequate in most places.

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

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

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

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

#### 4. Implement mental health screening and assessment programs.

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

There have been repeated calls for early identification and screening for mental illness in children, adolescents and teenagers. These calls have come from the American Academy of Pediatrics in June 2010,<sup>22</sup> from the U.S. Preventive Services Task Force in April 2009,<sup>23</sup> from the Institute of Medicine in 2009<sup>24</sup> and from President Bush's New Freedom Commission on Mental Health in 2003.<sup>25</sup>

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

<sup>21</sup> P. Earley, Crazy: A Father's Search Through America's Mental Health Madness, New York, G.P. Putnam and Sons, 2006, p. 71.

<sup>22</sup> American Academy of Pediatrics, Task Force on Mental Health, 2010, www.aap.org/mentalhealth/

<sup>23</sup> U.S. Preventive Services Task Force, Recommendations on Screening for Depression in Children and Adolescents, March, 2009, www.uspreventiveservicestaskforce.org/uspstf/uspschdepr.htm

<sup>24</sup> Institute of Medicine, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities," National Academies Press, Washington, DC, 2009, http://books.nap.edu/openbook.php?record\_id=12480&page=R1

<sup>25</sup> President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, July 22, 2003, http://store.samhsa.gov/shin/content//SMA03-3831/SMA03-3831.pdf

#### APPENDIX I: STATE MENTAL HEALTH EXPENDITURES FY2009-FY2011 (ALPHA ORDER)

	FY2009	FY2011	Change 2009 - 2011	100	
State	(Millions)	(Millions)	(Millions)	「二番」	% Change
Alabama	\$498.7	\$511.0	\$12.3	*	2.5%
Alaska	\$137.0	\$89.1	\$47.9	7	-35.8%
Arizona	\$477.6	\$369.2	\$108.4	¥.	-22.79
Arkansas	\$71,4	\$75.6	\$4.2	A	5.9%
California	\$3,612.8	\$3,025.4	\$587.4	7	-16.39
Colorado	\$152.0	\$141.8	510.2	4	679
Connecticut	\$676.0	\$693.7	\$17.7	<u>A</u>	2.6%
Delaware	\$78.6	\$76.2	\$2.4	7	1 3.14
District of Columbia	\$231.7	\$187.5	\$44.2	*	-19.13
Florida	\$573.3	\$574.5	\$1.2	-1	0.2%
Georgia	\$393.9	\$395.9	\$2.0	A	0.5%
Hawaii	\$225.7	\$198.5	\$27.2	7	12.19
Idaho	\$46.4	\$41.1	\$5.3	Ŧ	-11.4%
Illincis	\$753.0!	\$639.3!	\$113.7	Y	-15.1%
Indiana	\$121.8	\$118.2	\$3.5	7	-3,0%
lowa	\$170.6	\$155.4	\$15,2	7	3.9% 3.9%
Kansas	\$115.4	\$96.5	\$18.9	V.	164%
Kentucky	\$177.2	\$182.6	\$5.4	Å	3.0%
Louisiana	\$415.6	\$403.8	511.8	¥	-2.3%
Maine	\$201.2	\$211.6	\$10.4	Å	5.2%
Maryland	\$653.4	\$627.2	\$26.2	¥.	Y
Massachusetts	\$685.4	\$621.9	\$63.5	7	4.6 %
Michigan	\$312.0	\$287.5	524.5	Y	9,3%
Minnesota	\$198.8	\$201.6	\$2.8		-7.9%
Mississippi	\$262.5	\$223.9		<u>A</u>	1.4%
Missouri	\$450.3	\$466.8	\$38.6	<u>v</u>	-14.7%
Montana	\$123.1	\$125.7	\$16.5	<u> </u>	3.7%
Nebraska	\$108.3		\$2.6	<u> </u>	2.1%
Vevada	\$226.0	\$113.0 \$186.81	\$4.2	<u> </u>	3.9%
New Hampshire	\$104.0		539.2	7	-47.3%
Vew Jersey	\$811.5	\$95.2	58.6	7	-3.5%
New Mexico		\$806.2	35.3	¥.	-0.7%
Vew York	\$44.5	\$43.8	\$0.9		2.6%
Vorth Carolina	\$3,732.0	\$3,600.0	5132.0	۲	-3.5%
North Dakota	\$279.4	\$337.9	\$58.5		20.9%
Ohio	\$64.1	\$67.0	\$2.9	<u> </u>	4.4%
	\$511.9	\$454.2	\$57.7	Y	-11.3%
Oklahoma	\$204.9	\$200.1	\$4.8	<u> </u>	-2.3%
Dregon	\$306.41	\$377.4	\$71.0	*	23.2%
ennsylvania	\$723.21	\$689.4	\$33.8	7	-4,7%
Rhode Island	\$84.6	\$90.9	\$6.3	_ <b>_</b>	7 4%
South Carolina	\$178,4	\$137.9	\$40.5	7	-22.7%
South Dakota	\$45,4	\$47.2	\$1.8		4 0%
ennessee	\$166.2	\$149,4	\$16.8	7	-10,1%
exas	\$923.4	\$895.8	\$27.6	Y	-3.0%
Itah	\$91.4	\$81.0	\$10.4	7	-11.4%
/ermont	\$152.1	\$156.6	\$4.5		3.0%
/irginia	\$424.3	\$385.8	\$38.5	7	-9.1%
Vashington	\$313.0	\$278.5	\$34.5	7	- 11.0%
Vest Virginia	\$142.9	\$152.4	\$9.5	A	6.6%
Visconsin	\$478.2	\$484.0	\$5.8	<b>A</b>	1 2%
Vyoming (	\$105.3	\$102.2	53.1	Y	-2.9%

Appendices 1

We have watched helplessly. The mental health system is in shreds and my son has not received follow-up or counseling. During the 35 years he has struggled with bipolar illness he has avoided hospitalization for eight years. His big [recent psychotic break] was inevitable without the staff and services of the mental health agencies.

# 5. Support programs designed to educate families, peers and the public about serious mental illness and how to respond to people living with these illnesses.

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

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

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

#### APPENDIX II: STATE MENTAL HEALTH EXPENDITURES FY2009-FY2011 (PERCENTAGE, HIGH TO LOW)

ASIL AND	CONTRACTS		Change 2009 -	ALS.S.	1 ( S + 10 ( C
「日常年の「必須度」	FY2009	FY2011	2011		「 に に い い い い い い い い い い い い い
State	(Millions)		(Millions)		% Change
Alaska	\$137.0	\$89.1	\$47.9	¥	-35.67
South Carolina	\$178,4	\$137.9	\$40.5	N. Contraction	22.79
Arizona	\$477.6	\$369.2			22.7
District of Columbia	\$231.7	\$187.5	\$44.2		-10.13
Nevada	5226.0	\$186.8		7	-17.39
Kansas	\$115.4	\$96.5	\$18.9	V	-18.4%
California	\$3,612.8	and the second se	5587.4	1	-16.38
llinois	\$753.0	\$639.3	\$113,7	¥.	15.1%
Mississippi	\$262.5	\$223.9	\$33.6	8	-14.7%
Hawali	\$225.7	\$198.5	\$27.2	and an and a state of the second s	-12.15
idaho	\$46.4	\$41.1	\$5.3	Y	-11.4%
Utah	\$91.4	\$81.0	\$10.4	Ŧ	-11,4%
Ohio	\$511.9	\$454.21	\$57.7	*	-11.3%
Washington	\$313.0	\$278.5	\$34.5		-11.6%
Tennéssée	\$166.2	\$149.4	\$16.2	Ţ	-10.1%
Massachusetts	\$685,4	\$621.9	\$63.5	The second se	-9.3%
Virgínia	\$424.3	\$385.8	\$38.5	¥	-9.1%
lowa	\$170.6	\$155.4	\$15.2	¥.	-8.9%
New Hampshire	\$104.0	\$95.2	\$8.8	2.4	-8.5%
Michigan	\$312.0	\$287.5	\$24.5	7	-7.9%
Colorado	\$152.0	\$141.8	\$10.2	Ŧ	-8.79
Pennsylvania	\$723.2	\$689.4	\$33.8	*	.4.7%
Maryland	\$653.4	\$527.2	\$26.2	¥	-4,0%
New York	\$3,732.0	\$3,600.0	\$132.0	197	3.5%
Delaware	\$78.6	\$76.2	\$2.4	W <sup>a</sup>	-3,1%
Texas	\$923.4	\$895.8)	\$27.5	¥	-3.0%
Indiana	\$121.8	\$118.2	\$3.6	7	-3.0%
Wyoming	\$105.3	\$102.2	\$3.1	77	-2.9%
Louisiana	\$415.6	\$403.8	\$11.8	7	-2.3%
Oklahoma	\$204.9	\$200.1	\$4.8	<u>م</u>	-2.3%
New Mexico	\$44.5	\$43.6	\$0.9	*	-2.0%
New Jersey	\$811.5	\$806.2	\$5.3	47	-0.7%
Florida	\$573.3	\$574.5	\$1.2	4	0.2%
Georgia	\$393.9	\$395.9	\$2.0	4	0.5%
Wisconsin	\$478.2	\$484.0	\$5.8	À.	1.2%
Minnesota	\$198.8	\$201.6	\$2.8	Å.	1.4%
Viontana	\$123.1	\$125.7	\$2.6	A	2.1%
Nabama	\$498.7	\$511.0	\$12.3	Å	2.5%
Connecticut	\$676.0	\$693.7	\$17.7	A	2.6%
Kentucky	\$177.2	\$182.8	\$5.4	A	3.0%
/ermont	\$152.1	\$156.6	\$4.5	À	3.0%
Missouri	\$450.3	\$466.8	\$16.5	4	3.7%
lebraska	\$108.8	\$113.0	\$4.2	A	3.9%
South Dakota	\$45.4	\$47.2	\$1.8	A	4.0%
North Dakota	\$64.1	\$67.0	\$2.9	4	4.4%
Maine	\$201.2	\$211.6	\$10.4	À	5.2%
Arkansas	\$71.4	\$75.6	\$4.2	Ā	5.9%
Vest Virginia	\$142.9	\$152.4	\$9.5	4	6.6%
Rhode Island	\$84.6	\$90.9	\$6.3	Â	7.4%
North Carolina	\$279.4	\$337.9	\$58.5	A	20.9%
Dregon	\$303.4	\$377.4	\$71.0	4	23.2%

