

Tinley Park
Mental Health Center

Public Comments
as of 02/02/2012



February 2, 2012

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02/11



Representative Patti Bellock
 Senator Jeff Schoenberg
 Commission on Government Forecasting and Accountability
 703 Stratton Building
 Springfield, IL 62706

Dear Co-Chairs Bellock and Schoenberg:

On January 19 of this year the Illinois Department of Human Services notified COGFA of two facility closures – the Jacksonville Developmental Center and the Tinley Park Mental Health Center.

We note that COGFA has already acted to require IDHS to file new recommendations for closure under the State Facilities Closure Act. Unfortunately, however, it does not appear that you are taking the subsequent steps prescribed by the Act. We have just learned that it is the Commission's intent to hold a combined—and relatively brief—hearing on the closures at the State Capitol in Springfield next Tuesday.

We are very disturbed to learn that COGFA has no apparent plan to hold public hearings on these closures in the impacted communities as required by the Act (30 ILCS 608/5-10b) and I write to urge you to reconsider that course of action.

Not only does the current hearing plan violate the law, in our opinion, but it also appears to be intended to make it as difficult as possible for some of the parties most directly impacted to be able to participate. Holding such a brief hearing on such short notice and at considerable distance for many stakeholders is certain to depress turnout and limit the opportunity for a full range of views to be heard.

The Quinn Administration asserts that the closure plans now proposed are newly-developed as part of a broader system “rebalancing” plan that was not unveiled until after the COGFA hearings that were held last fall. If these plans truly are new and different, then citizens in the affected communities should have the opportunity to evaluate them and to present public testimony based on those evaluations.

As you know, families of those who rely on these centers, local law enforcement, state's attorneys, human service providers, local government officials and community hospitals all have a strong interest in the matter of these proposed closures. It is very likely that the current hearing plan will significantly hamper their ability to participate. Moreover, if past experience is any guide, the presentation by and questioning of the Department of Human Services could easily take up the entire two hours that are scheduled, leaving

American Federation of State, County and Municipal Employees, Council 31

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open the possibility that even those who are able to travel to Springfield on such short notice will not have the opportunity to have their voices heard.

When Senior Advisor Michael Gelder presented the Quinn plan at a COGFA hearing on November 11, Commissioner Poe asked whether families and loved ones were being consulted. Mr. Gelder assured him that they were. In fact, they had not then been consulted—and still have not been. For example, both the Jacksonville family association and the state center family organization have been rebuffed repeatedly in their attempts to have any input into the Administration's so-called "rebalancing" plan. Relying solely on a Springfield hearing will further disenfranchise these individuals and families from meaningful input into a plan that impacts their very lives.

If COGFA has already determined that the JDC and TPMHC plans are not new and different, then obviously the only appropriate course would be to re-issue the advisory recommendations it had made based on the previous plans—and to recommend against the closures. By scheduling this hearing it is apparent you believe there may be new information. The many individual, family, provider and community stakeholders deserve to have a full opportunity to give you their views on that information.

In our view, the "new" plans actually differ very little from the fundamental flaws of the original plans--there are still no specifics on where the individuals currently served at JDC and TPMHC will be served in the future.

For these reasons, COGFA public hearings in the impacted communities will be very important to ensure all voices are heard on these important services and we would urge you to schedule them as expeditiously as possible. Further, we urge that you direct DHS to comply with the Act by not taking steps to implement either closure until this process is complete.

Sincerely,



Henry Bayer
Executive Director

November 6, 2011

Honorable Sen. Jeffrey M. Schoenberg, Co-Chair
Honorable Rep. Patricia Bellock, Co-Chair
Illinois Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706

Re: Proposed Facility Closures / Tinley Park Mental Health Center

Dear Chairpersons Schoenberg and Bellock:

I urge the Commission to oppose these closures on both fiscal and humanitarian grounds.

This closure proposal needlessly exacts a heavy toll on many of Illinois' most vulnerable citizens. Practical funding solutions, as listed below, do exist. Practical treatment alternatives for Suburban Illinoisans, however, do not.

In reviewing testimony submitted thus far, two issues stand out:

- I.) These closures beget disproportionate public harm in comparison to fiscal savings.
- II.) Precious few, if any, funding solutions have been proffered.

While I do not posit myself a budget expert, and only learned of this proposal recently, it is my sincere hope the "Supplemental Facts" (Part I) and "Funding Solutions" (Part II) below prove useful in adding to the eloquent, intelligent and compassionate testimony already submitted by others.

Thank you for your time and consideration in reviewing this, and for your committed service to our state.

Regards,

Hon. Steven A. Daglas

I. Supplemental Facts / Disproportionate Public Harm

1.) Tinley MHC accounts for 19% of all patients treated at state mental health centers. Tinley, Singer & Chester MHC combined account for 29%.

- "In FY2010... the DMH provided state hospital services for approximately 10,200 individuals." – July 9, 2011 "[Illinois DHS Division of Mental Health Services Block Grant Applications FY2012-FY2013](#)", page 2
- Tinley MHC treated 1,905 patients in FY2010. – AFSMCE 31 [Fact Sheet](#), page 1
- Tinley, Singer & Chester MHC treated 2,990 patients. – AFSMCE 31 [Fact Sheet](#), page 1

2.) Secretary Saddler and Director Jones concur that, "The State's capacity to provide acute inpatient psychiatric care will be significantly reduced".

- September 9, 2011 [letter](#) from DHS Director Michelle Saddler and DMH Director Lorrie Rickman Jones to Sen. Schoenberg and Rep. Bellock, page 2

3.) Gov.'s office estimates total facility closure savings of \$45.0 million in FY2012.

- \$18.1 million: Tinley, Singer and Chester MHC closures
- \$14.6 million: Jacksonville and Mabley Developmental Center closures
- \$9.2 million: Logan Correctional closure
- \$3.1 million: IYC Murphysboro closure
- \$45.0 million: total FY2012 savings
 - **NOTE:** Further into the document, these savings are listed as "\$54.8 million (approx.)", though the figures provided actually total \$45.0 million.

4.) These savings comprise 0.078% of Illinois' \$57.4 billion FY2012 budget.

- "The FY 2012 budget as passed by the General Assembly totaled \$57.8 billion with \$29.3 billion coming from General Funds. The Governor then vetoed \$376.3 million..." – C.O.G.F.A., [State of Illinois FY2012 Budget Summary](#), page 27

5.) Mental health transportation funding has been reduced -37% in FY2012, despite IL Hospital Assoc. warnings mental health transportation is "a lifeline we cannot cut".

- Gov. Quinn proposed eliminating all such funding in FY2012 – IL Budget Office, "[Executive Budget for Fiscal Year 2012](#)", page 9-32
- The Legislature restored \$742,500 in FY2012 funding (a -\$433,500 reduction from FY2011). – Illinois 97th General Assembly, [HB3717](#) / [P.A. 097-0070](#)

6.) Closing Tinley MHC creates a geographic inequality / imbalance.

- Over 800,000 [Illinoisans reside](#) in the South Suburbs.
- Tinley is the [only](#) state MHC serving citizens spanning from Oak Lawn to Joliet, Kankakee and even Pontiac (patients farther South are closer to McFarland MHC in Springfield).
- North Suburban residents will retain access to 3 state MHC's within 30 miles of each other: Chicago-Read, Elgin & Madden.

7.) Closing Tinley MHC dramatically reduces regional bed capacity.

- The closest [state MHC](#) offering inpatient mental health care will be Madden MHC in Hines, IL (28 miles away, 150 beds).
- **Only 3 private hospitals offer inpatient mental health care within a 20 mile radius:**
 - [Palos Community Hospital](#) in Palos Heights (9 miles; only [38 mental health beds](#))
 - [St. Bernard Hospital](#) in Chicago (only [40 mental health beds](#))
 - [Hinsdale Hospital](#) in Hinsdale ([17 mental health beds](#); recently [eliminated 32 beds](#))

8.) Factors #5, 6 & 7 (above) will overwhelm already strained local service providers.

- According to a [March 2008 report](#) by the *Treatment Advocacy Center*, Illinois has already been facing a "severe bed shortage" since '05. IL has since further reduced public psychiatric beds.
- Sufficient local bed capacity simply does not exist to handle another influx of patients.
- Community service providers currently lack the resources necessary to fill such a large gap so quickly, despite their best efforts.
- The immediate consequences will erode multiple levels of patient care & community oversight.

9.) Arbitrator ruled on 10/03/11 the facilities "cannot be closed prior to July 1, 2012".

- Proceeding with these closures before then invites expensive litigation and further rancor.

Fortunately, straightforward funding solutions exist.

II. Funding Solutions

1.) Use Illinois' "Mental Health Fund" for its Intended Purpose - \$24,823,431.68

Fund Description: "To help finance the advancement of mental health facilities and services in the state of Illinois. Revenue sources include payments by patients and other responsible persons for care and treatment as provided under the mental health code."

- Governor projects saving [\\$18.1 million](#) in FY2012 by closing Tinley, Singer and Chester MHC.
- This fund has a [\\$24,823,431.68](#) cash balance as of November 1, 2011.
 - FY2012 budget projects a [\\$31,815,000](#) surplus in this fund at year-end.
- Majority of revenue ([\\$32,150,000](#) in FY2010) comes directly from "charges for services".
 - That means this money comes from state MHC patients actively receiving treatment.
- Illinois "swept" [\\$24,560,000](#) from this fund FY2010, diverting the money for other purposes.
 - [\\$103,795,790](#) has been diverted since FY2004 via special transfers & fund sweeps.
- **Using this fund as intended in FY2012 keeps these facilities open with a fund surplus.**

2.) House California Prisoners at Thomson Correctional - \$60,000,000 - \$300,000,000

This works on myriad levels and offers multiple benefits to both parties.

- The U.S. Supreme Court has [ordered](#) California to release or relocate 46,000 prisoners by 2013 [due to dangerous overcrowding](#).
- [CA, ID, PA](#) and [ME](#) (among many other states) have housed prisoners out-of-state for many years.
- IL can house the prisoners for far less than CA, in newer and more humane facilities, and still profit.
 - California's [annual cost](#) to incarcerate an inmate: \$47,102
 - Illinois' [annual cost](#) to incarcerate an inmate: \$21,911
- California actually has a [premium need](#) for housing of "higher-custody level inmates" requiring cells.
- California [recently signed](#) one contract for \$60 mill. annually and another for \$300 mill. annually.
- **Utilizing Thomson creates Illinois jobs (possibly up to 3,800) and generates profits instead of losses. The closure proposal, however, eliminates jobs while further crowding prisons.**

3.) Decouple Illinois from Federal Bonus Depreciation - \$500 million - \$?

Depreciation deductions must typically be distributed over the life of machinery and equipment. [Fed. law passed in 2010](#) allows for "bonus" (accelerated) depreciation up to 100% in 2011 and 50% in 2012. "Decoupling" from bonus depreciation enables IL to recoup significant revenue.

- Further Details & Background: January 31, 2011 Grant & Thornton, LLP "[State and Local Tax Alert](#)"
- August 8, 2011 [list of states](#) conforming with / decoupling from federal bonus depreciation
- FY2012 Revenue Estimates:
 - \$520 - \$615 million: IL Budget Office, "[Executive Budget for Fiscal Year 2012](#)", page 5-15
 - \$600 million: C.O.G.F.A., [State of Illinois FY2012 Budget Summary](#), page 33
 - \$1.009 billion (combined 2011 & 2012): Center on Budget and Policy Priorities, "[States can Avert New Revenue Loss and Protect Their Economis by Decoupling from Federal Expensing Provision](#)", page 2, Table I

4.) Consolidate instead of close facilities - \$?

Some of these facilities, such as the Mental Health Centers, have additional capacity.

- Potential savings do not appear to have been studied yet according to any public documents.

5.) Conduct Another Funds "Sweep" - \$250,000,000 - \$350,000,000

Gov. Quinn and the Legislature have previously done this. IL Supreme Court approves.

- Illinois conducted a funds "sweep" in FY2010, [netting](#) \$282,952,202 in funding for other priorities.
- Illinois also conducted fund "sweeps" in [FY2003](#), [FY2004](#), [FY2005](#), [FY2006](#) & [FY2007](#).
- While I personally believe funds should be used for their intended purpose, the Illinois Supreme Court [just ruled](#) on 10/27/11 that "sweeps" are an entirely legitimate and legal use of state revenue.
- Prioritize fund sweeps that do not impact vital services. For example: [Used Tire Management Fund](#) (\$8,070,307.44 as of 11/01/11), etc.

6.) Interfund Borrowing from the Mental Health Fund & Others - \$24,823,431.68 - \$?

This is consistent with the Governor and Legislature's present course of action in FY 2012.

- In this year's budget, *"the governor has come to rely on [interfund borrowing](#). Quinn borrowed \$500 million from special state funds in the current spending plan. The money is supposed to be paid back at the end of the fiscal year."*
- [SB335](#) (the FY2012 Budget Implementation Act), [already](#) *"expands the State's interfund borrowing ability" and "allows the State to borrow from cash balances in its Other State Funds to pay for General Fund operations."* This should help make the process fairly straightforward.

7.) Use a Portion of Excess FY2012 Revenue - \$350,000,000 - \$?

The C.O.G.F.A. "[September Monthly Briefing](#)" released 10/04/11 indicates FY2012 receipts are rapidly outpacing FY2011 receipts.

- Sept. FY2012 receipts alone are \$441,000,000 more than Sept. FY2011.
- Sept. FY2012 "Total General Funds" are \$350,000,000 more than Sept. FY2011.
- While IL must pay down debt, we must also grow our way out of this economic malaise.
- The [economic impact](#) of these closures will hinder economic growth during a fragile recovery.

8.) State Government Hiring Freeze - \$50,000,000

Originally [proposed](#) by IL Senate Republicans on March 17, 2011.

- This has proven effective, according to a 10/2005 [Deloitte report](#) evaluating Exec. Order 2003-1.

9.) Delay State Payments by 1 Week - \$?

Deposit certain non-wage payments into the bank for 1 week before sending them out.

- Illinois pays [tens of billions](#) to non-employees annually.
- Deposit the money for these payments into an isolated savings account for 1 week.
- Money generates interest % while in the bank during that week.
- Interest % provides funding for state emergencies, such as preventing these closures.