#### APPENDIX III: CHANGES IN NUMBERS OF PEOPLE SERVED IN STATE HOSPITALS 2007-2009

State	People Served in State Hospitals 2007	People Served in State Hospitals 2009	Hosoitais
Aiabama	3,550	3,346	-204
Aleska	1,291		-407
Anzona	537		-136
Arkansas	1,085	992	-93
California	8,050	9,593	1 543
Culorado	3,401		
Connecticut	1,490	1,568	78
Delaware	555	365	-190
District of Columbia	not reported	827	ณ่อ
Flonda	4,291	5,441	1,150
Georgia	14,033	9,449	-4,584
Hawai	414	345	
Idaho	758	872	114
l'inois	8,126		616
Indiana	1,519		51
lowa	1,793		
Kansas	3,595	4,058	463
Kentucky	6,945	6,715	-230
Louisiana	1,938	4,362	2,424
Maine	555		-21
Maryland	2,890	2.337	-553
Massachusetts	1,551	1,485	-66
Michigan	1,483	1,398	-85
Minnesota	2,451	2.187	-264
Mississippi	4.273	5.300	1,027
Missouri	7,393	6.235	-1,158
Montana	681	806	125
Nebraska	1,946	539	-1,407
Nevada	2,997	3,103	106
New Hampshire	1,625	1,751	126
New Jersey	3,420	4,125	705
New Mexico	1,063	1.090	27
New York	10,814	11.571	757
North Carolina	11,963	6.615	-5,348
North Dakola	644	635	-91
Onio	not reported	5.525	เปล
Oklahoma	2,574	1 940	-634
Oregon	1601	1,465	-1363
Pennsylvania	3,221	3,125	-96
Rhode Island	1.020	800	-220
South Carcina	3,199	2.790	-4191
South Dakota	2,238	2.201	-37
Tennessee	7.075	3,600	-3,475
Texas	15,242	14.043	-1,199
Ulah	664	673	9
Vermont	231	246	15
Virginia	5,697	5 309	-388
Washington	3,374	3,239	-135
West Virginia	1,411	1.314	-97
Wisconsin	5,307	5.571	264
Wyoming	349	457	108
	172,323	185,161	-13,514

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), "The Uniform Reporting System Database," Feb. 27, 2011, www.samhsa.gov/dataoutcomes/urs.

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

Company Street and	Total People Served	A State of the late	
State	by SMHA System 2007	Total People Served by SMHA System 2009	Change: Total People Served SMHA
Alabama	102.025	96,084	-5,941
Aloska	24,675	15,872	-8,803
Anzona	143,964	158,855	14,891
Arransas	69,228	73,094	3,866
California	658,314	528,245	-130,069
Colorado	75,198	82,804	
Connecticut	79,221	84,070	4,849
Delaware	9,756	9,756	0
District of Columbia	not reported	17,837	n/a
Florida	252,917	270,817	
Georgia	147,648		
Hawai	17,147	18,566	
Idaho	23,417	10,486	-12,951
litino s	179 580		
Indiana	87.641	99,879	
ICIW 3	\$1.803		7.839
Kansas	103,790		10,992
Kentucky	136,692	143,587	6,895
.ouisiana	47,341	57,058	
Maine	48.696		4,205
Maryland	92,738	105,926	13,188
Massachusetts	27,297	27,745	448
Michigan	207,407	219,238	
Minnesota	85,802	178,148	
Mississippi	92,003	89,432	7,429
Missouri	73,808	77,363	
Montana	26 248	26,834	686
Nebraska	37,183	28,321	-8,842
Nevada	28,513	32,035	3,522
New Hampshire	46,909	49,953	3,044
New Jersey	351.339	327,560	
New Mexico	72,959	26,024	-46,935
New York	615,379	687 B67	72,488
North Carolina	246,609	229,823	-16.986
North Dakota	15,493	16,593	1,100
Ohio	309,594	338,655	29,061
Oklahoma	44,002	52,089	8,087
Oregan	109,758	105,820	-3,938
Pennsylvania	299,037	454,811	155,774
Rhode Island	28.888	29,266	2,390
South Carolina	88,331	89,647	1,316
South Dakota	11,918	12,593	675
Tennessee	170,727	194,344	23,617
Texas	240,443	279,709	39,266
Utah	38,858	42 040	3,382
Vermont	20,806	21,711	905
Virginia	121,696	104.074	-17,622
Washington	123,814	128,705	5 091
West Virginia	58,918	60.130	1,212
Wisconsin	84,890	94,319	9 429
Wyoming	18,081	17,045	-1.036
	6,086,079	6,401,613	297,697

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), "The Uniform Reporting System Database," Feb. 27, 2011, www.samhsa.gov/dataoutcomes/urs.

## APPENDIX V: PROJECTED LOSS OF FEDERAL MEDICAID FUNDS FY 2012

State	Loss of Enhanced Medicaid Match FY 2012* (in millions)
Alabama	\$13
Alaska	\$5
Arizona	
Arkansas	\$12
California	\$1,88
Colorado	\$15
Connecticut	. \$20
Delaware	\$4
District of Columbia	
Florida	\$79
Georgia	\$23
Hawaii	\$9
Idaho	\$5
Illinois	\$55
Indiana	\$23
lowa	\$11
Kansas	\$8
Kentucky	\$15
Louisiana	\$39
Maine	\$8
Maryland	\$29
Massachusetts	\$50
Michigan	\$37
Minnesota	\$28
Mississippi	\$15
Missouri	\$29
Montana	\$4
Nebraska	\$8
Nevada	\$7
New Hampshire	\$6
New Jersey	\$40
New Mexico	\$13
New York	\$1,40
North Carolina	\$34
North Dakota	\$2
Ohio	\$51-
Oklahoma	\$20
Oregon	\$15
Pennsylvania	\$66
Rhode Island	\$7-
South Carolina	\$14
South Dakota	\$2
Tennessee	\$23
Texas	\$85
Utah	\$5
Vermont	\$3
Virginia	\$29
Washington	\$33
West Virginia	\$8
Wisconsin	\$22
Wyoming	\$22

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

### APPENDIX VI: METHODOLOGY

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

Sources for service utilization data include the SAMHSA Uniform Reporting System (URS) www. samhsa.gov/dataoutcomes/urs/ and publications from the National Association of State Mental Health Program Directors Research Institute. Examples of the impact of state budget cuts on service systems and individuals were drawn from media coverage and from individuals who courageously shared their personal stories with NAMI.



www.nami.org Natinal HelpLine: 1 (800) 950-NAMI (6264) Ewitter: NAMICommunicate Facebook: www.facebook.com/officialNAMI On behalf of Ingalls Memorial Hospital I would like to make clear my opposition to the closing of the Tinley Park Mental Health Center. This facility has served an important role in the South Suburbs as a safety net for individuals in need of inpatient psychiatric treatment. In fact the timing of this suggested closure is completely contrary to the current strong demand and community need for these beds and programs.

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

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

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

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

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

The incredible demand for services from Tinley Park Mental Health Center highlights the need for this facility to remain open. Any decision to close this facility would be contrary to the mental health needs of the 1900 patients that are seen there each year.

In looking for money saving reductions in public services, the state needs to look not only at the money they can save but also the negative impact created by eliminating these vital programs. In the case of closing Tinley Park Mental Health Center that impact is much too great.

#### TINLEY PARK MENTAL HEALTH CENTER

### INTER-OFFICE CORRESPONDENCE

Date: 19-30-2011 To: The Commition on Covernment, Formasting, and Alcount; bility

From:

at Tinky Tack Mestal Heath Center and I have been a recent patient important it is to keep the Center open for these who suffer from Mestal ( Thuse. On October 19th I made an attempt to take my life after Menta Thuis. being in a clinical depression, I was taken to a local height, left locked in a room too two and a half days untreated, Until a bed was made availible for one on Vetaber 21th When I arrived, I was and onsore of what my stay wield be like I have never been hospitalized before lither I arrived, If whis warmly greated by the instake shaft. I knew then I would be in a safe also be in a safe place, be will taken lare of, and recieve the tractment that I so hadly seeded. and technisions made a very structured program for me recover. My dime day stay included Classes on stress management, The importance of my medications, Loging Skills, nutrition, exercise, Spirituality, and how to manage my illness, and must of all that my the is worth living. Not only owere the classes very important for my recevery, but having the Support of all the staff that dedicate their lives helping others, Each Staff member showed a personal intrest in my recovery and gave myself and other patents the Support, regpect, and sympathy to recover.

Mine is one story of bundleds of people that have been saitents at Tinker Tark and every patient has their can story of how they suffer from mental ; thess and were able to relater due to a facility like this,

It the Center closes this will man people with mental illnesses, and allout insurance, Will have to find other freshities, These facilities are very limited. Tinley Fack is the only Center located in the South Suburbs, The Closing of the Center Would mian long alaits to receive trantment, Over erauding other tarilities, and many may Continue to Suffer with their mental illiness, Not to mention the unemployment of many skill, trained, and Compationate geogle who dedicate their lives to helping Others.

Tonsarrow is Detober 31st, and will be my last day at Tinky Fark. I now for I have the shits, education, and medication to manage my illeris. I Look toward to reducing to work, my family, friends and Continuing my recovery. Dut what about the others. The others who soffer from opersion; B. Johr illness, soitsofminia or many other illnesses. The they to suffer or become hanchess? Should they be denied medication? Should they be denied the Care I have received at Tinkey Park? It you Can't answer these questions, you must keep tinked that Open to They people in med. There is no other choise

From a very healthy and Constation

Seatt Cunha

# M ENTAL HEALTH SUMMIT

## Invest in Mental Health. Treatment Works.

### 6920 S. UNEVENSETY AVE. CELEAGO, IL 60637 - (773) 702-9611 - (773) 702-2063 (PAX)

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

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

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

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

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

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

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

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

Placing mentally ill persons in jail is as fiscally unwise as it is cruel. Treating and housing persons with mental illness in jails and prisons is expensive, inefficient, and a burden on the

# M ENTAL HEALTH SUMMIT

## Invest in Mental Health. Treatment Works.

### 6020 S. UNIVERSITY AVE. . CHICAGO, H. 60637 - (773) 702-9611 - (773) 702-2063 (BAN)

entire criminal justice system. And it destroys the lives of people whose only "crime" is being mentally ill in a society that does not treat them with dignity or compassion.

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

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

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

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

Such a course of action is as fiscally unwise as it is unsympathetic. And so the Mental Health Summit strongly opposes the proposal to close Tinley Park Mental Health Center—unless and until the state makes a comprehensive plan for providing another form of care to the affected patients.



Access Department Call 1-866-GPS-TODAY 1-866-477-8632 Fax (708) 596-6517

Administrative Center 17746 S. Oak Park Avenue Tinley Park, IL 60477 Phone (708) 444-1012 Fax (708) 614-7831

Flossmoor Center and Screening Assessment Support Services (SASS) 19530 Kedzie Avenue Flossmoor, IL 60422 Phone (708) 799-2200 Fax (708) 799-2711

#### Lincoln Center

450 W. 14th Street Chicago Heights, IL 60411 Phone (708) 503-9670 Fax (708) 503-1218

South Holland Center

16278 Prince Drive South Holland, IL 60473 Phone (708) 754-8815 Fax (708) 798-1315

East Hazel Crest Center 1909 Cheker Square E. Hazel Crest, IL 60429 Phone (866) 477-8632 (866) GPS-TODAY

Emergency Behavioral Healthcare Center (EBHC) 17746 Oak Park Avenue Tinley Park, IL 60477 Phone (708) 331-0500 Fax (708) 331-7590

### Harvey Center at

Family Christian Health Center 31 West 155th Street Harvey, IL 60426 Phone (866) 477-8632 (866) GPS-TODAY

#### **Developmental Training**

**Tinley Park** 17746 South Oak Park Ave. Tinley Park, IL 60477 Phone (708) 444-1150 Fax (708) 444-1156 CGFA Meeting November 1, 2011 RE: Proposed closure – Tinley Park Mental Health Center

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

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

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

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

The Department of Human Services, Division of Mental Health (DHS/DMH) has once again proposed the closure of Tinley Park Mental Health Center with one significant difference; at this time, there is no plan in place for the safe effective transition of the individuals that will be displaced by this closure. Nor is there a plan to reinvest funding into the community based mental health system; the system expected to "step up" and care for these individuals as publicly stated by DHS/DMH. The need for all the services outlined in the original reinvestment plan has grown exponentially since that time while concurrently, community behavioral healthcare providers have received consistent and disproportionate cuts in funding and specifically reductions in funding for services to the uninsured and working poor. Most recently in October of 2010, the Non-Medicaid Service Packages





developed and mandated by DHS/DMH severely limited the type and amount of service an individual without funding can expect to receive from a community provider. One service package allows for assessment with little or no follow-up treatment, thereby perpetuating the cycle of return visits to the ER for stabilization or hospital admission. To demonstrate an example of these reductions, in FY 12 Grand Prairie Services received a reduction of 67.9% in the funding available to provide services to the uninsured and working poor. This funding has been systematically reduced by more than 74% over the last three fiscal years. This reduction translates into hundreds of individuals who no longer receive treatment and services vital to their recovery because they are unfortunate enough to be without a funding source for their behavioral healthcare needs.

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

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

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

Sincerely,

1.14

Sur m Kalual

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

CC: CGFA Members Dan R. Long, Executive Director, CGFA

### November 1, 2011

### To: State of Illinois

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

Dear Sirs:

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

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

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

We hired an expert to establish the fact that the noise is coming from the three smoke stacks located on The Howe Developmental Center and Tinley Park Mental Health Center. We did make a record of where the noise is coming from which is the heating

and air conditioning building smokestacks. The Howe Developmental Center and Tinley Park Mental Health Center's connecting tunnels and and smokestacks allow sound to transmit thru the air and underground day and night to pump air into the tunnels and to heat and air condition which resonates through the air to our subdivision. There is no reason why a separate efficient heat is not used for each building.

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

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

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

Thank you for your attention to this matter.

Respectfully supmitted Maureen Whelan-Kapanowski, Mark Kapanowski and Farnily

Tinley Park Residents 7831 Park Central Drive South Tinley Park, Illinois 60477 703-633-9181

I certify that the facts centered a the letter dated 11/1111 are true and Carsed. John Depensorlis Mandara



Advancing the human and civil rights of people with disabilities

SELF-ADVOCACY ASSISTANCE 🖈 LEGAL SERVICES 🖈 DISABILITY RIGHTS EDUCATION 🖈 PUBLIC POLICY ADVOCACY 🖈 ABUSE INVESTIGATIONS

### Equip for Equality Testimony Before the Commission on Government Forecasting and Accountability Proposed Closure of the Tinley Park Mental Health Center Orland Park, Illinois November 1, 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 the Tinley Park Mental Health Center (Tinley MHC). Equip for Equality's mission is to advance the civil and human rights of people with disabilities and is accomplished through self-advocacy training and technical assistance, legal services, public policy initiatives, and investigations of abuse and neglect in all settings that serve people with disabilities.

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

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

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

When DHS proposed to close Tinley MHC in 2008, a task force was convened to develop a wellthought out plan to replace it with a new, state-of-the-art facility to serve persons in need of acute mental health care in the Metro South area. Based upon that plan, we supported the closure of Tinley MHC, and we still support the concept that was proposed in 2008. But that is not the present situation. Now, there is no such plan in place. DHS proposes to shift the responsibility

The Independent, federally mandated Protection & Advocacy System for the state of Illinois

DUANE C. QUAINI, BOARD CHAIRPERSON ZENA NAIDITCH, PRESIDENT & CEO

MAIN OFFICE: 20 N. Michigan Avenue, Suite 300 🛪 Chicago, IL 60602 🛪 Email: contactus@equipforequality.org 🛪 Tel: (312) 341-0022

TOLL FREE: (800) 537-2632 \* TTY: (800) 610-2779 \* FAX: (312) 341-0295 \* MULTIPLE LANGUAGE SERVICES / AMERICAN SIGN LANGUAGE

#### WWW.EQUIPFOREQUALITY.ORG

to provide critical mental health services to private hospitals and community providers, without providing assurance that either has the current resources or capacity to serve those now served by Tinley MHC.

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

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

Thank you very much.