Madison County Government
Community Development Department
130 Hillsboro Ave., Suite 100
Edwardsville, IL 62025-1636
Phone (618) 692-8940 Fax (618) 692-7022

*Alan J. Dunstan
County Board Chairman*

11-09-11

Respected Members of the Illinois Commission on Government Forecasting and Accountability,

We are supportive of the closing of Tinley Park and de-institutionalization in general provided local communities have the following supports in place so the transition will meet both short-term crisis intervention needs and permanent supportive housing needs for persons with mental health conditions.

To close the facilities in a manner that is beneficial to persons needing crisis intervention, effective crisis alternatives are presently needed within local communities and without solid strategic planning, this need will increase as the number of civilian beds decrease throughout the state due to the closures. In Madison County, Illinois, 549 adults and children were identified in January as experiencing homelessness and 50% of them reported receiving mental health treatment. We have one crisis residential program that provides an environment where an individual can get progressively healthier while securing housing and there are no peer-delivered crisis programs despite their proven effectiveness. A solid plan would provide opportunity to increase crisis residential services and establish evidenced-based peer-delivered programs such as the Living Room model. Additionally, any consideration given to re-establishing the Community Hospital Inpatient Psychiatric Services (CHIPS) must be met with a requirement that community hospitals are providing recovery-oriented mental health care by employing professionals with a Certified Recovery Support Specialist (CRSS) credential as members of the treatment team. It is not enough to identify alternative options. We need to identify the best options that will empower people to live healthy lives and by doing so, the risk of individuals and families losing their housing due to the condition of their mental health is minimized.

The Governor has just released a plan that would increase the average cost of service provision in the community providing funding for community providers to serve individuals transitioning from institutions. We are encouraged by this plan because there is reasonable time afforded which gives local communities opportunity to prepare to meet both housing and mental health care needs of individuals as the mental health care system is being restructured. Because of this, we urge you to recommend the closing of Tinley Park, with identified alternatives.

Respectfully,

The Madison County Continuum of Care

September 23, 2011

The Honorable Jeffrey M. Schoenberg, Co-Chair
The Honorable Patricia Bellock, Co-Chair
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706

Re: Proposals to Close Tinley Park Mental Health Centers

Dear Chairpersons Schoenberg and Bellock:

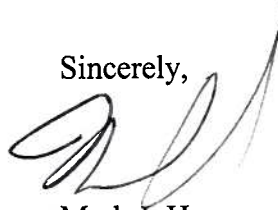
The Mental Health America of Illinois respectfully requests the Commission to reconsider its September 19, 2011 decision (Exhibit A) that it need not review the September 8, 2011 proposal from the Department of Human Services (DHS) to permanently close Tinley Park Mental Health Center. We make this request because:

1. Contrary to the September 19th letter, the current proposal (Exhibit B) is not part of "an on-going process from the 2008 closure announcement". Rather it is dramatically new and different proposal formulated long after DHS abandoned its previous proposal. **Most significantly, the current proposal abandons DHS' previous written commitment to COGFA and to the community that it would build a replacement facility**
2. Unlike the 2008 proposal, (Exhibit C) the current proposal does not comply with either the standards or procedures in Section 4.4 of the Community Services Act, 405 ILCS 30/4.4.
3. The proposal will cause serious harm to person with mental illnesses and their families and communities since it will deprive almost 2,000 persons with very serious mental illnesses of acute, inpatient psychiatric services every year without a plan for serving those persons in alternative settings.

Detailed written comments supporting each of these concerns are attached.

Mental Health America of Illinois respectfully requests that COGFA reconsider its decision not to review the proposal to close Tinley Park and hold full hearings on the proposal.

Sincerely,



Mark J. Heyrman
Chair, Public Policy Committee
Writer's direct line: 773-753-4440

enclosures

Memorandum Supporting Request for Reconsideration

I. The Current Proposal to Close Tinley Park Mental Health Center is Not a Continuation of the 2008 Replacement Proposal Approved by COGFA in 2009.

The current Department of Human Services proposal to close Tinley Park is not a continuation of the 2008 replacement proposal previously approved by COGFA. First, it should be noted that the Department has not claimed that there is any connection between these two proposals. There is not a single word either in the DHS notice to COGFA dated September 8, 2011 or in its detailed, five-page recommendation dated September 9, 2011 mentioning the 2008 proposal.

In fact these proposals are completely different. The 2008 proposal was correctly referred to by DHS as "The Tinley Park Health Center Replacement Plan." (Exhibit C, page 1) Almost all of that plan was devoted to a detailed explanation of the process DHS intended to pursue in building "a new 100-bed replacement hospital that will expand access for the growing Southland region." (Exhibit C, page 2) Indeed, DHS correctly advised COGFA that it had already (on November 3, 2008) issued a Request for Information (RFI) from vendors designed to assist it in building a replacement facility which would be followed by a Request for Proposals (RFP). (Exhibit C, page 3) For this reason and others, all or almost all stakeholders supported the 2008 proposal.

For reasons that are not clear, DHS abandoned its 2008 plan to replace Tinley Park with a larger facility. What is clear is that the current closure proposal has no connection to the 2008 replacement proposal. There is not a word in the 2011 plan suggesting that DHS intends to build a replacement facility. Rather, DHS explains that the 2011 plan is a response by the Governor to the Fiscal Year 2012 DHS budget contained in House Bill 3717 which passed by the legislature in May of this year. (Exhibit B, page 1) Of course, DHS could not anticipate that budget when it proposed to build a replacement facility.

Since there is no connection between the 2008 replacement proposal and the 2011 closure proposal, we respectfully ask that COGFA reconsider its decision and schedule a hearing to consider the 2011 closure proposal.

II. COGFA Should Review the Proposal to Close Tinley Park Because, unlike the 2008 Replacement Proposal, the 2011 Closure Proposal Does Not Comply with Either the Standards or Procedures of the Community Services Act.

The Community Services Act creates standards and procedures which must be followed when state-operated mental health facilities are closed. (The relevant provisions are attached as Exhibit D.) Specifically, Section 4.4 requires the reinvestment of funds saved by the closure and Section 4.5 requires consultation with advocacy groups in order to create a plan for the reinvestment of these funds in the community.

The 2008 replacement proposal was made in compliance with both of these requirements. As accurately recounted in its written recommendation to COGFA, DHS created a Task Force comprised of a large and diverse group of stakeholder to help it plan for the replacement of Tinley Park and the reinvestment of the savings. (Exhibit C, page 2). The resulting plan not only provided for a replacement facility which would be **larger** than the existng Tinley Park facility, it made detailed provisions for other services and needs.

However, none of these requirement are met by the current closure proposal. DHS has consulted with no one and has no plan to reinvest the savings. Indeed, they have told advisory groups that they are not required to comply with the Community Services Act.

MHAI respectfully requests that COGFA reconsider its decision not to review the new Tinley Park closure proposal and recommend to DHS that it comply with Sections 4.4 and 4.5 of the Community Services Act.

III. Unlike the 2008 Replacement Proposal, the 2011 Closure Proposal will Cause Serious Harm to Persons with Mental Illnesses and Their Families and Communities

As discussed above in Section II, the 2008 Replacement Proposal made elaborate provisions for those persons then being served by Tinley Park Mental Health Center, including but not limited to, building a larger facility to replace Tinley Park. The current closure proposal contains no plan for serving those who will be denied access to this important facility.

Here are our concerns:

- During the past sixty years the number of state psychiatric hospital beds has declined from 35,000 to 1,300 despite a doubling of the state population.
- Each psychiatric hospital bed serves many people. Thus, even though Tinley Park now has only 50 beds, more than 1900 persons were treated there during Fiscal Year 2011. Any plan for closure needs to serve *all* of these people, not just find a place for the fifty

people who happened to be in the facility on the day it is closed.

- DHS is also planning on closing two other facilities which will further exacerbate the shortage of mental health services in Illinois.
- Private psychiatric hospitals cannot adequately serve the persons currently being served by state hospitals because:
 - during the past twenty years the number of private psychiatric hospital beds has declined from 5,350 to 3,816.
 - the decline in the number of private psychiatric hospitals beds has been caused largely by the inadequate rates being paid by all payers, including Medicaid, for inpatient psychiatric care. .
 - Several years ago Illinois terminated its CHIPS program which provided state funding to private hospitals to care for persons not eligible for Medicaid. This is important because a disproportionate percentage of persons currently being served by state hospitals are not on Medicaid. Private hospitals have served a growing number of persons without compensation in the past few years. When combined with inadequate rates, this problem further weakens financially vulnerable facilities.
 - Most private hospitals have neither the physical infrastructure nor staff to treat many of the patients currently being served by state facilities.
 - Many persons served by state hospitals have been involuntarily committed. Private hospitals are often unwilling to accept involuntary patients because neither Medicaid, Medicare nor private insurance will cover the substantial costs associated with involuntary commitment, including time spent by one or more psychiatrists to testify in court and the cost of transporting patients to hearings.
- In April, 2011, the Department of Healthcare and Family Services imposed dramatic restrictions on the availability of psychotropic medications needed to maintain persons with mental illnesses safely in the community. The two new managed care entities serving Medicaid recipients in the Chicago suburbs also provide limited access to psychotropic medications. These restrictions are likely to *increase* the need for inpatient services in Illinois. Any mental health service plan must recognize this reality.
- Illinois will be required under the consent decrees it has signed in *Williams v. Quinn* and *Colbert v. Quinn* to provide community services to thousands of persons with mental illnesses currently being warehoused without services in nursing homes. The Summit supports these consent decrees. However, no funds have been appropriated to serve these individuals in the community. The proposed hospital closures will increase the number of people who will be competing for scarce community services making it even more difficult for Illinois to comply with the *Colbert* and *Quinn* decrees.

- Because Illinois has never provided adequate funding for its community mental health system, the Illinois Department of Corrections houses more persons with mental illnesses (approximately 6,500 persons) than all of the public and private psychiatric hospitals in the state combined (approximately 4,800 persons). And the Cook County Jail alone houses more persons with mental illnesses (approximately 1,500 persons) than all nine of the state psychiatric hospitals combined (1300 persons). The existing shortage of state psychiatric hospital beds is already causing person who have been found unfit to stand trial or not guilty by reason of insanity to be kept illegal in county jails without treatment instead of being transferred to a state mental health facility Closing three psychiatric hospitals without a comprehensive plan will make these problems worse.
- The community mental health system is unable to serve people who will be dumped out of these three hospitals. That is because:
 - Community Services are already dramatically underfunded and have suffered severe and disproportionate cuts in the last several years. Some providers have closed and all of them have reduced staff and services.
 - Among the most effective evidence-based treatments for persons with serious mental illnesses is Assertive Community Treatment (ACT). ACT is particularly effective and necessary for those persons with the most serious symptoms who have been utilizing our state hospitals. Unfortunately, Illinois has made ACT virtually unobtainable by setting the reimbursement rate well below the cost of providing this service.
 - Illinois has also failed to provide sufficient funding for supportive housing programs for persons with mental illnesses. Many people end up in psychiatric hospitals due to a lack of decent and safe housing. A substantial percentage of the persons who will be dumped into the community when these hospitals are closed will need supportive housing.

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

As detailed in Section II above, prior to its 2008 proposal, the Department of Human Services created a detailed plan to replace it with a larger facility and provide other important services. This plan was created after extended consultations with advocates and providers. We believe that both the process and the resulting plan should serve as a model for any proposal to close a state hospital. We urge COGFA to recommend that the Department comply with Illinois law and create a process and a plan which will insure that the persons with very serious mental illnesses currently being served by state hospitals can survive safely in the community if Tinley Park is closed.

SENATE
Jeffrey M. Schoenberg
Co-Chairman

Michael Frerichs
Matt Murphy
Suzi Schmidt
Dave Syverson
Donne Trotter

EXECUTIVE DIRECTOR
Dan R. Long



State of Illinois
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HOUSE
Patricia R. Bellock
Co-Chairman

Kevin McCarthy
Elaine Nekritz
Raymond Poe
Al Riley
Michael Tryon

DEPUTY DIRECTOR
Trevor J. Clatfelter

September 19, 2011

Michelle R. B. Saddler, Secretary
Illinois Department of Human Services
100 South Grand Avenue East
Springfield, Illinois 62762

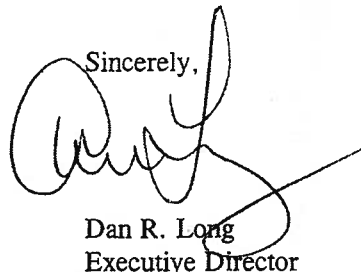
Dear Secretary Saddler:

On September 8, 2011 the Illinois Department of Human Services notified the Commission on Government Forecasting and Accountability that the **Tinley Park Mental Health Center in Tinley Park, Illinois** would be closed. The Commission previously held a thorough public hearing on this closing on December 11th, 2008 with follow-up meetings on January 12th, 2009 and April 28th, 2009. At the April 28th meeting, the Commission voted 7-4-1 to accept the recommendation by the Department of Human Services to close the Tinley Park Mental Health Center in Tinley Park, Illinois.

It is our understanding, since issuing the recommendation for closure that the Department is gradually phasing out this facility and has reduced the number of beds at Tinley from 300 to 75. The Commission believes the closure of this facility to be an on-going process from the 2008 closure announcement, and therefore, does not deem further action by the Commission necessary at this time. The Commission considers this matter settled based upon the previous hearings and vote.

Should you have any questions concerning this subject, please contact the Commission at (217) 782-5322.

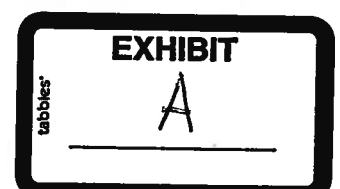
Sincerely,



Dan R. Long
Executive Director

DRL:dkb
S283 Tinley Park Mental Health Center

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





Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

Office of the Secretary
401 South Clinton Street • Chicago, Illinois 60607
100 South Grand Avenue East • Springfield, Illinois 62762

September 9, 2011

VIA HAND DELIVERY AND ELECTRONIC MAIL

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

Re: Closure of Tinley Park Mental Health Center

Dear Senator Schoenberg and Representative Bellock:

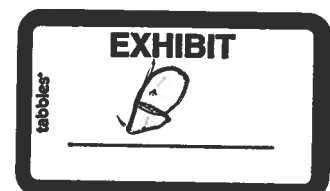
On behalf of the Illinois Department of Human Services (DHS), and in connection with the proposed closure of the Tinley Park Mental Health Center, the following are DHS' recommendation and its response to the ten questions which are required to be answered pursuant to Section 5-10 of the State Facilities Closure Act, 30 ILCS 608/5-10.