8704 SOUTH CONSTANCE AVENUE ◆ CHICAGO, ILLINOIS 60617 ◆ (773) 734-4033 ◆ FAX: (773) 734-6447 OR 5994 TTY: (773) 734-2440 ◆ WEBSITE: thecouncil-online.org TOLL-FREE CRISIS (877) 311-3222

6239 SOUTH WESTERN AVENUE ◆ CHICAGO, ILLINOIS 60636 ◆ (773) 863-9749 ◆ FAX: (773) 863-9782 8541 SOUTH STATE STREET ◆ CHICAGO, ILLINOIS 60619 ◆ (773) 651-4954 ◆ FAX: (773) 651-5418 49 EAST 95<sup>th</sup> STREET ◆ CHICAGO, ILLINOIS 60619 ◆ (312) 745-3493 ◆ FAX: (312) 745-3519

"Restoring Hope and Health Through Wellness"

October 31, 2011

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

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

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

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

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

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

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

Sincerely,

land C. Bell, mg

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

CCB/apr Cc: Michael Pelletier

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STANLEY BROWN CHAIRPERSON-ELECT

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> CARL C. BELL, M.D. PRESIDENT & CEO EX-OFFICIO



MEMBER OF THE UNITED WAY NETWORK TO: Commission on Government Forecasting and Accountability
FROM: Raelynn Noelle Ballard
RE: Tinley Park Mental Health Center
DATE: Monday, October 31, 2011

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

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

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

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

Hopefully,

Raelynn Noelle Ballard Homewood, IL. 60430

accon Ballard

**TO:** Members of the Commission on Government Forecasting and Accountability

FROM: Helen Salako -Ojei RN

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-29-2011

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

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

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

Sincerely Yours the fulco get Kn" Helen Salako-Ojei RN II Thurler be Oget Kn" Country chub Kells 16 60 478

TO:	Commission on Government Forecasting and Accountability
FROM:	Scottlynn Ballard
RE:	Tinley Park Mental Health Center
DATE:	Monday, October 31, 2011

My name is Scottlynn Ballard, and I'm 9 ½. At Flossmoor Hills they teach us to believe in the pillar of citizenship; so I care about the people in my community. So, please don't close Tinley Park Mental Health Center.

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

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

### SAVE TINLEY PARK!!!!!

Hopefully, Scottlynn Ballard

Scottlynn Ballard Homewood, IL. 60430

TO:	Honorable Members of the Commission on Government Forecasting and Accountability
SUBJECT:	Opposing the Closure of Tinley Park Mental Health Center
DATE:	November 1, 2011

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

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

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

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

The Department's proposed plan would mean acute mental health services *would* be available, albeit limited, at Madden Mental Health Center in Maywood, and not again available until McFarland Mental Health Center in Springfield; which is over 200 miles away. Persons with mental illness from the South Cook County and Southland Region, who depend on the public system of acute mental health services, will not be able to access or receive services.

This plan will have a severe adverse effect on the consumers continued recovery, health and welfare. Without treatment, individuals with mental illness and unresolved psycho-social issues experience difficulty in society; with varied circumstances which contribute to the inability to obtain shelter. Some individuals have no means of financial support, or are not considered eligible, and are often denied benefits. Without the money to pay for medication, decompensation (moving from stability to mental instability) becomes unavoidable.

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

We cannot survive its' closure.

Thank you for your consideration.

Harvella Ballard, RN, PSA 18016 Cherrywood Lane Homewood, IL. 60430 Navella Sallard November 1, 2011

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

Name of agency: Riverside Medical CenterFacility being closed: Tinley Park Mental Health CenterYour Position: ProponentThe type of Testimony you would like to give: Submitting written testimony via this e-mail.

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

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

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

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

Christine Anthony,Rn Director Behavioral Services Riverside Medical Center 350 North Wall Street Kankakee, IL 60901



## ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

## **RECORD OF COMMISSION WITNESS**

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Ubert Jelson
Title: Support Service Counciliation
Firm / Business or Agency: DHS Ludeman
Address: 14 N. Orchard Dr. CityDark Ford State: The Zip: 60466
Email: alrelson 0426@ golicon
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:



## ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

## **RECORD OF COMMISSION WITNESS**

11/1/11

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

IDENTIFICATION:
Name: <u>Sergio</u> CAPPello
Title: Chief ENGINPEN
Firm / Business or Agency: TPMHC
Address: 7400 Wig3 City: The PAPy State: 12 Zip: 60477
Email: Sergio. Cappello @ Illinois.gov
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
Testimony Regard Buildings that Are being used as opposed to VACANT
Buildings was Not accurate
NO ONE CONSUlted me Regarding this testimony. I would be the
Expert in this area.

THE STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
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	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT M	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name: S	heila Henretta
Title:	jeneral Counsel
	s or Agency: Gov's Office & Mymt & Budget
Address:	City:State: Zip:
Email:	
POSITION:	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



## ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

## **RECORD OF COMMISSION WITNESS**

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: Manna A. Foster
Title: Activity Tourst
Firm / Business or Agency: DHITimey Carl Mitter,
Address: 52 Fir Freet City: City: City: State: 1. Zip: 611/1
Email: 1004anaa 27 a 400 ton
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
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only state openated facility in the Southland are

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				11/1/11
SUBJECT MA	atter: Closui	e of Tinle	y Park M	[ental Health Center
IDENTIFICA Name:	TION:	Brewton	D-PHN	ン
Title:	SSICSNI	-CZQ		· · · · · · · · · · · · · · · · · · ·
Firm / Busines	s or Agency: Min	ISTERS (	CONK 6	5-COST COUNT
Address: //	9W156.	57-0	City: Harve	ZX State: 77 Zip: 60 436
Email:				
<b>POSITION:</b>	Proponent	Opponer	t 🗌 No P	Position
TESTIMONY	7: Oral	Written S	Statement Filed	Record of Appearance Only
WRITTEN C	OMMENTS:			

STATE OF THE STATE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT M	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	
Name:	had A Woods on behalf of Jomes W. Clasgen
Title:	had A Woods on behalf of Jomes W. Clasger
	s or Agency: Cill County State's Attorney Office
	57 N. Ottawn Street City: Joliet State: IL Zip: 60432
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	V: Oral Written Statement Filed Record of Appearance Only
WRITTEN C	OMMENTS:

Elected Official

FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
Regen 1914
<b>RECORD OF COMMISSION WITNESS</b>
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: Sandy Starropoulos,
Title: ASST. State's Attorney Supervisor - Health
Firm / Business or Agency: Cook County States Aty's Ottice
Address: 69 W. Washington City: Chevi State: 12 Zip: 60602
Email: Sandra, stavropoulos @ Cookcountyil.gov.
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

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Please more up to Elected officials

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					11/1/11
SUBJECT MA	atter: Closu	re of Ti	nley Par	rk Mer	tal Health Center
IDENTIFICA	TION:				
Name:	Dr. Jose	pl Troi	ani	<b>i</b>	
Title:	Directa	of B	change	L Hea	life ,
Firm / Business	s or Agency:	$\sim 100$	unte H	eulf	Dep 7
Address:			City:		State: Zip:
Email:			-		
POSITION:	Proponent	Oppo	onent	] No Posit	ion
TESTIMONY	: X Oral	Writt	ten Statement	t Filed	Record of Appearance Only
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C. 261* 10	<b>RECORD OF COMMISSION WITNESS</b>				
	11/1/11				
SUBJECT MA	TTER: Closure of Tinley Park Mental Health Center				
IDENTIFICAT					
Name:	Tissany Saucier				
Title:					
Firm / Business	or Agency:				
Address:	City:State:Zip:				
Email:					
POSITION:	Proponent Opponent No Position				
<b>TESTIMONY:</b>	Oral Written Statement Filed Record of Appearance Only				
WRITTEN CO	MMFNTS.				

Employee

STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name:	EC ARMS
Title:	
Firm / Busines	s or Agency:
Address: 12	7 NANTI City: PREST State: IL. Zip: 60466
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
<b>RECORD OF COMMISSION WITNESS</b>
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: REN. GERALD ELLIOFT WYCHE
Title: CHAPLANA
Firm / Business or Agency: 140 sp. TAL
Address: ONE FAIGHLLS DRIVE City: MARVEY State: 7- Zip: 60425
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:



## ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

## **RECORD OF COMMISSION WITNESS**

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:				
Name: Steve Wilson				
Title: Mental Health Teahnician III				
Firm / Business or Agency: Tinley Pack Mental Health Center				
Address: 7400 W. 183 ST City: Tinky Park State: 71 Zip: 60477				
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		
<b>RECORD OF COMMISSION WITNESS</b>		
11/1/11		
SUBJECT MATTER: Closure of Tinley Park Mental Health Center		
IDENTIFICATION:		
Name: DAWARD TOWEN		
Title: FETTRED FUINOIS STEPT. OF COPIZECTIONS		
Firm / Business or Agency:		
Address: City: State:Zip:		
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POSITION: Proponent Opponent No Position		
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	RECORD OF COMMISSION WITNESS	
	11/1/11	
SUBJECT MATTER: Closure of Tinley Park Mental Health Center		
IDENTIFICATION:		
Name: Pastor Frederick L. Jackson		
Title:		
Firm / Business	or Agency: New Besinnings Church	
Address:	City:State: Zip:	
Email:		
<b>POSITION:</b>	Proponent Opponent No Position	
TESTIMONY	: U Oral Written Statement Filed Record of Appearance Only	
WRITTEN CO	OMMENTS:	

CONTRACTOR STATE OF	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
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	11/1/11
SUBJECT MA	TTER: Closure of Tinley Park Mental Health Center
IDENTIFICAT	JON:
Name:	bany Saucice
Title: Sol	IAL WORK INHEIN
Firm / Business	or Agency: TINley Park Montal Health Center
Address: 230	
Email: t_S	Saucier @ Yahoo.com
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	MMENTS:

THE STATE OF THE BOARD	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	RECORD OF COMMISSION WITNESS
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA Name: <u></u> [ Title:	TION: LEEN C. Mc Grafft
Firm / Busines	s or Agency:
Address:	City:State:Zip:
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WRITTEN C	OMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Victoria Lozer
Title:
Firm / Business or Agency: educator Special Ed
Address: 5836 W Roosevert City: Monee State: JL Zip: 60449
Email: Oservictoria a papor com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

THE STATE OF THE REAL		COMMISSION ON GOVERNMENT
100 nora 1819	Co-Chair Senator J	Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
10:2	RECORI	D OF COMMISSION WITNESS
		11/1/11
SUBJECT MA	atter: Closur	e of Tinley Park Mental Health Center
IDENTIFICA	TION:	
Name:	SHASTRI	SWAMINATHAN MD
Title: <u>C</u> /	IAIR, DEPT	OF PSYCHIMTRY, ADVOCATE ILLINQUS MADNIC MED CENTE
Firm / Busines	s or Agency:	MADNIC MED LENTE
Address:		City:State:Zip:
Email:		
<b>POSITION:</b>	Proponent	Opponent No Position
TESTIMONY	: 🛛 Oral	Written Statement Filed Record of Appearance Only
WRITTEN C	OMMENTS:	

THE STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Belleck
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MAT	TTER: Closure of Tinley Park Mental Health Center
IDENTIFICAT	
Name:	ARTIN MCOCIMOU
Title:	·
Firm / Business of	or Agency:
Address: <u>3</u>	328 04K VIC Wity: PRices Mistate: JL Zip: 60463
Email:A	UNMC 23 (A) GMATC. Com
<b>POSITION:</b>	Proponent Opponent No Position
<b>TESTIMONY:</b>	Written Statement Filed Record of Appearance Only
WRITTEN CO	MMENTS:

ACC. 2011 BUB	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock	Г /
	<b>RECORD OF COMMISSION WITNESS</b>	
	11/1/11	
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Cent	er
IDENTIFICA	ATION:	
Name:	NILLAM SILVIAN	
Title:	У Х	
Firm / Business	ss or Agency: ICPP EMERAEURY Physicinal	
Address:	City:State:Zip:	
Email:	WPSQ13 (2) GNAIL . CON	
<b>POSITION:</b>	Proponent Opponent No Position	
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance O	)nly
WRITTEN CO	OMMENTS:	

THE BRADE OF THE BOARD	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
<b>IDENTIFICA</b>	FION:
Name: <u>Tu</u>	dith Jensen
Title: Ref	ired Clinical and School Psychologist
Firm / Business	s or Agency:
Address: 16-	City: State: Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

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

#### **IDENTIFICATION:**

Name: Clifton Graham Jr
Title: <u>mining</u> for state Rep for 38th District Firm/Business or Agency: <u>Resident</u>
Firm / Business or Agency: Resident
Address: 4920 Like C' City: CC. H. N. State: TC Zip: 60478
Email: C.S.Grahywinch Qaol com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

STATE OF ILL	INOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-C	Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
R	ECORD OF COMMISSION WITNESS
	Closure of Tinley Park Mental Health Center
IDENTIFICATION:	RA HARRIS
Title:	
Firm / Business or Age	ncy:
Address:	City:State:Zip:
Email:	
POSITION:	Proponent Opponent No Position
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMEN	(TS:
I hav	le fanily Menbers + Friends
who	le fanily Members + Friends have benefited From the
	ruce derived that Trailer Pack
	tered as invirginan
M.F	conter. Conter. it know what we would have it know what we would have
dine	- if the Center had Not been
Trei	e is the trad Tite Park
(1)e o	despectely Need of men mility Scotting
AN H	CENTER OPEN FOR THOSE WITH
	Mental IRACSS who want Amongthes
WH	Lespeantely Need to keep Tinley Park despeantely Need to keep Tinley Park CENTER OPEN For those Still Scotting Mental Illness who walk Amongus eg Day! Len Harrie
EV	I All parres

The STATE OF THE S	LLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
All and 1818	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MATT	TER: Closure of Tinley Park Mental Health Center
IDENTIFIÇATIO	N:
Name: Lau	wine Byrne
Title: NAM	II South Suburbs of Chicago, Lesislative Dir,
Firm / Business or	
Address: <u>436</u>	Elvi Circle Dr City: Oakhawz State: IL Zip: 60453
Email: lauri	nebsonetzaro.com
POSITION:	Proponent Opponent No Position
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only
WRITTEN COM	MENTS:
Iomopp	osed to the closure going SOF-psychiatric hisp
centil se	inices and place in the communities where we
ore losary	sthem - Singer, Elsen, Mistaland + TPmtle

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
RECORD OF COMMISSION WITNESS
-5th Courif borng - 11/1/11_
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: SAMUE E De Bose
Title: Pastor
Firm / Business or Agency: St. Andelew Temple
Address: 15046 Howare City: HAVRY State: III Zip: 60426
Email: Haroch cogie @
POSITION: Proponent Opponent No Position
<b>TESTIMONY:</b> Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
SOB cutto (1) Donot close T.P. at any time -
SOE active (1) Donot close T.P. at any time - finding 107 monine (2) The South Submission meeded JOBS dry 1101 (2) The South Submission meeded JOBS
Emisterity (3) Let provide the resources for linky the provident
134mpger (4) Resources are builty



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

### **RECORD OF COMMISSION WITNESS**

11/1/11

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

IDENTIFICATION:
Name: Carl J. Wolf
Title: <u>Exervative</u> Director
Firm / Business or Agency: Respired Now
Address: 1439 Emerald City: Ching & Ite Listate: IL Zip: 60411
Email: 4 respond now Oshiclobil. net
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Against the clasure of TPMIte.

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
<b>RECORD OF COMMISSION WITNESS</b>
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: KEVIN GERIFFIN
Title: RESIDENT/TAX PAYER
Firm / Business or Agency:
Address: ORLANPARK City: State: IL Zip: 60462
Email: OF COURSE
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
The president of The United States
Come personal and the table hall
tatter of shared sacrified my tapes habe
almost doubled - my projecting which we ye
+ 30% - I have and will comment
pay and sacrifice. The UNION
to this part. CLOSE this faculty.
It has and lived it a usefulness.
\$74 million to sure too prime
our \$ 10,000 print. That is a
CRIMES



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

### **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Mary Pat Ambrosino
Title: Encuence Durcker
Firm / Business or Agency: Scuthwest Community Scivics Inc
Address: <u>Corrs Prosperi Dr.</u> City: <u>Andress Rate</u> State: <u>IL</u> Zip: <u>Co417</u>
Email: Mambrosmowsursur org
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

It is interstandable that the closure of Jenty Park may be invitable due to livinge comes and die pour physical condition of the center itself, however, them as no reasoning plans) in the regard decision wearst a plan (or ignoring the instring plans) Ander Park to a depity set for the sould saturder and the import will devedete an already exhausted (hospiter) pystin.



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Marva J. Taylor
Title: Social Worker 3
Firm / Business or Agency: DHS, TPMHC
Address: 7400 W. 1832d St. City: Cinley Parkstate: (L Zip: 6047)
Email: Marvajean@Comcast.net
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
TRIMAC serves 2000 mentally ill patienta a year (2010) - more in the past. These patients will be under served, if at all.
There is no adequate plan for service. There is no south side public haspital. Our
patients are likely to end up in the correctional petting. Outpt. mental health centers are
also suffering from lack of funding and
This is a travesty for Formentally ill. Our patients Credit TPMNC as the most helpful hospital
Credit TPIMAC as the most helpful to spital
the hospital on the South Side. We serve
the hospital on the South Side Me serve the 2nd highest number of patients have in the state (Madden is #1) Patients have not been harmed nor died at TPMHC. It is safe!
not been harmed nor died at TPMHC. It is safe!

We have been continually downsized over the years. The need for mental health treatment is increasing in/ current economic situation -not decreasing. The governor is spending "44m for gyms in certain communities, Just 10m needed to Keep TPMHC open. Governor continues to spend new monies. This is ingenhous. Patients are walking away from ERS, untreated, or cycling thru Madden MAC every-few days. This costs ERS greatly and is a disservice to patients. You don't want untreated mentally ill on the streets How long do you think private hospitals will take our patients, if they have to wait It yrs to be paid? This is a land grab! Tinley Park has always wanted our property. Keep TPMHC open 'S ADD outpt. tx by TPMHC to serve our patients!