Recommendation:

On May 30, 2011 the General Assembly passed an appropriations bill (HB 3717) for the operations of the nine (9) State-Operated Mental Health Centers (Mental Health Centers (MHC) or Hospitals) operated by DHS' Division of Mental Health. The legislation provided \$194.9 million against the Governor's requested budget of \$253.7 million for the nine (9) Hospitals.

DHS and the Division of Mental Health have spent considerable time and energy in an effort to determine a way that we can continue to provide the level of services which we have historically delivered and which we are statutorily mandated to deliver while doing so within the parameters of the appropriations as received. Regrettably, and after much reflection, we have determined that the closure of Tinley Park Mental Health Center (Tinley Park MHC) is the only course of action which will satisfy our fiduciary, statutory and clinical obligations. This action will result in the change in the mission of the Division of Mental Health from providing a wide range of psychiatric services, including acute inpatient psychiatric care, to providing predominantly forensically-mandated services with limited options for treating civil acute care and extended care patients.

Therefore, in FY12, the Division of Mental Health would close Tinley Park MHC's seventy-five (75) beds.



Responses:

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

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

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

There are 196 employees at Tinley Park MHC. Until the closure agreement is negotiated, we will not know the impact on the employees at Tinley Park MHC.

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

- The State's capacity to provide acute inpatient psychiatric care will be significantly reduced. The broader mental health system, specifically private community-based hospitals and mental health providers, would be expected to provide much more of this service to the population currently served in the State psychiatric Hospitals.
- Alton Mental Health Center in Alton, Illinois, will be expanding its responsibility for the treatment of extended care patients.
- Chicago Read Mental Health Center in Chicago, Illinois, will be expanding its responsibility for the treatment of extended care patients.
- Elgin Mental Health Center in Elgin, Illinois, will be expanding its responsibility for the treatment of extended care patients.
- McFarland Mental Health Center in Springfield, Illinois, will be expanding its responsibility for the treatment of extended care patients.

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

Tinley Park Mental Health Center consists of twenty (20) buildings. Maple Hall is the only occupied living unit for individuals with mental illnesses. The other buildings consist of:

- Administration building
- Oak Hall, which houses the dietary and general stores
- Mimosa, which houses the Mental Health Court
- Power Plant (supplies heat, air conditioning to the Hospital)
- Stores

- Maintenance (houses engineering and trades, storerooms, three-bay loading dock, refrigeration and freezer storage)
- Garage (stores grounds equipment)

The remaining thirteen (13) buildings are vacant and/or used for excess storage space.

Upon closure, DHS would vacate these buildings and deem them excess property.

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

- The State's capacity to provide civil acute inpatient psychiatric care will be significantly reduced, affecting approximately 1,903 civil admissions annually.
- Chicago Read MHC will be expanding its responsibility for treatment-refractory, extended care patients.
- McFarland MHC will be expanding its responsibility for treatment-refractory, extended care patients.
- Alton MHC in Alton, Illinois, will convert one civil unit (fifteen (15) beds) for treatment-refractory, extended care patients.
- Elgin MHC in Elgin, Illinois, will convert one civil unit (twenty-five (25) beds) for treatment-refractory, extended care patients.

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

Based on actual FY11 spending, the annual cost of operating Tinley Park MHC was \$20.1 million.

Given the cost of closing Tinley Park MHC and the minimal reinvestment in community services, a deficit of \$37.9 million will remain in the FY12 budget. Therefore, DHS will have to address this deficit with corresponding cuts of \$37.9 million throughout the rest of DHS' budget.¹

Under the proposal to close Tinley Park MHC, DHS will provide minimal funding to serve persons in community-based settings. Federal disproportionate share funding allocated to the State for the provision of services to the uninsured population in State Hospitals will be proportionately reduced. The exact amount of this reduction has yet to be determined.

¹ This deficit figure is based on the assumption that Tinley Park, Chester and Singer Mental Health Centers all close in FY12 per the Notices of Intent submitted to CGFA on September 8, 2011.

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

A report commissioned from and prepared by the University of Illinois Champaign-Urbana will be forwarded to you under separate cover.

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

- The plans and recommendations as discussed represent significant increases in the level of acute inpatient psychiatric services that will become the responsibility of the community-based medical and mental health providers. The current capacity and ability of the private sector to serve this population is not fully known at this time. The State will need to engage with private hospitals to build capacity to provide this care to approximately 1,903 admissions annually. In addition, community-based mental health and substance abuse providers would also need to build capacity to enhance alternatives to inpatient care. There would be additional costs to the State for assuring the availability of these services.
- State functions will be re-allocated as follows:
 - Chicago Read MHC's responsibility for treatment-refractory, extended care patients will be expanded.
 - McFarland MHC's responsibility for treatment-refractory, extended care patients will be expanded.
 - One civil unit (twenty-five (25) beds) at Elgin MHC will be converted for treatment-refractory, extended care patients.

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

- All State services at Tinley Park Mental Health Center will cease operation during FY12.
- Alton MHC, Chicago Read MHC, Elgin MHC and McFarland MHC will assume responsibility for handling extended care or selective treatment-refractory patients currently in the system with selective new admissions.
- Pending statutory changes, Alton MHC would become the Maximum Security Forensic Hospital with the acute, civil unit (fifteen (15) beds) converting to a treatment-refractory extended care unit.

Senator Jeffrey M. Schoenberg
Representative Patti Bellock
September 9, 2011
Page 5 of 5

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

There is an underground fuel storage tank in the garage of the Hospital that is in compliance with underground storage rules and regulations. The underground fuel tank was installed under a CDB project as the CMS garage until the CMS garage was relocated to another location. Asbestos is located throughout the Hospital in the following locations: the tunnel system; mechanical rooms; pipe chases; floor; and mastic. Spruce Hall was listed by the Illinois Attorney General as having a large amount of asbestos-containing floor tile and mastic. Some of the buildings have had asbestos abatements completed under CDB projects but these abatements did not fully eliminate the asbestos from the building(s) because the projects only abated certain areas as defined in the CDB project. The water purification operation at this location has been eliminated and the Hospital now receives domestic water from the City of Tinley Park.

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

Very truly yours,



Michelle R.B. Saddler
Secretary

Very truly yours,



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

Public Act 094-0498

HB1345 Enrolled

LRB094 03621 DRJ 33626 b

AN ACT in relation to health.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Community Services Act is amended by adding Sections 4.4 and 4.5 as follows:

(405 ILCS 30/4.4 new)

Sec. 4.4. Funding reinvestment.

(a) The purposes of this Section are as follows:

(1) The General Assembly recognizes that the United States Supreme Court in *Olmstead v. L.C. ex Rel. Zimring*, 119 S. Ct. 2176 (1999), affirmed that the unjustifiable institutionalization of a person with a disability who could live in the community with proper support, and wishes to do so, is unlawful discrimination in violation of the Americans with Disabilities Act (ADA). The State of Illinois, along with all other states, is required to provide appropriate residential and community-based support services to persons with disabilities who wish to live in a less restrictive setting.

(2) It is the purpose of this Section to help fulfill the State's obligations under the *Olmstead* decision by maximizing the level of funds for both developmental disability and mental health services and supports in order to maintain and create an array of residential and supportive services for people with mental health needs and developmental disabilities whenever they are transferred into another facility or a community-based setting.

(b) In this Section:

"Office of Developmental Disabilities" means the Office of Developmental Disabilities within the Department of Human Services.

"Office of Mental Health" means the Office of Mental Health within the Department of Human Services.

(c) On and after the effective date of this amendatory Act of the 94th General Assembly, every appropriation of State moneys relating to funding for the Office of Developmental Disabilities or the Office of Mental Health must comply with this Section.

(d) Whenever any appropriation, or any portion of an appropriation, for any fiscal year relating to the funding of any State-operated facility operated by the Office of Developmental Disabilities or any mental health facility operated by the Office of Mental Health is reduced because of any of the reasons set forth in the following items (1) through (3), to the extent that savings are realized from these items,

EXHIBIT

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those moneys must be directed toward providing other services and supports for persons with developmental disabilities or mental health needs:

(1) The closing of any such State-operated facility for the developmentally disabled or mental health facility.

(2) Reduction in the number of units or available beds in any such State-operated facility for the developmentally disabled or mental health facility.

(3) Reduction in the number of staff employed in any such State-operated facility for the developmentally disabled or mental health facility.

In determining whether any savings are realized from items (1) through (3), sufficient moneys shall be made available to ensure that there is an appropriate level of staffing and that life, safety, and care concerns are addressed so as to provide for the remaining persons with developmental disabilities or mental illness at any facility in the case of item (2) or (3) or, in the case of item (1), such remaining persons at the remaining State-operated facilities that will be expected to handle the individuals previously served at the closed facility.

(e) The purposes of redirecting this funding shall include, but not be limited to, providing the following services and supports for individuals with developmental disabilities and mental health needs:

(1) Residence in the most integrated setting possible, whether independent living in a private residence, a Community Integrated Living Arrangement (CILA), a supported residential program, an Intermediate Care Facility for persons with Developmental Disabilities (ICFDD), a supervised residential program, or supportive housing, as appropriate.

(2) Residence in another State-operated facility.

(3) Rehabilitation and support services, including assertive community treatment, case management, supportive and supervised day treatment, and psychosocial rehabilitation.

(4) Vocational or developmental training, as appropriate, that contributes to the person's independence and employment potential.

(5) Employment or supported employment, as appropriate, free from discrimination pursuant to the Constitution and laws of this State.

(6) In-home family supports, such as respite services and client and family supports.

(7) Periodic reevaluation, as needed.

(f) An appropriation may not circumvent the purposes of this Section by transferring moneys within the funding system for services and supports for the developmentally disabled and mentally ill and then compensating for this transfer by redirecting other moneys away from these services to provide funding for some other governmental purpose or to relieve other State funding expenditures.

(405 ILCS 30/4.5 new)

Sec. 4.5. Consultation with advisory and advocacy groups.

Whenever any appropriation, or any part of an appropriation,

for any fiscal year relating to the funding of (i) a State-operated facility operated by the Office of Developmental Disabilities within the Department of Human Services or (ii) a mental health facility operated by the Office of Mental Health within the Department of Human Services is reduced because of any of the reasons set forth in items (1) through (3) of subsection (d) of Section 4.4, the plan for using any savings realized from those items (1) through (3) shall be shared and discussed with advocates, advocacy organizations, and advisory groups whose mission includes advocacy for persons with developmental disabilities or persons with mental illness.

Section 99. Effective date. This Act takes effect upon becoming law.

Effective Date: 8/8/2005



Rod R. Blagojevich, Governor

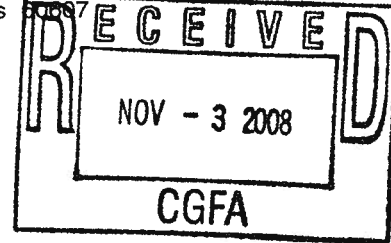
Illinois Department of Human Services

Carol L. Adams, Ph.D., Secretary

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

November 3, 2008

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



Dear Messrs. Schoenberg, Myers and Long:

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

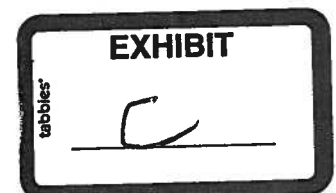
On September 18, 2008, DHS received a request from CGFA for the filing of our "official recommendation of closure". Please accept the following details as our official recommendation, consistent with the requirements of the Act and as outlined in your September 18, 2008 correspondence.

Tinley Park Mental Health Center Replacement Plan

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

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

History and Decision Making Process



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

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

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

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

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

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

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

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

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

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

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

THE PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,



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



Carol L. Adams, Ph.D.
Secretary

MENTAL HEALTH SUMMIT

Invest in Mental Health. Treatment Works.

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

September 29, 2011

The Honorable Jeffrey M. Schoenberg, Co-Chair
The Honorable Patricia Bellock, Co-Chair
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706

Re: Proposal to Close Tinley Park Mental Health Centers

Dear Chairpersons Schoenberg and Bellock:

The Mental Health Summit (a list of our member organizations is enclosed) has voted to join one its members, Mental Health America of Illinois in requesting the Commission to reconsider its September 19, 2011 that it need not review the September 8, 2011 proposal from the Department of Human Services (DHS) to permanently close Tinley Park Mental Health Center. We make this request because:

1. Contrary to the September 19th letter, the current proposal is not part of “an on-going process from the 2008 closure announcement”. Rather it is dramatically new and different proposal formulated long after DHS abandoned its previous proposal. **Most significantly, the current proposal abandons DHS’ previous written commitment to COGFA and to the community that it would build a replacement facility**
2. Unlike the 2008 proposal, the current proposal does not comply with either the standards or procedures in Sections 4.4 and 4.5 of the Community Services Act, 405 ILCS 30/4.4, 4/5.
3. The proposal will cause serious harm to person with mental illnesses and their families and communities since it will deprive almost 2,000 persons with very serious mental illnesses of acute, inpatient psychiatric services every year without a plan for serving those persons in alternative settings.

The Mental Health Summit respectfully requests that COGFA reconsider its decision not to review the proposal to close Tinley Park and hold full hearings on the proposal.

Sincerely,



Mark J. Heyrman
Facilitator

M E N T A L H E A L T H S U M M I T

Invest in Mental Health. Treatment Works.

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

Summit Members

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

MENTAL HEALTH SUMMIT

Invest in Mental Health. Treatment Works.

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

October 21, 2011

Dear Representative Bellock::

The Mental Health Summit is deeply concerned by the proposal of the Governor to close three of the nine state psychiatric hospitals—Tinley Park, Singer and Chester-- with no plan to care for the thousands of persons who will no longer be served by these facilities. Unlike long-term facilities for persons with developmental disabilities, our state psychiatric facilities generally function to provide short-term acute care for persons in crisis. Thus, each bed serves many persons. Tinley Park Mental Health Center, for example, served 1,900 persons last year with only 60 beds.

The Summit does not and has not opposed the closure of state psychiatric hospitals. For example, when the Department of Human Services proposed the closure of Tinley Park several years ago, we worked with DHS and other stakeholders to devise a comprehensive plan to replace the lost services with community care. For reasons that are not clear, DHS abandoned that plan some time ago. **Now DHS proposes to close three facilities with no plan.** The enclosed memorandum explains why the current closure proposal will be a disaster for people with mental illnesses and their families and communities.

We hope that you will help us to convince the Governor either to (a) keep these facilities open or, (b) to create and fund a plan for alternative services in the community. Dumping people out of state psychiatric hospitals with no services is not a “solution” to our budget woes.

Sincerely



Mark J. Heyrman
Summit Facilitator

enclosures.

Summit's Concerns about the Governor's Proposal to Close Three State Psychiatric Hospitals

The Governor has proposed closing three state psychiatric hospitals: Tinley Park, Singer and Chester Mental Health Centers. The Summit is concerned because this proposal amounts to a dramatic reduction in acute inpatient psychiatric care with no plan for alternative services

The main effect of the closure of Singer, Tinley Park and Chester will be a dramatic reduction in the number of acute, inpatient psychiatric beds. That is because the state does not have the discretion to close forensic beds. Forensic patients (insanity acquittees and unfit criminal defendants) cannot be released without an order from a criminal court. Thus, since Chester serves primarily forensic patients, these patients will be moved to other facilities and the civil, acute capacity at the remaining six facilities will be reduced. There is no plan to increase beds at any state-operated facility. The net result is that the number of civil beds will decline from 550 to 220. Because acute beds are, by definition, short-term beds, each of these beds served more than 20 persons with serious mental illness each year. **The proposed closures will result in a net reduction in services to more than 3,500 people each year.**

A. Private Hospitals Are Not Equipped or Funded to Serve those Persons Who Will Be Denied Services in State Hospitals.

The Department of Human Services has suggested that private hospitals can accommodate these 3,500 people. While this is theoretically true, there are very real practical roadblocks to such an outcome. They include:

1. Private hospitals have reduced *their* inpatient psychiatric capacity by more than 30% over the past two decades. This is mostly due to inadequate rates being paid by Medicaid and other funders. Any serious attempt to induce private hospitals to reverse this trend and increase their inpatient psychiatric capacity must include an increase in reimbursement rates for these hospitals
2. Most of the persons currently being served in state hospitals are not eligible for Medicaid. Two years ago Illinois discontinued the CHIPS program through which it supported inpatient care in private hospitals for non-Medicaid eligible indigent persons. Thus, there will be no funding available to serve these persons in private hospitals. In the absence of such funding, private hospitals have no reason to expand their inpatient psychiatric services. Any serious attempt to provide care for the 3000 people that state plans on dumping out of its hospitals must include a reinstatement of CHIPS funding.
3. The persons currently being served in state hospitals are among the persons who have the most serious mental illnesses. Many of them are so sick that they are unwilling to accept services voluntarily, but rather require involuntary commitment. However, there is no source of funding for the costs which private hospitals and psychiatrist must incur to

participate in the involuntary commitment process. Specifically, Medicaid, Medicare and private insurance will not pay for the time of a psychiatrist to prepare court documents and travel to and from and testify in commitment proceedings. Nor is there any source of funding for the costs of transporting patients to court hearings. Thus, private hospitals cannot afford to treat those people most in need of inpatient care.

4. Private hospital wards currently serving persons with mental illnesses are often not physically designed to safely serve persons with the most serious mental illnesses. In the absence of increased rates, it is unlikely that private hospitals will invest in the capital improvements needed to accommodate many of those persons currently in state hospitals
5. Because of the existing shortage of state hospital beds, persons with serious mental illnesses are already sitting in emergency rooms at private hospitals waiting sometimes for days until a bed is available in a state facility. The most obvious and predictable result of the proposed reduction in state-operated acute beds will be to increase the waiting times in emergency departments. Emergency departments are among the most expensive places to operate in any hospital. However, they are not equipped to safely house people with serious mental illnesses for extended periods. Some persons with serious mental illnesses will be harmed, some will simply walk away and not get treatment and some may even harm others.

B. The Community Mental Health System is Not Equipped or Funded to Serve Those Persons Who Will Be Denied Services in State Hospitals

It is theoretically possible to reduce the need for acute, inpatient psychiatric care in public or private hospitals. Mental health advocates have long supported the creation of a coordinated system of care for persons with serious mental illnesses. If Illinois offered a full range of community services, the need for inpatient care would be reduced. However, Illinois has never had such a system. Moreover in the last several years the state has taken substantial steps to reduce even the skeletal system of care which previously existed. Thus, in the absence of substantial changes and improvement in the community mental health system, it is unlikely that we can reduce our need for acute inpatient psychiatric care. Among the problems facing the community mental health system are:

1. The state has refused to fund evidence-based services like Assertive Community Treatment (ACT). This is a service which is highly effective for precisely those persons with the most serious mental illnesses who end up in state facilities. However, it is practically impossible to obtain ACT in Illinois due to funding restrictions.
2. The state has a serious shortage of supported and assisted housing. This is another service which is most needed by those persons who, in its absence, frequently need acute inpatient care.

3. Supported employment is another evidence-based services which is provided to only a fraction of those persons who need it.
4. The state has also dramatically cut funding for community services to persons who are not eligible for Medicaid. One of the reasons why so many persons who are not eligible for Medicaid end up in state hospitals is the lack of community services for this population. Now they will be dumped out of state hospitals with no place to go for services.
5. Early this year, the Department of Healthcare and Family Services imposed substantial restrictions on the availability of psychotropic medications needed to treat people with mental illnesses by: (1) limiting the Preferred Drug List (PDL) for Fee for Service Medicaid recipients; and, (2) permitting the two new managed care entities to create two different PDLs. Many persons with serious mental illnesses need, but can no longer obtain, medications not on these PDLs.
6. Inadequate rates. Independent studies have shown that the rates paid for community mental health services do not cover the costs of these services. We are losing some of these providers due to inadequate rates.

C. Nursing Homes are Not an Appropriate Placement for Persons with Serious Mental Illnesses.

In the past when Illinois wanted to reduce the number of state-operated psychiatric beds, it simply moved persons to nursing homes. That is why Illinois has come to rely upon nursing homes to house more persons with mental illnesses than almost any other state. However, Governor Quinn's Task Force on Nursing Homes Safety recently found that such placements were inappropriate. Mental health advocates had also thought that Illinois had committed itself in the *Williams v. Quinn* and *Colbert v. Quinn* consent decrees to *reduce* the number of persons with mental illnesses in nursing homes—a commitment we strongly support. However, last year's passage of Public Act 97-0038 suggests that Illinois may plan on abandoning this commitment. The law creates, for the first time, a special permanent licensing scheme for nursing homes that are solely devoted to persons with serious mental illnesses. The Mental Health Summit strongly urges the state not to move the 3,500 persons being dumped out of state hospitals into this new category of warehouse for persons with mental illnesses. We believe that this would violate the Americans with Disabilities Act and the *Williams* consent decree and subject thousands of people to inadequate and inhumane care.

D. The Existing Shortage of Public and Private Inpatient Beds and Community Services is Already a Disaster for People with Mental Illnesses and Wastes State and Local Tax Dollars.

1. Because of the existing shortage of public and private hospital beds and community

services, persons with serious mental illnesses frequently end up homeless. Cities, townships and counties are already spending substantial funds serving persons who have become homeless because they were denied mental health services. This will get much worse if the Governor is allowed to close three hospitals

2. Because of the existing shortage of public and private hospital beds and community services, persons with serious mental illnesses frequently end up in the criminal justice system. Cook County Jail already houses more persons with mental illnesses than all nine state hospitals combined and the Illinois Department of Corrections houses more persons with mental illnesses than all public and private psychiatric hospitals in the state combined. The Cook County Jail is now subject to two consent decrees, including one negotiated by the United States Department of Justice, directly relating to the large number of persons with mental illnesses in the jail. The Illinois Department of Corrections is also facing a class action over its lack of services for persons with mental illnesses. Cities and counties across the state and the state police are investing time and money in training police officers how to respond to the substantial number of persons with mental illnesses with whom they must cope. The criminal court system is also being forced to respond to this crisis by creating special criminal courts just for people with mental illnesses. Almost all of these additional costs are being borne by local taxing authorities. This burden will increase dramatically if the Governor is allowed to close three hospitals.

E. The Governor's Proposal Violates the Community Reinvestment Provisions of the Community Services Act

The Governor's proposal to close Tinley Park, Chester and Singer Mental Health Centers also violates Section 4.4. and 4.5 of the Community Services Act, 405 ILCS 30/4.4 and 30/4.5. Section 4.4 requires that when an appropriation for a state mental hospital is reduced because the facility is closed, the money saved due to that closure "must be directed toward providing other services and supports for persons with...mental health needs." Section 4.5 requires that the Department of Human Services consult with advocacy groups to determine how this money should be spent. However, the Department has announced that it does not intend to direct the millions of dollars which will be saved from these closures towards other services and, therefore, will not consult with advocacy groups about how this should be done. The closure plan, therefore, violates the Community Services Act.

F. The Proposed Closure of Chester Mental Health Center Violates Section 14 of the Mental Health and Developmental Disabilities Administrative Act.

The proposed closure of Chester Mental Health Center violates Section 14 of the Mental Health and Developmental Disabilities Administrative Act, 20 ILCS 1705/14. This Section specifies that certain classes of persons with serious mental illnesses, including persons found unfit to stand trial and those found not guilty by reason of insanity, should be housed at Chester. While

Section 14, allows the Department to exercise its discretion concerning which member of this group must be confined at Chester, the statute makes clear that persons “whose history...discloses dangerous and violent tendencies” must be housed there. Because of the nature of the population housed at Chester, the facility director is given the power to place patients in locked rooms without complying with the “seclusion” provisions of the Mental Health Code, a power which the facility director uses regularly. The Department will not have this power if it closes Chester and moves these same very dangerous persons to Alton or other facilities. The Department is only allowed to move someone out of Chester if it determines that he “has ceased to be such a source of danger” These provisions require the continued operation of Chester MHC.

MENTAL HEALTH SUMMIT

Invest in Mental Health. Treatment Works.

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Summit Members

Alexian Brothers Center for Mental Health/Behavioral Health Hospital	Latino/a Mental Health Providers Network
Anixter	League of Women Voters of Illinois
Catholic Archdiocese of Chicago, Commission on Mental Illness	Lutheran Social Services of Illinois
CAUSE	Mental Health America of Illinois
Child and Adolescent Bipolar Foundation	Mental Health Consumer Education Consortium
Community Behavioral Healthcare Association of Illinois	Mental Health Services–DuPage County Health Department
Community Counseling Centers of Chicago	National Alliance on Mental Illness Cook County North Suburban
Community Mental Health Board of Chicago	National Alliance on Mental Illness DuPage County
Depression and BiPolar Support Alliance	National Alliance on Mental Illness Greater Chicago
Domestic Violence and Mental Health Policy Initiative	National Alliance on Mental Illness Illinois
Equip for Equality, Inc.	National Alliance on Mental Illness Will County
Health and Disabilities Advocates	National Alliance on Mental Illness South Suburbs of Chicago
Healthcare Alternative Systems	National Association of Anorexia Nervosa and Associated Disorders
Heartland Alliance	National Association of Social Workers Illinois Chapter
Human Service Center	New Foundation Center
Illinois Association of Community Mental Health Authorities	Next Steps
Illinois Association of Rehabilitation Facilities	OCD--Chicago
Illinois Childhood Trauma Coalition	Recovery, Inc.
Illinois Council on Problem Gambling	Sankofa Organization of Illinois, Inc.
Illinois Counseling Association	Sonia Shankman Orthogenic School of the University of Chicago
Illinois Hospital Association	Suicide Prevention Association
Illinois Mental Health Counselor's Association	Supportive Housing Providers Association
Illinois Mental Health Planning and Advisory Council	Thresholds, Inc.
Illinois Rural Health Association	Trilogy
Illinois Psychiatric Society	University of Chicago Foundation for Emotionally Disordered Children
Illinois Psychological Association	Will County Health Department
Illinois Society for Clinical Social Work	
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September 26, 2011

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

Dear Sen. Schoenberg and Rep. Bellock:

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

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

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

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

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

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

02/11



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

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

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

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

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

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

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

Sincerely,



Henry Bayer
Executive Director

cc: COGFA Members
Dan Long



Officers

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Vice President
McHenry County

Carol Flessner
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ACMHAI

Association of Community Mental Health Authorities of Illinois

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

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

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

Date: October 7, 2011

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

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

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

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



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October 25, 2011

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

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

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

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

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

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



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

Comments on the Announcements

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

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

Closure Process: Issues and Solutions

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

IARF is Solution Driven

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

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

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**PARTNERS AGAINST ANIMAL
CRUELTY**

FOUNDER & CO-CHAIR

October 26, 2011

Commission Members
Illinois Commission on Government Forecasting & Accountability
703 Stratton Office Building
Springfield, Illinois 62706
Via email: facilityclosure@ilga.gov

**RE: Proposed Facility Closure Hearing:
Tinley Park Mental Health Center, Tinley Park, Illinois**

Dear Commission Members,

I am writing today to urge you to support the continued operation of the Tinley Park Mental Health Center. This center provides a vital community resource and its closing will significantly impact the 6th Cook County District, southern Cook County and the collar counties.

I implore you to take another look at this facility. Examine its history and the impact it has had on not only the mentally disabled and the severely developmentally disabled but also on their families, neighbors and the community at large. Without this safety net for those most difficult to serve, many will be lost to homelessness and incarceration. Surely five to ten acres can be spared to keep the Tinley Park Mental Health Center viable.