#### **Admissions/Triages Count By Admitting Facility**

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

	Admitting Facility	Total Count	Admissions Count	Triages Count
14	TINLEY PARK M.H.C.	2,033	1,902	131
19	ALTON M.H.C.	190	188	2
29	CLYDE L. CHOATE M.H.C.	294	294	0
39	CHICAGO READ M.H.C.	1,365	1,365	0
44	H. DOUGLAS SINGER M.H.C.	807	794	13
54	JOHN J. MADDEN M.H.C.	4,028	3,673	355
59	ELGIN M.H.C.	1,156	1,156	0
66	CHESTER M.H.C.	178	178	0
74	ANDREW MCFARLAND M.H.C.	722	722	0
	GRAND TOTALS:	10,773	10,272	501

THE STATE OF THE		COMMISSION ON CASTING & ACCO	
	Co-Chair Senator	Jeffrey M. Schoenberg - Co-Chair R	epresentative Patricia R. Bellock
G. 261 10	RECOR	D OF COMMISS	ION WITNESS
	ideoit		
			11/1/11
SUBJECT MA	ATTER: Closu	re of Tinley Park M	ental Health Center
IDENTIFICA		7 971	
Name: Red	1Elbert	Williams	
Title: <u>M</u>	INISTEF		
Firm / Business	s or Agency: $M_{\ell}$	Visters Conference	e South COOK COUNTY INC
Address:		City:	
Email:			
<b>POSITION:</b>	Proponent	Opponent No Po	osition
TESTIMONY	: Oral	Written Statement Filed	Record of Appearance Only
This Heat	kar Dil	al for these ane only 1	Ock Jorest dewrlf needs Ofho Carnot I This

FORECASTING & ACCOUNT	TABILITY
<b>RECORD OF COMMISSION</b>	<b>WITNESS</b>
ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock RECORD OF COMMISSION WITNESS 11/1/11 SUBJECT MATTER: Closure of Tinley Park Mental Health Center IDENTIFICATION: Name: Loig C. A7-MS Title: Firm / Business or Agency: (member + NAM)55) Address: 107 N AbtiCity:Park Forest State: 12 Zip: 603664 Email: POSITION: Proponent Opponent No Position TESTIMONY: Oral Written Statement Filed Record of Appearance Only WRITTEN COMMENTS: Rooped anich Derivers more tal illness Cannet + the cone of Homsolves. If merchel heipitals and eleved what heppens to them, they canled before homeoless, derigenous & themsolles &/or others. To stake Care of them herefits the commentations (Some they leave heapital as well of the prove Mein livels v	
SUBJECT MATTER: Closure of Tinley Park Menta	al Health Center
IDENTIFICATION:	
Name: Loig C. Arms	
Title:	
Firm/Business or Agency: (member NAMISS)	
Address: 107 Nanti City: Park Forest St	ate: 12 Zip: 60464
Email:	
POSITION:         Proponent         Opponent         No Position	
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only
WRITTEN COMMENTS:	
Roople anity serious montal illne	as connot take
coned themselves. If mental perpetals	ane closed
what hoppons de shem? They carild bed	om konclass,
for others.	
to take care of them herefits It Formunities need support to	3 help odem

THE STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY				
Nuc and 1919	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock				
	<b>RECORD OF COMMISSION WITNESS</b>				
	11/1/11				
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center				
IDENTIFICA	TION:				
Name: SC	sttlynn Ballard				
Title:	oncerned citizen				
Firm / Business	- 1				
Address: 190	16 Cherrywood Lane City: Homewood State I. Zip: 60430				
Email:	5				
<b>POSITION:</b>	Proponent Opponent No Position				
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only				
WRITTEN CO	OMMENTS:				

Do not close the Tialey Park "Health Center !!!!



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: RACHAD BALLAND
Title: Concerpted Citien
Firm / Business or Agency:
Address: 1806 Cher June lone City: Homewood State: [], Zip: 10/20
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
 WRITTEN COMMENTS: / /
Please don't close the
Mospital becase if you b
the people that Stay there
Will not have a home,



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

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

IDENTIFICATION:
Name: MICHAEL ENGLEHART
Title: President
Firm / Business or Agency: ADVOCATE South Suburband Hospital
Address: 17800 S KEDZIE City: HAZELCrest State: IL Zip: 60428
Email: Michael, Englement advocate hEalth, com
POSITION: Proponent Opponent No Position
TESTIMONY: Voral Written Statement Filed Record of Appearance Only



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

### **RECORD OF COMMISSION WITNESS**

11/1/11

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

IDENTIFICATION:
Name: PAyline Sopson
Title: $\mathcal{R}\mathcal{N}$
Firm / Business or Agency: TPMHC
Address: 7400 w 183rd City: Tinky Park State: I-L Zip: 60472
Email: 1. Sopson @yahoo
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



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

### **RECORD OF COMMISSION WITNESS**

11/1/11

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

IDENTIFICATION:
Name: Joel Johnson
Title: President & CEO
Firm / Business or Agency: <u>HRDT</u>
Address: 222 S. Jefferson City: Cha= State: R Zip: (00/0/1/
Email: Johnsone hrdiver
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only

THE STATE OF	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY				
10G Doct 1818	Co-Chair Senator I	Jeffrey M. Schoenberg - Co	o-Chair Represe	entative Patricia R. Bellock	
	RECOR	D OF COMM	IISSIO	N WITNESS	
				11/1/11	
SUBJECT MA	TTER: Closur	e of Tinley Pa	rk Ment	al Health Center	r
IDENTIFICAT	FION:				
Name:	DOB HEALT	でプ			
Title:	REGT-R OF	- TRAINING +	ADVOC	LY FOR MH	
Firm / Business	or Agency:	. S. S. I.			
Address:		City:	S	tate:Zip:	
Email:					
POSITION:	Proponent	Opponent	No Position	1	
TESTIMONY:	Oral	Written Statemen	t Filed	] Record of Appearance Onl	у
WRITTEN CO	OMMENTS:				



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: LISA N. Labiak
Title: VP Development & Corporate Communication
Firm / Business or Agency: Grand Prairie Services
Address: M46 Oak Park Ave City: Tinley ParkState: 12 Zip: 60477
Email: Llabiak Ogpsbhorg
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

Contract State Contract	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name:	PAT Abers
Title:	
Firm / Business	s or Agency:
Address:	City:State:Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	7: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:



### **RECORD OF COMMISSION WITNESS**

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: DonoDanefleck
Title: are Tech FO
Firm / Business or Agency: TPMHC
Address: 17643 Ridgeland City: Turkey References 20 Zip: 60477
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only

STATE OF THE STATE OF THE	LLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
All and 1818	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
10:1	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MAT	TER: Closure of Tinley Park Mental Health Center
IDENTIFICATI	ON:
Name: <u>Steve</u>	Doris
Title: YNAC	
Firm / Business of	Agency: DVA, AFSCME Local 1563
Address: 335 (	EBreakve City: Clifton State: IL Zip: 60927
Email: Benfie	1255 Qyahoo. Com
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only
WRITTEN COM	IMENTS:

THE STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock RECORD OF COMMISSION WITNESS
	11/1/11
SUBJECT M	ATTER: Closure of Tinley Park Mental Health Center
<b>IDENTIFICA</b> Name:	Manvin Lindsey
Title: Firm / Busines	s or Agency: Community Behavioral Healthcare Assoc of IL City: State: Zip:
Address:	City: State: Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	7: Oral Written Statement Filed Record of Appearance Only
WRITTEN C	OMMENTS:

STATE OF LESS	FOREC	COMMISSION ON CASTING & ACCC Jeffrey M. Schoenberg - Co-Chair F	
C 2611 18	RECOR	D OF COMMISS	ION WITNESS
			11/1/11
SUBJECT MA	ATTER: Closu	re of Tinley Park M	lental Health Center
	tion: Oten Mh	Menden	
Title: Firm / Business	s or Agency:	agils Health	Sigtem
Address:	/	City:	State:Zip:
Email:			
POSITION: TESTIMONY	Proponent	Opponent No P	Position
WRITTEN CO	OMMENTS:		

OF THE STATE OF THE BOOM	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
100 - 18 8	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
2.2em	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	ŢION:
Name:	ORA THOMAS
Title:	Exercitive Director
Firm / Business	sor Agency: NAMI Illinois
Address: 🔾	US W. hawrener City: SpFld State: IL Zip: 62704
Email: 4	homas.lora @ speakbal.net
POSITION:	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT         FORECASTING & ACCOUNTABILITY         Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock         RECORD OF COMMISSION WITNESS
RECORD OF COMMISSION WITHESS
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: <u>Charlie Huks</u> Title: State endere
Title: State endere
Firm / Business or Agency: Manfeno UA, AFSCant
Firm / Business or Agency: Monfero UA, AFSCART Address: 18 Jan Mr. City: Kapake State: IL Zip: 6.901
Email:
POSITION: Proponent Opponent No Position
<b>TESTIMONY:</b> Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