The community and the Board of Commissioners wish this facility to remain open not only to help those in desperate need of these services, but also to retain the 200 jobs that will be lost. Your favorable consideration of this matter will gravely affect the lives of many who cannot speak for themselves. **I totally oppose the closing of the Tinley Park Mental Health Center.**

Yours truly,

Joan Patricia Murphy
Cook County Commissioner, 6th District

6th District Municipalities

Alsip, Bedford Park, Bridgeview, Calumet City, Chicago Heights, Chicago Ridge, Crestwood, Dolton, East Hazel Crest, Flossmoor, Ford Heights, Glenwood, Hickory Hills, Homewood, Justice, Lansing, Lynwood, Matteson, Merrionette Park, Midlothian, Oak Forest, Oak Lawn, Orland Park, Palos Heights, Palos Hills, Park Forest, Richton Park, South Chicago Heights, Sauk Village, South Holland, Steger, Summit, Thornton, Tinley Park, University Park, Worth



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Community
Behavioral
Healthcare
Association

Frank Anselmo, MPA
Chief Executive Officer
3085 Stevenson Drive, 3rd Floor
Springfield, Illinois 62703
Phone: 217/585-1600
Fax: 217/585-1601
www.cbha.net

October 31, 2011

Honorable Members of COGFA
facilityclosure@ilga.gov

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

Tinley Park Proposed Closing.

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

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

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

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

1. Ensure the safety and receipt of care, treatment and services individuals in need of that care, treatment or service currently received at Tinley, Singer and Chester state operated mental health facilities. The closings of Meyer, Zeller and more recently some Nursing Home facilities should be reviewed for "lessons learned".
2. Comply with state responsibilities and specifically executive branch roles, responsibilities and requirements found in Public Acts: 80-1414, 88-380, 89-507, 93-770, 94-498, 95-682, 96-652, 96-1399, 96-1472, 97-528; as specified in state Acts and Codes including but not limited to:
 1. (405 ILCS 30/) Community Services Act.
 2. (405 ILCS 35/) Community Support Systems Act.
 3. (405 ILCS 5/) Mental Health and Developmental Disabilities Code.
 - Emergency admissions by petition
 - Court ordered admissions
 - Transportation

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

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

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

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

October 31, 2011

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

CBHA Appendices Pages 1-4

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

(405 ILCS 30/1) (from Ch. 91 1/2, par. 901)

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

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

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

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

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

(405 ILCS 30/4) (from Ch. 91 1/2, par. 904)

Sec. 4. Financing for Community Services.

(405 ILCS 30/4.4)

Sec. 4.4. Funding reinvestment.

(405 ILCS 30/4.5)

Sec. 4.5. Consultation with advisory and advocacy groups.

(405 ILCS 30/6)

Sec. 6. Geographic analysis of supports and services in community settings.

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

(405 ILCS 35/1) (from Ch. 91 1/2, par. 1101)

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

(Source: P.A. 89-507, eff. 7-1-97.)

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

(405 ILCS 5/Ch. III Art. VI heading)

ARTICLE VI. EMERGENCY ADMISSION BY CERTIFICATION

(405 ILCS 5/3-600) (from Ch. 91 1/2, par. 3-600)

Sec. 3-600. A person 18 years of age or older who is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization may be admitted to a mental health facility pursuant to this Article.

(Source: P.A. 96-1399, eff. 7-29-10; 96-1453, eff. 8-20-10.)

(405 ILCS 5/3-605) (from Ch. 91 1/2, par. 3-605)

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

(405 ILCS 5/3-607) (from Ch. 91 1/2, par. 3-607)

Sec. 3-607. Court ordered temporary detention and examination.



Robert Norman

Senior Rehabilitation Counselor

MA, MFT, MISA, LCPC, CBT

Illinois Department of Human Services

DIVISION OF REHABILITATION SERVICES

STATE OF ILLINOIS

8620 South Pulaski Road
Chicago, IL 60652

773/838-5077/VOICE
866/588-1230/TTY-TDD
773/838-5087/FAX

E-mail: Robert.Norman@illinois.gov

"I have helplessly watched her mental health deteriorate."

—Carla Clark on her mentally ill daughter Melissa's year in jail

Mentally ill, behind bars



NANCY STONE/TRIBUNE PHOTO

Carla Clark stands next to a childhood photo of her daughter, Melissa, who is now 22, mentally ill and in jail.

A mother copes with a heartbreaking question: What to do about Melissa?

BY DEBORAH L. SHELTON | Tribune reporter

Melissa Clark sat wide-eyed and agitated in a visiting room at Cook County Jail's Cermak Hospital, rocking her right leg so vigorously that her entire body shook.

Why can't you bail me out? she repeatedly pleaded to her mother.

Carla Clark leaned forward, her forehead inches away from the partition that kept her from hugging her only daughter, and asked one question: If she bailed the 22-year-old out of jail, would the young woman take her antipsychotic medication?

In a rambling answer, Melissa said no. Street drugs, not medication, were what made her feel better.

Clark eyed her daughter wearily. "Then I can't bail you out," she said.

Melissa's predicament tears at her mother. While jail is not an ideal place for a person needing psychiatric care, for now it might be the safest temporary option for Melissa, who has been diagnosed with bipolar disorder and schizophrenia.

In the past she has wandered the streets, committed petty crimes, overdosed on heroin and been assaulted by drug dealers. Arrested for robbery at a Whole Foods store in Chicago a year ago, she has been in jail ever since.

Soon a criminal court judge will have to decide: What do we do with Melissa?

It's the kind of problem that faces families, judges, psychiatrists, law enforcement officials and mental health advocates across Illinois, and comes up frequently as people with mental illnesses spill into jails and prisons because of a dearth of community-based services.

Cook County Jail's sizable mentally ill

Fewer spots for mentally ill

Even as Illinois private hospitals have seen an influx of patients seeking mental health care, the number of psychiatric beds has plummeted to the lowest level in years.

Illinois hospital psychiatric beds*



Data not available for 1992, '93, '95-'99, 2001

1991 '94 2000 '04 '08 '11

*Does not include state-run hospitals
SOURCE: Illinois Facilities and Services Review Board

TRIBUNE

Please turn to Page 14

Mom's painful question: What to do about Melissa?

Continued from Page 1

population has transformed the detention center into Illinois' largest psychiatric facility.

About 20 percent of the jail's 9,000 or so detainees have been diagnosed as having a mental illness. A larger, undetermined number don't have a diagnosis but show symptoms of psychiatric illness, said Cook County Sheriff Tom Dart.

"It's horribly sad on a million levels," Dart said. "This is a person who's here, not because they are quote-unquote criminal, but because they have an illness that manifests itself in doing certain acts and we are treating them like criminals."

Incarcerating people for behavior caused by their mental illnesses is costly, inhumane and doesn't make sense, mental health advocates say.

State budget cuts have made the situation worse, they say, and Dart has been considering suing the state for allowing the jail to become a dumping ground for people with serious mental illnesses.

Melissa's life began to spiral out of control during her teen years. She has cycled in and out of hospitals, jails and rehab facilities. Even though she comes from a middle-class family with resources, she is running out of options.

The family's finances have been hit hard by medical, psychiatric and legal bills, lessening relatives' ability to support Melissa. And because Melissa is an adult, she cannot be forced to participate in rehab programs or take her medications except in an emergency or under court order.

Carla Clark said jail time has been hell for her daughter,

who is unable to fully understand why she is there. "I have helplessly watched her mental health deteriorate in this stressful environment," Clark said.

Melissa is being evaluated by psychiatrists to determine if she is fit for trial, but the process has been agonizingly slow.

"For what she did, it shouldn't take this long," said her brother Brandon Clark. "The waiting period is unforgivable."

The family also worries about where Melissa will go next.

In large part because of Medicaid and other funding cuts, the number of public and private psychiatric beds has plummeted over the years, and often there are waiting lists.

Even as Illinois hospitals have seen an influx of patients with mental illnesses and substance abuse problems seeking care, they have faced Medicaid cuts, inadequate private health insurance coverage and shortages of psychiatrists, said Danny Chun, a spokesman for the Illinois Hospital Association.

Hospital officials across the state "are deeply concerned and alarmed by the human consequences of delays in treatment, inadequate treatment, or no treatment at all for persons with serious mental illness or substance abuse problems," said a hospital association white paper in May.

"Families have limited options available for needed services such as substance abuse treatment, medication, community outpatient and psychiatric care," the association said. "Far too many families are waiting far too long, for far too few services."

Outpatient programs run by community agencies also

have undergone deep cuts.

"It's so frustrating to know what to do and not be able to do it because of lack of money, especially because we know that investing in early prevention services is always going to be more cost-effective than the high-cost services," said Lora Thomas, executive director of the Illinois chapter of the National Alliance on Mental Illness, an advocacy group. "If services are available in the community, we can avoid visits to the emergency room — by far, the most costly service — and institutionalization in jails, prisons and nursing homes, or homelessness."

Terre Marshall, director of mental health at Cook County Jail, said homelessness keeps many mentally ill people from getting much needed medications and entitlements, such as Medicaid and Social Security disability income.

Left untreated, severely mentally ill people may engage in disruptive behaviors that can result in arrests for crimes that include loitering, disturbing the peace, drug possession, prostitution, retail theft and criminal trespass.

It can become a vicious cycle. Even though Melissa desperately wants to get out of jail, she already is resigned to come back because she can't imagine not abusing drugs.

Almost all of Cook County Jail's mentally ill detainees also have a substance abuse problem because they have been self-medicating with street drugs, said Dr. Jonathan Howard, jail psychiatrist.

A change last year in the way Illinois funds treatment programs has meant that people not enrolled in Medicaid are not always eligible for services that



Carla Clark visits Cook County Jail's Cermak Hospital, where her daughter, Melissa, is detained.



Melissa Clark, shown around age 19, began struggling with mental illness in her teen years.

they need, some treatment providers said.

"It's been a heartbreaking year because we have not been able to serve individuals that we would have been able to help in the past," said Jill Valbuena, program director of the Thresholds Justice Program.

Melissa Clark was arrested after a skirmish with a security guard who caught her shoplifting food. She is one of an estimated 260,000 Illinoisans who have schizophrenia or bipolar disorder.

Before her illness took over, she was a cheerleader, a fan of '60s rock, a ravenous reader of fiction and biographies, a good student who enjoyed drawing. A family photo shot several years ago shows a smiling Melissa with her blond hair cascading past her shoulders and her mother beaming at her side.

A far different woman recently appeared in front of a Cook County Criminal Court judge. At a hearing last month, she appeared sullen and disoriented in blue jail garb, her hands cuffed behind her back.

Melissa, who has been arrested about a dozen times, has been unable to care for herself or hold a job.

"She has no quality of life right now," her mother said despairingly, after a recent jail visit. "She hasn't had quality of life in a long time."

After repeatedly fighting other detainees, she was transferred to the jail hospital.

Brandon Clark said it is heartbreaking to see his sister behind bars, especially since he feels that the prolonged incarceration is further eroding her mental health.

He and his mother would like to see Melissa transferred to a state psychiatric facility where she could get forced medication.

"It's such a difficult thing to say that I want someone to force medications on my sister. But after trying everything for the last seven years, it's the only option," Brandon said. "Otherwise she's going to die because she's going to overdose, somebody is going to kill her, or she's going to get hit by a car wandering around because she doesn't know what's going on."

State-operated psychiatric beds are in short supply, however.

In the 1960s there were about 35,000, according to the hospital association. That has dropped to about 730 beds for psychiatric patients who have not been charged with a crime and about 630 for people found unfit for trial or guilty but criminally insane.

The Clarks cling to hope that Melissa eventually will get the help she needs and will have a chance to live a relatively normal life. They attend her court hearings and regularly visit her in jail.

"I don't care what happens to me," said Carla Clark. "I have to help my daughter."

Jail officials, who see people like Melissa Clark all the time, say they are keenly aware of the personal tragedies, and the social costs.

"I always tell people," Dart said, "How is it that we, as a society, think this is good?"

dshelton@tribune.com
Twitter @deborahshelton

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ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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

RECORD OF COMMISSION WITNESS

11/1/11

SUBJECT MATTER: Closure of Tinley Park Mental Health Center

IDENTIFICATION:

Name: MARTIN J McDERMOTT

Title: _____

Firm / Business or Agency: _____

Address: 13328 OAK VIEW City: PROSPECT State: FL Zip: 60463

Email: EARTH MONKEY 102 (A) @ GMAIL . COM

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

Forum: Midlothian trustee insults vets - Southtown Star

Page 7 of 12

• Reprints

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It is now known that schizophrenia and manic-depressive illness are brain diseases, with structural and functional brain changes, just as multiple sclerosis, Parkinson's disease, and Alzheimer's disease are. As with these other diseases we do not yet know the precise neurochemical, neuropathological, and genetic sequence of causal events, but it is clear that these events are biological in nature.

E. FULLER TORREY (1937-). Psychiatrist. "The Mental-Health Mess," *National Review*, 28 December 1992

Updated: October 18, 2011 6:45AM

At a recent Midlothian Village Board meeting, Trustee Mo Potempa referred to veterans as "nothing but panhandlers."

At a subsequent board meeting, he was asked by veterans for a public apology, which he refused to give. The mayor and the trustees were silent on this insult, which speaks volumes.

Midlothian, a town that pride built and egos are destroying.

Joe Smith

Midlothian

DEAR PATRICIA Bellock 11-3-11

I ATTENDED THRESHOLDS
IN FALL OF 1987. I ONLY
LASTED A DAY - I WAS QUITE DEPRESSED

THIS BEING MY SECOND TRIP
TO THRESHOLDS @ 80 W 47TH ST
I THINK NOTHING OF ANY
CONSEQUENCE WILL HAPPEN.
I WILL MAKE THE LONG TRIP
AND WHERE THERE IS HELP THERE
IS HOPE.

I WILL NOT GIVE UP ON MY-
SELF -

HAPPY THANKSGIVING
Sincerely

Martin J. McDermott

Date: October 27, 2011

To: Whom It may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Hadassa Alvarado

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Hadassa Alvarado and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

The number of mentally ill individuals on the streets and in the prisons has been increasing because IL State Services has been decreasing! Please do NOT house our mentally ill population within the prison walls and help maintain their treatment by keeping the Tinley Park facility OPEN!!!!

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,



Hadassa Alvarado
15815 Laramie Apt 2
Oak Forest IL, 60452

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: John Fell

Subject: CLOSURE - Tinley Park Mental Health Center

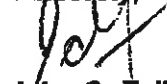
My name is John Fell and I am a concerned resident of the state of Illinois!

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Sincerely,



John C. Fell
1200 W. 35th Street
Chicago, IL 60609

Date: October 27, 2011

To: Whom It may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Hadassa Rosso

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Hadassa Rosso and I am a concerned resident of the state of Illinois!

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Sincerely,



**Hadassa Rosso
1921 S. Morgan St.
Chicago, IL 60608**

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government
Forecasting & Accountability.

From: Guiomar Garibay

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Hadassa Alvarado and I am a concerned resident of the state of Illinois!

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Sincerely,



Guiomar Garibay
541-73rd St. Apt 204
Downers Grove, IL
60516

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: VALARIE CENTENO

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Valarie Centeno and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

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Sincerely,

Valarie Centeno,
14850 Homan Ave

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Alicia Meyer

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Alicia Meyer and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

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Sincerely,

**Alicia Meyer
11434 S Brightway Drive
Mokena, IL 60448**

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: William Carpenter

Subject: CLOSURE - Tinley Park Mental Health Center

My name is William Carpenter and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

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Sincerely,

**William Carpenter
2333 Carlow Drive
Darien, IL 60561**

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Julio Rosso

Subject: CLOSURE - Tinley Park Mental Health Center


My name is Julio Rosso and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

The number of mentally ill individuals on the streets and in the prisons has been increasing because IL State Services has been decreasing! Please do NOT house our mentally ill population within the prison walls and help maintain their treatment by keeping the Tinley Park facility OPEN!!!!

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,


Julio Rosso
442 W. 44th Street
1st floor
Chicago, IL 60609

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: John Fell

Subject: ^{OPPOSE} CLOSURE } Tinley Park Mental Health Center

My name is John Fell and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

The number of mentally ill individuals on the streets and in the prisons has been increasing because IL State Services has been decreasing! Please do NOT house our mentally ill population within the prison walls and help maintain their treatment by keeping the Tinley Park facility OPEN!!!!

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,



John C. Fell
1200 W. 35th Street
Chicago, IL 60609

State Security Officer;
916 East 152th street
Phoenix, Ill. 60426

Handwritten signature

TO: Members of the Commission on Government Forecasting and Accountability

FROM: Ester Moya

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-27-2011

My name is Ester Moya and I am a Registered Nurse at Tinley Park Mental Health Center ,I have been working in this capacity for over twenty five years.


Tinley park Mental health Center is a specialized facility, that provides a unique service to the citizens of the State of Illinois especially the Southland portion that surrounds the Metro Chicagoland area. The workers at this facility have been specially trained and many of us have performed this job for many years and do it well.

To close this facility would have a devastating effect on the citizens in the south area. Our clients would be without services thus causing them to be a problem within our society, such as increase crime and increase homelessness. The clients would end up in the prison system for their untreated behaviors, that could have been prevented if this facility remained opened to give treatment.

So please stop housing our mentally ill population within the prison walls and help us maintain the rehab process of our clients. The number of mental ill individuals has been increasing, while State services to this population has been decreasing. So please.....we don't need to close.

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center open to our mentally challenged citizens.

Sincerely


Ester Moya
Chicago Ill 60608

TO: Members of the Commission on Government Forecasting and Accountability

FROM: Sharon Dozier LPN

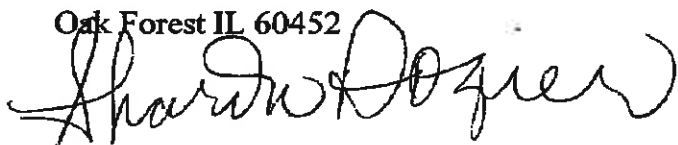
SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-28-2011

I have been employed with the State of Illinois for the past twenty-six years at Tinley Park Mental health Center. Tinley Park Mental Health Center has been a blessing to many communities. I have seen clients come through these doors at their lowest, but through the care and dedication of the staff (Doctors, Nurses ,tech, etc.), clients have been discharged, able to take care of themselves. The closing of this facility would have a devastating effect on the different communities on the southside of Chicago and the south suburban areas. We have clients that come here because they have run out of their medication and this is the closest facility and the only facility in the southside. There are families that depend on Tinley Park Mental Health Center to be here for their loved ones and to close Tinley Park Mental Health Center would be a disservice to the people of this area.

I don't understand how a group of people(Commission of Government Forecasting and Accountability) could not see the desperate need for this facility in this area . Its about the people the ones that can not take care of themselves or make decisions. They think these people will just disappear; this is heartless and so uncaring!!

Sharon Dozier
Oak Forest IL 60452



TO: Members of the Commission on Government Forecasting and Accountability

FROM: Marnya Williamson MHT

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-28-2011

I am writing as a result of my grave concern about the potential closure of Tinley Park Mental Health Center

Tinley Park Mental Health Center is accredited by JCAHO, it provides an invaluable mental health service to Cook, Will, Kankakee, Grundy and other Southern Illinois Counties. The staff consist of hard-working, well trained individuals who give their best daily.

Tinley Park Mental Health Center is small in comparison to what it could be and once was. People with mental illness whom depend on the public system of care, will be further exacerbated due to the closure of the facility; which depletes the already limited pool of inpatient resources that are within Southern Cook County and surrounding southern counties.

The Tinley Park Mental Health Center closure, results in no service for individuals with mental illness who need inpatient psychiatric hospitalization within the Southland Region. **Without treatment these individuals become Homeless, Incarcerated, and in the worst case..... the Individuals Don't Survive.** This does a great disservice to Illinois Citizens.

A large number of citizens, clients, and families will experience the devastating effect of the closure. Currently the unemployment rate is 10.9 in Cook County, 10.3 in Will County, 11.5 in Kankakee County and 11.7 in Grundy County, that is to say these areas are currently **Economically Depressed.**

The number of mentally ill persons within this region has not decreased and need service. We can support the continued operation of Tinley Park Mental Health Center, **We cannot survive its closure.**

Please remember your decision has the power to permanently alter Lives.


Marnya Williamson
Richton Park 60471

TO: Members of the Commission on Government Forecasting and Accountability


FROM: Gregory Rogers MHT

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-28-2011

I strongly oppose the closure of Tinley Park Mental Health Center. Consumers with mental illness who depend on the public system of care will be adversely effected; the closure of Tinley Park Mental Health Center depletes an already limited pool of inpatient resources that is not evenly distributed within the state. This hospital closure will result in no acute inpatient public system of care in the Southland area.

Do not close Tinley Park


Gregory Rogers
Calumet City 60429

TO: Members of the Commission on Government Forecasting and Accountability

FROM: Quying Holmes MHT

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-28-2011

I strongly oppose the closure of Tinley Park Mental Health Center. Consumers with mental illness who need inpatient psychiatric hospitalization will be adversely effected; the closure of Tinley Park Mental Health Center depletes an already limited pool of inpatient resources that is not evenly distributed within the state. This hospital closure will result in a disservice to the Southland area.

Do not close Tinley Park

**Quying Holmes
HazelCrest IL 60429**



TO: Members of the Commission on Government Forecasting and Accountability

FROM: IDA SUMMILION

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center


DATE: 10-28-2011

As a concerned employee residing in the South Suburbs in Chicago, within the Southern Region of Illinois, I believe the closure of Tinley Park Mental Health Center will have an overwhelming financial cascading effect . Not only from the loss of income for hundreds of state workers slated to be laid off, but the retailers and vendors.

.....But more important than the profound economic downturn this closure will cause are the families and clients need for care. Caring for the mentally ill is a stressful full time job which the average person is ill-equipped to handle on an on-going bases. Consumers who can not get the care that they require will go to relatives, to prison , to homelessness.....or worst.

There has been no concrete plan put forward to help the clients. It is unfair to treat taxpayers in this fashion. And it should be unlawful to treat people with mental illness who can not help themselves, unless helped by----- others as political chess pieces.

Respectfully submitted



Ida Summilion
Park Forest IL

TO: Members of the Commission on Government Forecasting and Accountability
FROM: Tamala Clayton Officer 342
SUBJECT: Opposing the Closure of Tinley Park Mental Health Center
DATE: 10-28-2011

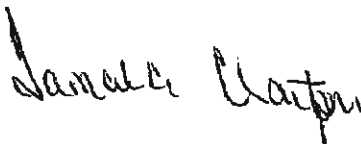
I am an officer at Tinley Park Mental Health Center. I have been working in this capacity for two years. Tinley Park Mental Health Center is a specialized facility, that provides a unique service to the citizens of the state of Illinois, and is the only state ran facility on the southside of Chicago. Tinley Park Mental Health Center serves more than 1900 individuals in severe mental health crisis each year. The workers of this facility have been specially trained to care for mentally ill patients and many of us have performed this job for many years and do it well.

I believe the closure of Tinley Park Mental Health Center will have an overwhelming financial rippling effect. Not only from the loss of income for hundreds of state workers slated to be laid off, but the retailers and vendors.But more important than the profound economic downturn this closure will cause are the families and clients need for care. Caring for the mentally ill is a stressful full time job which the average person is ill-equipped to handle on an on-going bases. Consumers who can not get the care that they require will go to relatives, to prison, to homelessness.....or worst.

There has been no concrete plan put forward to help the clients. It is unfair to treat taxpayers in this fashion. And it should be unlawful to treat people with mental illness who can not help themselves, unless helped by----- others as political chess pieces. So please stop housing our mentally ill population within the prison walls, correctional officers are not properly trained to care for the mentally ill. Help us maintain the rehab process of our clients. The number of mentally ill individuals has been increasing while state services to this population has been greatly decreasing.

So please.... we don't need to close.
Respectfully submitted

Tamala Clayton
Joliet IL 60433



TO: Members of the Commission on Government Forecasting and Accountability

FROM: Vicky Udonkang RN

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-28-2011

I am a Registered Nurse working at Tinley Park Mental Health Center for four 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 to a following:

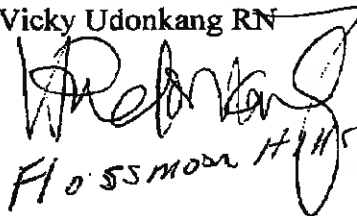
- increase mentally ill patients in our streets,
- increase substance abuse episodes in our streets,
- increase impulsive and violent behaviors exhibited in our streets,
- increase episodes of consumers being incarcerated in our streets
- increase rise in the area unemployment rate

No acute level of care services available from Madden Mental Health Center in Maywood to McFarland Mental Health Center in Springfield.

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

Sincerely Yours

Vicky Udonkang RN



Flossmora Hill IL

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Julio Rosso

Subject: CLOSURE - Tinley Park Mental Health Center

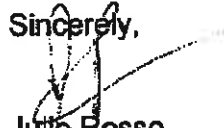
My name is Julio Rosso and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

The number of mentally ill individuals on the streets and in the prisons has been increasing because IL State Services has been decreasing! Please do NOT house our mentally ill population within the prison walls and help maintain their treatment by keeping the Tinley Park facility OPEN!!!!

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,



Julio Rosso
442 W. 44th Street
1st floor
Chicago, IL 60609

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: John Fell

Subject: ^{OPPOSE} CLOSURE } Tinley Park Mental Health Center

My name is John Fell and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

The number of mentally ill individuals on the streets and in the prisons has been increasing because IL State Services has been decreasing! Please do NOT house our mentally ill population within the prison walls and help maintain their treatment by keeping the Tinley Park facility OPEN!!!!

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,



John C. Fell
1200 W. 35th Street
Chicago, IL 60609

TO: Commission on Government Forecasting and Accountability

From: Charles Stewart

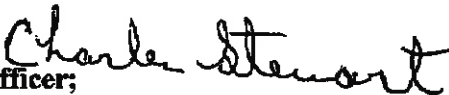
RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 27 2011

My name is Charles Stewart of Tinley Park Mental Health Center; Tinley Park, IL. We are in the south suburbs of Chicago, Ill. Serving as the only state ran facility on the south side of Chicago, and the south suburban area. Tinley Park Mental Health center serves more than 1,900 individuals in severe mental health crisis each year. If this facility should close it would cause over 365 people to lose there job. In which would cause even a larger demand for mental health needs. In closing this facility, we would create an even bigger problem in the southland area. So I'm asking that Tinley Park Mental Health Center be kept open, I oppose the closure.

Sincerely,

Charles Stewart,
State Security Officer;
916 East 152th street
Phoenix, Ill. 60426



TO: Members of the Commission on Government Forecasting and Accountability

FROM: Harry Mitchell MHT

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-27-2011

I strongly oppose the closure of Tinley Park Mental Health Center. Individuals with mental illness who need acute level of care; the closure of Tinley Park Mental Health Center depletes an already limited pool of inpatient resources that is not evenly distributed. This hospital closure will result in a disservice to the south Suburban Communities.

Do not close Tinley Park

Harry Mitchell 10/27/11

Harry Mitchell

Harvey el 60426.

TO: Members of the Commission on Government Forecasting and Accountability

FROM: Shaunderia Ringo

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-28-2011





I am a mental health technician at Tinley Park Mental Health Center. I have been working in this capacity for eight years. Tinley Park Mental Health Center is a specialized facility, that provides a unique service to the citizens of the state of Illinois, especially the Southland portion that surrounds the Metro- Chicago land area. The workers at this facility have been trained and many of us have performed this job for many years and do it well.

I believe the closure of Tinley Park Mental Health Center will have an overwhelming financial rippling effect . Not only from the loss of income for hundreds of state workers slated to be laid off, but the retailers and vendors.But more important than the profound economic downturn this closure will cause are the families and clients need for care. Caring for the mentally ill is a stressful full time job which the average person is ill-equipped to handle on an on-going bases. Consumers who can not get the care that they require will go to relatives, to prison , to homelessness.....or worst.

There has been no concrete plan put forward to help the clients. It is unfair to treat taxpayers in this fashion. And it should be unlawful to treat people with mental illness who can not help themselves, unless helped by----- others as political chess pieces. So please stop housing our mentally ill population within the prison walls and help us maintain the rehab process of our clients. The number of mentally ill individuals has been increasing while state services to this population has been greatly decreasing.

So please.... we don't need to close.

Respectfully submitted

Shaunderia Ringo
Park Forest IL

TO: The Honorable Members of the Commission on Government Forecasting and Accountability

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: Thursday, October 27, 2011


Caring for the mentally ill is a stressful, full-time job, of which the average person is ill-equipped to handle on an ongoing basis; but it is this onus which the staff at Tinley Park Mental Health Center (TPMHC) facilitates admirably on a perpetual basis. This is something I am grateful for. However, sometimes, people—uninitiated to TPMHC's laborious contribution to the Southern region of Illinois—take this for granted.