Contraction of the second seco	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT M	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	ATION:
Name:	onna Davis
Title: S	tore keeper / Secretary-AFSCINE
Firm / Busines	UNTERING ARE ALL
Address:	390 Strat Ford Dr. West City: Bourbonna's State: 12 Zip: 60914
Email: 0f	cme 15632 Lahoo. com
POSITION:	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only
WRITTEN C	COMMENTS:

CONTRACTOR OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
NUG sern 1818	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
<b>IDENTIFICA</b>	
Name: M	ARGARET A. CUMMINGS
Title:	ENTAL HEALTH TECHNICIAN II
Firm / Business	S OF AGENCY: TINLEY PARK MENTAL HEACTH CENTER
Address:	City: State: Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:

<b>ILLINOIS COMMISSION ON GOVERNMENT</b> <b>FORECASTING &amp; ACCOUNTABILITY</b> Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
<b>RECORD OF COMMISSION WITNESS</b>
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: Lisg Snith
Title: RN-Manager-Behavioral Health Servers
Firm/Business or Agency: Silver Cross Hospital
Address: 1200 Maple Road City: Josiet State: PL Zip: 60432
Email: LSmith@silvercnoss, orcy
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

<b>IDENTIFICATION:</b>		
Name: <u>BOB</u> SMITH		
Title: <u>RETIRED</u> CC	NCERNED CIT	IZEN
Firm / Business or Agency:		
Address:	City:	State:Zip:
Email:		
POSITION: Proponent	Opponent No P	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only
WRITTEN COMMENTS:		

THE STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name: S	NORD DOZIES
Title:	inical Lab Tech 2
Firm / Busines	s or Agency: TINLEYPARK MHC
Address:	City:State:Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only
WRITTEN C	OMMENTS:

CONTRACTOR OF THE STATE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock			
	RECORI	D OF COMMISS	ION WI	TNESS
				11/1/11
SUBJECT MA	ATTER: Closur	e of Tinley Park M	lental He	alth Center
<b>IDENTIFICA</b>	TION:			
Name: <u>CA</u>	ROL. JAMES			
Title: /n	HT			
Firm / Business	s or Agency:			
Address:		City:	State:	Zip:
Email:				
<b>POSITION:</b>	Proponent	Opponent No F	osition	
TESTIMONY	: Oral	Written Statement Filed	Record	of Appearance Only
WRITTEN CO	OMMENTS:			

THE STATE OF THE S	FORE	COMMISSIO CASTING & A Jeffrey M. Schoenberg - Co	CCOUNTAB	BILITY
	RECOR	D OF COMM	<b>IISSION W</b>	ITNESS
			_	11/1/11
SUBJECT MA	atter: Closu	re of Tinley Pa	rk Mental He	alth Center
<b>IDENTIFICA</b> Name:	TION:	Ackson		
Title:	Seawity &	Aicer	_:	
Firm / Busines	s or Agency:	一下		
Address:		City:	State:	Zip:
Email:	·,			
<b>POSITION:</b>	Proponent	Opponent	No Position	
TESTIMONY	r: Oral	Written Statemen	t Filed Record	of Appearance Only
WRITTEN CO	OMMENTS:			

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ILLINOIS COMMISSION ON GO FORECASTING & ACCOUNT	
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representat	ive Patricia R. Bellock
<b>RECORD OF COMMISSION</b>	WITNESS
	11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental	<b>Health Center</b>
IDENTIFICATION:	
Name: Gladys Sherrod	
Title: Social Worker, MSW	
Firm / Business or Agency: Tinky Park MHC	
Address: 4046 Lindenwood Dr. City: Matterson State	: <u>TL</u> Zip: 60443
Email: Sherrod, Gladyse Juhoo, com	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed	ecord of Appearance Only

STATE OF THE STATE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock RECORD OF COMMISSION WITNESS
SUBJECT MA	TTER: Closure of Tinley Park Mental Health Center
IDENTIFICAT	FION:
Name:	Onna Butlow
Title: $S_{u_1}$	POOTT SERVICE WORKER
Firm / Business	
Address: 74	
Email:	
POSITION:	Proponent Ø Opponent No Position
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only
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STHE STATE OF IL	ILLINOIS COMMISSION ON GOVERNMENT
	FORECASTING & ACCOUNTABILITY
TUG and 1819	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
1281	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	TTER: Closure of Tinley Park Mental Health Center
IDENTIFICAT	FION:
Name: <u>Hory</u>	toinette CURRY
Title: Su	port SERVICE Worker
Firm / Business	or Agency: TINLEY PARK MENTAL Health Center
Address: 74	<u>)</u> City: State:Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Cindy Lawrence
Title: Relab Courseler Sr
Firm / Business or Agency: DHS Tinky Park MUC
Address: 7400 W. 1832d City: Tinle PK State: IL Zip: 60477
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

COLOR STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock RECORD OF COMMISSION WITNESS
	11/1/11
SUBJECT M	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	ATION:
Name: Ley	nora Gordon
Title: M	2ntal Health Technician 2
Firm / Busines	ss or Agency: Tinle 1, Park MHC
Address: 74	for W. 183rd Sy City: Tinley Mr State: IL Zip: 60977
Email: 4	enoragordon@comcast.nd
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only
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FOREC.	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock			
RECORD	OF COMMISSION WITNESS			
	11/1/11			
SUBJECT MATTER: Closure	e of Tinley Park Mental Health Center			
IDENTIFICATION:				
Name: <u>ACDIELINE</u>	× L. DOVO			
Title: $PGAQ$	H8N'			
Firm / Business or Agency:	VIEV PARK MENTAL HEalth			
Address:	City:State: Zip:			
Email:				
POSITION: Proponent	Opponent No Position			
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only			
WRITTEN COMMENTS:				

5

STATE OF LINE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY		
100 ann 1818	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock		
	<b>RECORD OF COMMISSION WITNESS</b>		
	11/1/11		
SUBJECT MA	TTER: Closure of Tinley Park Mental Health Center		
IDENTIFICAT Name:	rion: Lorenzy Shown		
Title:	antal Health Sech the		
Firm / Business	or Agency: Lines Park Mental Health Cente		
Address:	City:State:Zip:		
Email:			
<b>POSITION:</b>	Proponent Dopponent No Position		
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only		
WRITTEN CO	OMMENTS:		

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STATE OF LAND	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock		
	<b>RECORD OF COMMISSION WITNESS</b>		
	11/1/11		
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center		
IDENTIFICA	TION:		
Name:	Debra McCartes		
Title:	mental Health Jech 3		
Firm / Business	or Agency:		
Address:	City:State:Zip:		
Email:			
<b>POSITION:</b>	Proponent Opponent No Position		
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only		

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
<b>RECORD OF COMMISSION WITNESS</b>
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: Tanimero Rhades
Title: Office Assistant
Firm / Business or Agency: Tipley Park MHC
Address: 7400 W 183rd St City: State: <u>TL</u> Zip: 60477
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

I State of the sta	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
ABLE D	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MAT	TER: Closure of Tinley Park Mental Health Center
IDENTIFICATI	ON:
Name: Dar	y/ Teeter
Title: Dffi	ce Assistant
Firm / Business o	rAgency: Tinley Park Mental Health Center
Address: 7400	M. 18312 St. City: Tinley Partstate: IL Zip: 60477
Email:	
POSITION:	Proponent Opponent No Position
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only
WRITTEN CON	AMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: CHARLES StewART
Title: Security OFFICER SGT,
Firm / Business or Agency: TPMHC
Address: 916 E, 152th St City: Phoenix State: IL, Zip: 60426
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS.



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:
Name: <u>Stogall Manuel</u>
Title: Mantal Waadh Joan
Firm / Business or Agency: Tuloy Fork utoc
Address: <u>1400 W183</u> City: <u>TINLOY</u> State: ILL Zip: 60438
Email: MAURICE STEGAL @ YAHOO - COM
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only

THE STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
2.2611 12	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name: <u>S</u> h	eilaPenelta)
	Norker Lead
Firm / Business	sor Agency: <u>Tinley Park Mttc</u>
Address: <u>74</u>	60 W. 183ed St. City: Tinley State: IL Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:

Contraction BTATE CONTRACT	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
Addit	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name: Dia	ne Foseo
Title:	
Firm / Business	s or Agency:
Address: 152	B21 Oak Rd City: Oak Forest State: IL Zip: 60452
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
<b>RECORD OF COMMISSION WITNESS</b>
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
IDENTIFICATION:
Name: NICK FOSCO
Title:
Firm / Business or Agency:
Address: 15321 Oak Rol City: Oak Forest State: 12 Zip: 60452
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

TATE OF TATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
Seer 1	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
<b>IDENTIFICA</b> Name:	TION:
Title:	hences the
Firm / Busines	
Address: 🕂	2321 Oal Roadity: Oak Borest State: IL Zip: 60452
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:

1

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
<b>RECORD OF COMMISSION WITNESS</b>
11/1/11
SUBJECT MATTER: Closure of Tinley Park Mental Health Center
Name: Allity AdKINS
Title: Support Service WK
Title: Suppost Service WK. Firm/Business or Agency: TINILL PARK MENTAL Health
Address:City:State:Zip:
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Bonnie CAMACHO
Title: KV II
Firm/Business or Agency: DHS - Tinley PARK MHC
Address: 2400 W. 1830 City: T-P- State: I( Zip: 60477
Email: bonnie CAmachoe att. net
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

THE STATE OF THE S	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
and the second s	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICAT	TION:
Name: ALI	ICE DIRI
Title:	RN
Firm / Business	sor Agency: Tinley Parle mental Health Center
Address:	s or Agency: <u>Tinley Parle mental Health Center</u> <u>City:</u> <u>State:</u> <u>Zip:</u>
Email:	
POSITION:	Proponent No Position
TESTIMONY:	
WRITTEN CC	OMMENTS:

STATE OF THE STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
· · · · · · · · · · · · · · · · · · ·	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
2.2611	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT M	LATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	ATION:
Name:	ARRI DUNLAD
Title:	Neutral Health Tech
Firm / Busines	ss or Agency: Tiwley PARK Mental Health CK.
Address:	<u>750 N. City: State: Zip:</u>
Email:	
POSITION:	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only
WRITTEN C	COMMENTS:

STATE OF THE OF THE OF	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
- Martine -	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
2011	<b>RECORD OF COMMISSION WITNESS</b>
	<u>    11/1/11   </u>
SUBJECT MA	TTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	
Name:	Shavon, Latham
Title: M	+TI
Firm / Business	or Agency: <u>Tinley Park Hertal Health Center</u> City: <u>State:</u> Zip:
Address:	City:State:Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	Coral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:

CONTRACTOR OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
AUG and 1818	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
201	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name: Ber	ita C. Watson
Title: Ment	al Health Tech.
Firm / Business	sor Agency: Tinley Park Mental Health Ctr.
Address: <u>M</u>	City:State: Zip:
Email:	
POSITION:	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: JACKSON NORRIS
Title: Activity THERAPIST
Firm / Business or Agency: T. P. M. H. Co
Address: 7400 W 183 ST City: Tipley Ptc State: 604772 IL
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

STATE OF THE OF THE OF	ILLINOIS O FOREC		SION ON ( & ACCOU		
	Co-Chair Senator Je	effrey M. Schoenb	erg - Co-Chair Repr	esentative Patricia I	R. Bellock
	RECORI	O OF CO	MMISSIC	ON WITN	VESS
					11/1/11
SUBJECT MA	ATTER: Closur	e of Tinle	y Park Mer	1tal Healtl	1 Center
IDENTIFICA	TION:	$\bigcirc$			
Name:	Mae '	Aller	Charles I		
Title:	Régnaus	ment	Officer	A	
Firm / Busines	s or Agency:	TINLE	1 HARK	- MALC	-

	· ·		
Address:		City:	State:Zip:
Email:			
POSITION:	Proponent	A Opponent No P	osition
TESTIMONY:	Oral	Written Statement Filed	Record of Appearance Only
WRITTEN CO	MMENTS:		

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STUD STATE OF THE	FORE Co-Chair Senator	COMMISSION CASTING & AC	CCOUNTAB	BILITY atricia R. Bellock
	RECOR	D OF COMM	ISSION W	ITNESS
			_	11/1/11
SUBJECT MA	atter: Closu	re of Tinley Par	k Mental He	alth Center
IDENTIFICA	TION:			
Name: A	llean Jo	ones		
Title:	ocial Wa	prKer II		
Firm / Busines		PMHC,		
Address:		City:	State:	Zip:
Email:				
<b>POSITION:</b>	Proponent	2 Opponent	No Position	
TESTIMONY	: Oral	Written Statement	Filed Record	of Appearance Only

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WRITTEN COMMENTS:

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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Julie Sawyers
Title: RN
Firm / Business or Agency: Palos Community Hospital
Address: City: State:Zip:
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY	
TOP AND LEVE	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock	
246.12V	<b>RECORD OF COMMISSION WITNESS</b>	
	11/1/11	
SUBJECT MATTER: Closure of Tinley Park Mental Health Center		

<b>IDENTIFICATION:</b>	
Name: Jais Salla	
Title: Lound Lupennin	
Firm / Business or Agency: T. P. M. H.	C.
Address: 5309 S normanaly Ci	ty: Chicago State: A Zip: 60638
Email:	J
POSITION: Proponent Opponent	No Position
TESTIMONY: Oral Written St	atement Filed Record of Appearance Only
WRITTEN COMMENTS:	



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: MERRI T.M. 116R
Title: REMAB Case Co. Ordinator
Firm / Business or Agency: Chicago Noto BHS
Address: City: State: Zip:
Email: ShEONY MILLER OFULNOIS. GOV
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

THE BIATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
Le contraction of the	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
2261112	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MAT	TTER: Closure of Tinley Park Mental Health Center
IDENTIFICATI	ION:
Name: Ruby	Wheelis
Title:	
Firm / Business o	or Agency:
Address: <u>15335</u>	5 Winchester City: HARvey State: ILL Zip: 6042
Email:	
POSITION:	Proponent Opponent No Position
TESTIMONY:	Oral Written Statement Filed Record of Appearance Only
WRITTEN CON	

CITED STATE OF THE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
- 1919	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
28	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	TTER: Closure of Tinley Park Mental Health Center
IDENTIFICAT	ΓION:
Name: <u> </u>	URA SPARKS
Title:	
Firm / Business	• •
Address: <u>////</u>	21 Aspon St. City: Orland Perk State: 12 Zip: 60462
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:



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

## **RECORD OF COMMISSION WITNESS**

11/1/11

<b>IDENTIFICATION:</b>	_	
Name: Priscilla Cab	larda. Buble	
Title: $\mathbf{R} \cdot \mathbf{V} \cdot \mathbf{z}$		
Firm / Business or Agency:	Ky Pork M.H.C	17 s
Address:	City:	State:Zip:
Email:		
POSITION: Proponent	Opponent No P	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only
WRITTEN COMMENTS:		/

ILLINOIS COMMISSION ON GOVERNMENT         FORECASTING & ACCOUNTABILITY         Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock         RECORD OF COMMISSION WITNESS		
11/1/11		
SUBJECT MATTER: Closure of Tinley Park Mental Health Center		
IDENTIFICATION:		
Name: 110toRIA CORNELIUS		
Title: Social Worlder		
Firm / Business or Agency: TPMN(.		
Address: 7400 W 183 St, City: Topping State: 12 Zip: 60477		
Email: FüGK		
POSITION: Proponent Opponent No Position		
TESTIMONY: Oral Written Statement Filed Record of Appearance Only		
WRITTEN COMMENTS:		

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STATE OF THE STATE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	
Name:	Steven Buchh
Title: M	Steven Buchh # Technician IF
Firm / Busines	s or Agency: Jinley Birk M. H. C.
Address:	City:State: Zip:
Email:	
<b>POSITION:</b>	Proponent Opponent No Position
TESTIMONY	Y: Oral Written Statement Filed Record of Appearance Only
WRITTEN C	OMMENTS:

THE STATE OF THE AS	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY
100 - 1818	Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
10011	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT MA	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name:	LA Delloung
Title:	
Firm / Business	s or Agency:
Address: 30	5 W Eagle NK RO City: Realter State: IZ Zip: 60401
Email: <u>', Ul</u>	zd @ golicom
POSITION:	Proponent Opponent No Position
TESTIMONY	: Oral Written Statement Filed Record of Appearance Only
WRITTEN CO	OMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

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

IDENTIFICATION:
Name: Sherry Lee
Title: Educator
Firm / Business or Agency: Tin (en Park, IL
Address: 7400W 1830 City: Tinlory KState: D Zip: 60477
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Kaven Pervino
Title: Business Manager
Firm / Business or Agency: Little Company of Morry Hospital
Firm / Business or Agency: <u>Little Company of Mory Hospital</u> Address: <u>ZBDW</u> , 95th st City: <u>Everyveen Pr</u> State: <u>II</u> Zip: <u>bUBD5</u>
Email: KPERRIND & LOWH. DRG
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:



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

# **RECORD OF COMMISSION WITNESS**

11/1/11

IDENTIFICATION:
Name: Kuren James
Title: Planning Manager
Firm / Business or Agency: Advocate Health Care
Address: 2025 Windsor Drive City: Oak Brook State: 12 Zip:
Email: Karen James @ advocatetreatth.com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:

STATE STATE OF HE	ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock
2811	<b>RECORD OF COMMISSION WITNESS</b>
	11/1/11
SUBJECT M	ATTER: Closure of Tinley Park Mental Health Center
IDENTIFICA	TION:
Name: 20	Aty Balad
Title:	cernez Cotizen
Firm / Busines	s or Agency:
Address: 180	(6 Cherry word City: Manecon State: 1. Zip: (008)BD
Email:	
POSITION:	Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

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