Yes, life can be complicated; war(s), recession(s), and high unemployment make things difficult for everyone. How much so for those among us in our society who fracture under this persistent stress? State-funded mental health centers, such as the one in Tinley Park, IL., are a necessity to the community, otherwise those who can't get the care they require will either go on to burden their relatives, to prison, to homelessness...or worse.

...Not to mention the contribution to Illinois' financial tailspin if TPMHC is shuttered. The state cannot afford to close Tinley Park Mental Health Center.

I used to think of the old saying of "digging yourself out of a hole" was oxymoronic, but it makes sense to me now; because sometimes you have shovel **it in order not to be buried.

Remember, you have the authority to permanently change lives.

Respectively,

Scotty Ballard
18016 Cherrywood Lane
Homewood, IL. 60430

To: Commission on Government Forecasting and Accountability

From: Quindon and Quinnet Bauseman

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

All our life, my Mom has worked at Tinley Park Mental Health Center. Not only dose she take care of us by working at her job as a Security Officer. She also take care of the people she helps. What's going to happen if her job closes? Not only will she not be able to care for us. She won't be able to help all the other people they help at the hospital. Please don't close Tinley Park Hospital!!! We really need it to stay open.

Quindon and Quinnet
Bauseman
Son and Daughter of

Floretta D. Bauseman
State Security Officer

To: Commission on Government Forecasting and Accountability

From: Floretta Bauseman

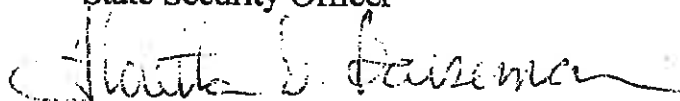
RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To whom it may concern;

For the past 24 years with pride. I have helped to provided a very well needed service to the recipients at Tinley Park Mental Health Center. Tinley Park Mental Health Center is a place where "our" recipients come when they feel there's no where else to turn to for the help they need. Tinley Park Hospital helps with giving our recipients the tools they need to make it. We provide a service to the South side of Chicago, The South Suburban and Will County areas. Closing Tinley Park Mental Health Center will affect the life of Thousands of individuals. Not just the recipients and employees. But their families, and the communities that they come from. Please Keep Tinley Park Mental Health Center OPEN. WE need Tinley Park Mental Health Center.

Sincerely,
Floretta D. Bauseman
State Security Officer



To: Commission on Government Forecasting and Accountability

From: ROSEMARY ROUNDTRICE

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To whom it may concern;

I read the news everyday and I say to myself "Oh My God!!!" Then I say...and they want to close the Mental Health Centers. Can't "they" see we need them open? More now then ever.

Yours Truly,

Rosemary Roundtrice

TO: Members of the Commission on Government Forecasting and Accountability

FROM: Mary Robinsion MHT

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-29-2011

I have been employed with the State of Illinois for twenty-one years. Tinley Park Mental Health Center is the only state facility on the South Side of Chicago and is a blessing to many. I have seen clients come through these doors in a mental health crisis, because they have run out of their medication, through the care and dedication of the staff (physicians, registered nurses ,mental health technicians and social workers) the clients are able to take care of themselves by discharged. The families depend on Tinley Park Mental Health Center to be here for their loved ones. To close Tinley Park Mental Health Center would have a devastating effect on the many different communities on the southside of Chicago and the south suburban areas ,this is a disservice to the people of this area.

The number of mentally ill individuals on the streets and in the prisons has been increasing because Illinois State Services has been decreasing! Please do not house our mentally ill population within the prison walls and help us to maintain the rehab process by keeping Tinley Park Mental Health Center open.

We don't need to close.



**Mary Robinsion
Chicago Heights II 60411**

TO: Members of the Commission on Government Forecasting and Accountability

FROM: Helen Salako -Ojei RN

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-29-2011

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

IN THIS TIME OF RECESSION AND UNEMPLOYMENT, THE CLOSURE OF THIS HOSPITAL WILL BE A GREAT DANGER TO LAWFUL TAX PAYING CITIZENS AND INHABITANTS OF THE AREA AND BEYOND, PATIENTS INCLUSIVE. AS A REGISTERED NURSE WORKING AT THIS HOSPITAL, I AM CONCERNED WITH THE CURRENT ECONOMY, UNEMPLOYMENT, STRESS AND ANXIETY IN OUR SOCIETY, CLOSURE OF THIS HOSPITAL IS AN INDIRECT WAY OF UNLEASHING MENTALLY ILL PATIENTS INTO THE STREETS BECAUSE PROMPT AND IMMEDIATE HOSPITAL TREATMENT WILL BE LACKING.

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

Sincerely Yours

Helen Salako-Ojei RN II

Helen Salako-Ojei RN II

Country Club Hills

IL 60478

To: Commission on Government Forecasting and Accountability

From: *MRS DEIRDRE STRONG*

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To whom it may concern;

Why close a Mental Health Hospital when there's so many sick people that need the help that they provide? What are the people going to do? Where are they going to go? How are they going to get the help that they need? Please keep Tinley Park Mental Health Center open.

Thank You,



To: Commission on Government Forecasting and Accountability

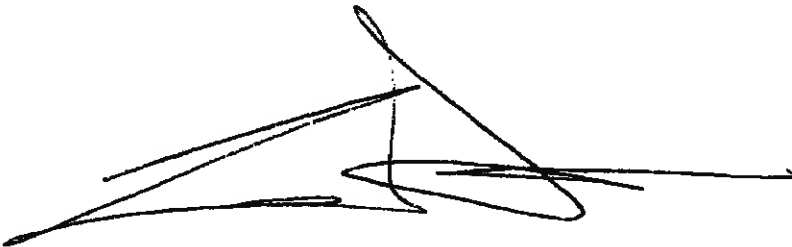
From: *Harriet Scott*

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

Please keep Tinley Park Mental Health Center open. Where are the people going to go to get the help they need?

A handwritten signature in black ink, appearing to be 'Harriet Scott', written in a cursive style. The signature is located in the lower-left quadrant of the page.

To: Commission on Government Forecasting and Accountability

From: *Harold Rossar*

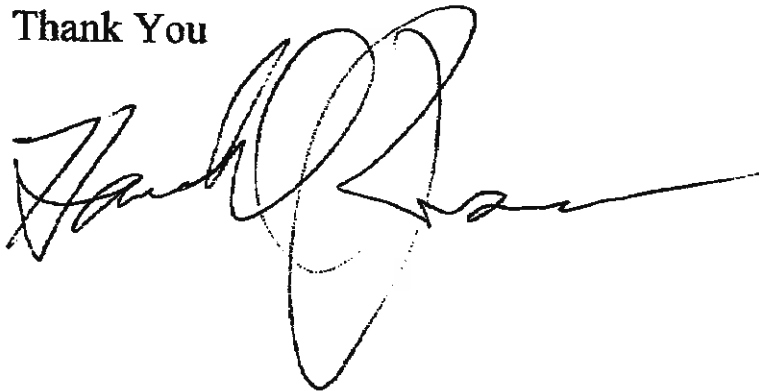
RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

Without Tinley Park Mental Health Center, in the South Suburban area. Where will our love ones go when they need help? We need a Mental Health Center to help our love ones too. Please keep Tinley Park Mental Health Center open.

Thank You

A handwritten signature in black ink, appearing to read "Harold Rossar". The signature is stylized with large, overlapping loops and a long horizontal tail.

To: Commission on Government Forecasting and Accountability

From: John W DAVIS JR

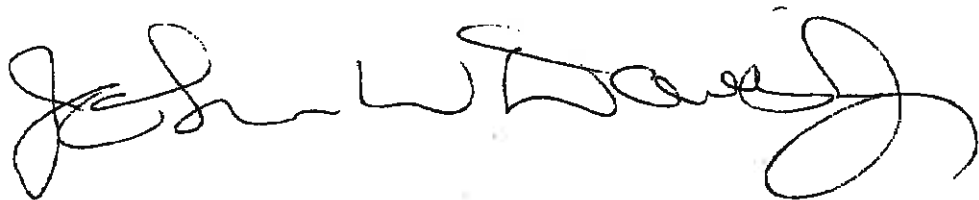
RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To whom it may concern;

I've known people to go to Tinley Park Mental Health Center when they said they had no hope of making it. After using the services they provided them with. They left feeling like they had a chance to do what they needed to do in order to make it. I don't know what happen while they was there. But what ever it was, it worked. Please Keep Tinley Park Mental Health Center open. What they do there "works".

Sincerely,

A handwritten signature in black ink, appearing to read "John W Davis Jr". The signature is written in a cursive style with a large, sweeping flourish at the end.

To: Commission on Government Forecasting and Accountability

From: Mary D. Wood

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

Please keep Tinley Park Mental Health Center open. They help the people that go there to get the help they need to survive. Without Tinley Park Hospital, where would they go to get the help they need?

Sincerely, 

TO: Members of the Commission on Government Forecasting and Accountability

FROM: Mary Smalls, MHT

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-29-2011

I am writing as a result of my grave concern about the potential closure of Tinley Park Mental Health Center

Tinley Park Mental Health Center is accredited by JCAHO, it provides an invaluable mental health service to Cook, Will, Kankakee, Grundy and other Southern Illinois Counties. The staff consist of hard-working, well trained individuals who give their best daily.

Tinley Park Mental Health Center is small in comparison to what it could be and once was. People with mental illness whom depend on the public system of care, will be further exacerbated due to the closure of the facility; which depletes the already limited pool of inpatient resources that are within Southern Cook County and surrounding southern counties.

The Tinley Park Mental Health Center closure, results in no service for individuals with mental illness who need inpatient psychiatric hospitalization within the Southland Region. **Without treatment these individuals become Homeless, Incarcerated, and in the worst case..... the Individuals Don't Survive.** This does a great disservice to Illinois Citizens.

A large number of citizens, clients, and families will experience the devastating effect of the closure. Currently the unemployment rate is 10.9 in Cook County, 10.3 in Will County, 11.5 in Kankakee County and 11.7 in Grundy County, that is to say these areas are currently **Economically Depressed.**

The number of mentally ill persons within this region has not decreased and need service. We can support the continued operation of Tinley Park Mental Health Center, **We cannot survive its closure.**

Please remember your decision has the power to permanently alter Lives.

Mary Smalls
Markham Il 60428



TO: Members of the Commission on Government Forecasting and Accountability

FROM: David Yeend RN

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-28-2011

I am a Registered Nurse working at Tinley Park Mental Health Center for eleven 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 to the following:

**increase mentally ill patients in our streets ,
increase substance abuse episodes in our streets,
increase impulsive and violent behaviors exhibited in our streets,
increase episodes of consumers being incarcerated in our streets
increase rise in the areas unemployment rate**

No acute level of care services available from Madden Mental Health Center in Maywood to McFarland Mental Health Center in Springfield.

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

David Yeend RN

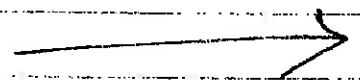
**Sincerely Yours
David Yeend
Orland Park 60462**

10-28-11

My name is Ferrice Anderson. I have been employed at N.P.M.H. for eleven years. N.P.M.H. is a specialized facility that provides a unique service for the state of IL citizens.

N.P.M.H. is the only psych hospital in the Department. It serves the South West of Chicago, Cook County, Will, Grundy and Kane Counties. The workers at this facility have been trained to care for mental ill patients and performed for many years and so well.

I believe the current state has a overwhelming financial crippling effect. Not only for the state of Illinois but for businesses and their employees to be laid off, but retirees and seniors but more importantly what happens to the mental ill who can not get the care they require!



SO PLEASE STOP BEARING OUR MENTAL
ILL POPULATION WITHIN THE PRISON
WALLS

PLEASE HELP US MAINTAIN THE
REPAIR PROCESS OF OUR CLIENTS, AND
KEEP THEM OPEN.

Chicago, IL 60650



**INTERNATIONAL COMMUNITY MENTAL HEALTH MOVEMENT
GROW IN ILLINOIS**

BUSINESS ADDRESS: P.O. BOX 3667
CHAMPAIGN, IL 61826-0067

ILLINOIS BRANCH CENTER: 2403 W. SPRINGFIELD AVE.
CHAMPAIGN, IL 61821

TELEPHONE: (217) 352-6989 **FAX:** (217) 352-8530

FAX TRANSMISSION

FAX NUMBER: 217-782-3513

TO: Donna

FROM: Chabene

NUMBER OF PAGES, INCLUDING COVER SHEET: 3

DATE: 11/1/11

MESSAGE: written testimony for
Proposed Facility Closure Hearing
TPMHC.

GROW IN ILLINOIS IS A NOT-FOR-PROFIT PUBLIC CHARITY INCORPORATED IN ILLINOIS

GROW IN AMERICA- NATIONAL OFFICE- 2403 W. SPRINGFIELD, CHAMPAIGN, IL 61821
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**INTERNATIONAL COMMUNITY MENTAL HEALTH MOVEMENT
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CHAMPAIGN, IL 61826-0667**

**ILLINOIS BRANCH CENTER: 2403 W. SPRINGFIELD AVE.
CHAMPAIGN, IL 61826**

**TELEPHONE: (217) 352-6989
FAX: (217) 352-8530**

November 1, 2011

To: CGFA Commission Members and Interested Parties

Re: Proposed Facility Closure Hearing

Dear Commission Members,

I am here today to voice my concerns. Our community mental health organization, GROW in Illinois, is relatively small but we do extraordinary work providing (60) community support groups across the state on a weekly basis, bi-monthly leadership meetings, monthly socials, annual events and other activities for people suffering with mental illness.

We also have a 24 hour 11 bed Residential Center located in Kankakee. We are working closely with other community mental health providers in developing and pooling the local resources that this county is already desperately in need of.

We have continued to engage 1700 Illinois citizens, offering GROW's hopeful, healing, and transforming message to those most in need. This message is built on the hope of recovery.

We have absorbed the 2008-2009 budget cuts, we understand sacrifice, but we simply cannot do this alone. The community resources have been sorely depleted and to add yet another burden to an already overloaded community system is unconscionable.

The opposite of an error is generally the opposite error. Unless, we have balance we will only have chaos and it seems to me that this is what is happening with the current lack of planning for the proposed closure of Tinley Park Mental Health Center.

The State must be responsible for having a plan for the proposed closure and how funding services will be provided for the 1900 individuals that have sought the services of Tinley Park Mental Health Center in FY'11.

It is agreed that the State of Illinois is in an economic budget crisis, we are living through it, but we must call on the State Elected Officials and the Department of Human Services/Division of Mental Health to find a better way than the total disruption of services for this vulnerable population.

We would ask that the commission recommend DHS/DMH re-visit the reinvestment plans developed in 2004-2005 when Tinley Park Mental Health Center was proposed for closure.

We would also ask for consideration on supplemental appropriation. We understand that DHS can request the Governor to request from the legislators this supplemental appropriation to fill the gap.

It is also critical to re-visit the service eligibility criteria for the Non-Medicaid population.

Our position here is one of collaboration and cooperation in moving forward to meet the needs of the people we serve.

Thank you for your time and consideration,



Charlene Guldbrandsen
National Coordinator and President
GROW in Illinois

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Grow In America • National Office • 2403 W. Springfield, Ave., Champaign, IL 61821
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As of March 2010

TO: COGFA Committee members
FROM: Jeannette Tetreault, Thresholds Program Director
DATE: Oct. 31, 2011
VIA fax: 217-782-3513
RE: Tinley Park MHC proposed closure

I am the program director for the Kankakee County branch of Thresholds. Thresholds is a mental health recovery program funded by DHS / DMH. We serve individuals who have severe and persistent mental health disabilities and our goal is to help them reclaim their lives.

I am writing to ask that you deny the current proposal to close TPMHC. At this time there is no plan to provide services, either inpatient or outpatient follow-up, for those who would have been treated at TPMHC. Individuals treated at TPMHC tend to be people who do not yet have Medicaid, and because they do not have Medicaid they do not qualify for community-based care. The current DMH plan for closing TPMHC restricts intake at its other state operated facilities. That means those individuals who would have been treated at TPMHC will not be allowed admission to the remaining facilities.

Lack of adequate care during a mental health crisis is a serious problem. Nearly 2000 individuals were treated at TPMHC last fiscal year. Without mental health services these individuals would have more severe episodes of their illness. In many cases, they would require more expensive care in jails and emergency rooms, and would experience more adverse events.

Should TPMHC close, I would like to see DMH develop a plan that would include dollars for community hospital stays and for community-based follow-up after hospital discharge. This should include a program like CHIPS (Community Hospital Inpatient Psychiatric Services) that DMH administered a few years ago. I believe the plan should also include grants to cover non-Medicaid outpatient care such as assertive Community Support and outpatient psychiatric services so that these individuals will have the necessary supports to get well and stay well.

Thank you for your work on this important matter.

Jeannette Tetreault
 10-31-11

Thresholds Kankakee
 202 N. Schuyler Ave
 Suite 205
 Kankakee IL 60901
 www.thresholds.org



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Rehabilitation Institute of Chicago

Keith Steffen

St. Francis Medical Center

October 24, 2011

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

Re: Proposed Closure of Tinley Park Mental Health Center

Dear Senator Schoenberg and Representative Bellock:

Thank you for this opportunity to comment on the proposed closure of the Tinley Park Mental Health Center in Tinley Park, a 75-bed state-operated psychiatric hospital funded and operated by the Illinois Department of Human Services Division of Mental Health (DMH). The Illinois Hospital Association (IHA) presents the following comments on behalf of our 200 member hospitals and health systems and the patients and communities they serve.

DMH's proposed closure of Tinley Park Mental Health Center and two other of Illinois' nine state-operated hospitals and the transfer of forensic patients from Chester to the remaining civil acute inpatient state-operated hospital beds, will greatly weaken an already fragile mental health system in Illinois. It will reduce the statewide existing state-operated hospital capacity from approximately 1,400 civil acute beds to approximately 200 civil acute beds. In the regions served by the Tinley Park Mental Health Center, the loss of this psychiatric resource will further strain the psychiatric services infrastructure in hospitals and community agencies. And, it will place at risk those persons who obtained care from the Tinley Park Mental Health Center through approximately 1,900 admissions in 2010.

For individuals with serious mental illness who need the level of care provided in a hospital, the loss of close to 1,200 inpatient psychiatric beds depletes an already limited pool of inpatient resources. The private hospital system does not have a sufficient pool of inpatient beds to offset this loss. There has been a 28% drop in private hospital psychiatric beds in the past decade, from 5,350 beds in 1991 to 3,816 beds in 2010. Moreover, the loss of these beds is not evenly distributed across the state, leaving many Illinois communities without any psychiatric resources at all. Only nine rural hospitals in Illinois offer inpatient psychiatric services, and 84 Illinois counties have no psychiatric units at all.

The loss of acute, inpatient psychiatric capacity will further exacerbate the challenges currently experienced by persons with mental illness who depend on the public system of care. It compounds budget cuts to community mental health and substance abuse services made in the past three years. Eliminating care at both ends of the continuum of care leaves few alternatives to persons with serious, chronic illnesses and will likely contribute to an increase in the use of hospital emergency departments, longer waits for

www.ihatoday.org

limited inpatient private hospital psychiatric beds, and delays in treatment for all patients. Without treatment, persons with mental illness often become homeless, end up in jail, or in the worst cases, do not survive.

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

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

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

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

- If the closure of state hospitals contributes to an increase in homelessness and incarceration, it will cost the state more to house a person in jail than it does to provide treatment. The state would be transferring costs from one sector of the system to another, without any net savings to the state.
- Hospital Emergency Department care is very costly. Many persons using hospital emergency departments are Medicaid recipients. These state-operated hospital closures likely will cause more Medicaid recipients with mental illnesses to use EDs, especially in the absence of other alternatives. More important, the emergency department is not the best clinical setting for a person with mental illness.

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

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

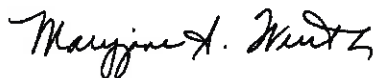
Illinois hospitals are committed to transforming health care to assure that every patient, including persons with mental and substance use illnesses, has access to the right care, at the right time, in the right place. To achieve this goal, all of us will need to work together, collaboratively, creatively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

Legislation enacted this year—House Bill 2982/Public Act 97-0381—presents one positive approach to building systems of care that capitalizes on regional strengths and encourages collaboration across systems of care. This legislation recognizes that there can be savings associated with innovative program design, elimination of redundancies and sharing of resources.

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

Thank you for the opportunity to provide these comments.

Sincerely,

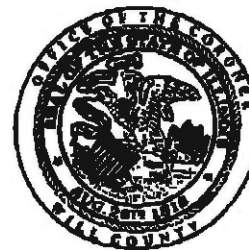


Maryjane A. Wurth
President

Attachment

PATRICK K. O'NEIL, F-ABMDI

CORONER OF WILL COUNTY, ILLINOIS



October 31, 2011

via Facsimile: 217-782-3513

Director Dan R. Long
Commission on Government Forecasting and Accountability

Dear Director Long,

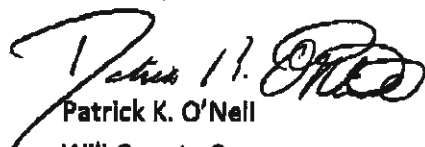
I am writing this letter to voice my opposition in the potential closing of the Tinley Park Mental Health Center. The closing of the facility would mean nearly 200 jobs lost and over 75 mentally disabled patients with no where to go and left to fend for themselves on the streets.

Will County has a vested interest in the facility which serves many of our residents and resident families. It is the closest mental health facility and the only mental health facility in the south suburbs. If the facility closes, many of the disadvantaged that are referred to the facility could ultimately end up committing crimes, go to jail or wind up dead. In today's economic times, the loss of nearly 200 jobs will have a detrimental effect on the community.

I understand that the governor and state legislators have to manage the budget and make tough choices, but I would urge and challenge them to do so by not compromising those with mental health disabilities.

Because of the multiple unknowns associated with closing Tinley Park Mental Health Facility and for the reasons I previously stated, I am opposed to any measure that will create a more serious problem. Mental illness is a legitimate condition which demands appropriate treatment facilities and requires trained personnel to provide the appropriate care.

Sincerely,


Patrick K. O'Neil
Will County Coroner

PKO:mb

Office: (815) 727-8455
57 N. Ottawa Street, Suite 412

Fax: (815) 727-8816
Joliet, Illinois 60432

To: Commission on Government Forecasting and Accountability

From: *Amy T. Love - Augustus*

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

Without Tinley Park Mental Health Center, in the South Suburban area. Where will our love ones go when they need help? We need a Mental Health Center to help our love ones too. Please keep Tinley Park Mental Health Center open.

Thank You

Amy T. Love - Augustus

TO: Members of the Commission on Government Forecasting and Accountability

FROM: *James Ella Porter*

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-29-2011

I am a concerned state of Illinois citizen.

The closing of Tinley Park Mental Center would have a devastating effect on many different communities on the southside of Chicago and the south suburban areas.

This facility is a blessing to our communities ,this is the closest facility and the only facility in the southside of Chicago. Individuals go there when they are in severe mental health crisis. There are families that depend on Tinley Park Mental Health Center to be here for their loved ones. Through the care and dedication of the staff (Doctors, Nurses ,tech, etc.), the people are able to take care of themselves.

To close Tinley Park Mental Health Center would be a disservice to the people of this area. I don't understand how a group of people(Commission of Government Forecasting and Accountability) could not see the desperate need for this facility in this area . Its about the people ,the ones that can not take care of themselves or make decisions. They think these people will just disappear; this is Heartless and Uncaring!!

James Ella Porter

To: Commission on Government Forecasting and Accountability

From: *Tawana Payne*

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

Please keep Tinley Park Mental Health Center open. They help the people that go there to get the help they need to survive. Without Tinley Park Hospital, where would they go to get the help they need?

Sincerely,

Tawana Payne

To: Commission on Government Forecasting and Accountability

From: Lumond Johnson

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

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Thank You

Lumond Johnson

To: Commission on Government Forecasting and Accountability

From: Connie GANT

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To whom it may concern;

I've known people to go to Tinley Park Mental Health Center when they said they had no hope of making it. After using the services they provided them with. They left feeling like they had a chance to do what they needed to do in order to make it.

I don't know what happen while they was there. But what ever it was, it worked. Please Keep Tinley Park Mental Health Center open. What they do there "works".



Sincerely,

TO: Members of the Commission on Government Forecasting and Accountability

FROM: June E Hawkins

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

DATE: 10-29-2011

I am a concerned state of Illinois citizen.

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June E Hawkins

To: Commission on Government Forecasting and Accountability

From: KARA DAVIS, MD

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

Without Tinley Park Mental Health Center, in the South Suburban area. Where will our love ones go when they need help? We need a Mental Health Center to help our love ones too. Please keep Tinley Park Mental Health Center open.

Thank You



To: Commission on Government Forecasting and Accountability

From: Magdalena JONES

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To whom it may concern;

I read the news everyday and I say to myself "Oh My God!!!" Then I say...and they want to close the Mental Health Centers. Can't "they" see we need them open? More now then ever.

Magdalena Jones
Yours Truly,

To: Commission on Government Forecasting and Accountability

From: *LaNiece Flagg*

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To whom it may concern;

Why close a Mental Health Hospital when there's so many sick people that need the help that they provide? What are the people going to do? Where are they going to go? How are they going to get the help that they need? Please keep Tinley Park Mental Health Center open.

Thank You,



To: Commission on Government Forecasting and Accountability

From: *Diane Hankle*

RE: Oppose the Closure Of Tinley Park Mental Health Center

Date: October 28, 2011

To Whom it may concern;

Please keep Tinley Park Mental Health Center open. Where are the people going to go to get the help they need?

Diane Hankle

TO: Members of the Commission on Government Forecasting and Accountability

FROM: JOEL RYAN

SUBJECT: Opposing the Closure of Tinley Park Mental Health Center

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Joel Ryan

We need our Mental Health facilities open for those who can not care for themselves.

Those in Rockford and Tinley Park need to be kept open.

There must be a way to stay in budget and care for those who need it. When our family is not doing well, we do not kick our children out to make sure we can make ends meet. It would not be right. What the state has planned is not the correct thing to do.

I am a registered voter, and the decisions you make regarding this matter WILL be remembered when I cast my vote in the next election.

Sincerely,

Annamaire Platt-Miller
Harvard IL

I oppose Closure of Tinley Park Mental Health Facility Closure as well as other Mental Health Facilities on Illinois. They are very much needed.

Russell Woodard
Act One Research Services
213 W. Institute Ste. 502
Chicago IL, 60610

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Dionne Moya

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Dionne Moya and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To

close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

The number of mentally ill individuals on the streets and in the prisons has been increasing because IL State Services has been decreasing! Please do NOT house our mentally ill population within the prison walls and help maintain their treatment by keeping the Tinley Park facility OPEN!!!!

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,

Dionne Moya

My name is Todd Nielsen and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

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Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,

Todd Nielsen
Oak Forest, IL 60452

My name is michael achurra and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

The number of mentally ill individuals on the streets and in the prisons has been increasing because IL State Services has been decreasing! Please do NOT house our mentally ill population within the prison walls and help maintain their treatment by keeping the Tinley Park facility OPEN!!!!

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,

michael achurra
1601 valley ridge ct
naperville,il 60565

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Jammie Domagalski

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Hadassa Alvarado and I am a concerned resident of the state of Illinois!

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Sincerely,

Jammie Domagalski
2713 N 75th Ave
Elmwood Park, IL 60707

My name is Pedro Centeno and I am a concerned resident of the state of Illinois!

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Sincerely,
Pedro Centeno
14850 Homan Ave
Midlothian IL 60445

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

My name is Dalila Alvarado and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

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Sincerely,

Dalila Alvarado
15815 Laramie Apt 2
Oak Forest IL, 60452

My name is Hadassa Alvarado and I am a concerned resident of the state of Illinois!

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Sincerely,

Hadassa Alvarado
15815 Laramie Apt 2
Oak Forest IL, 60452

Date: October 27, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Julio Rosso

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Julio Rosso and I am a concerned resident of the state of Illinois !

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the Southland portion that surrounds the Metro-Chicagoland area. The employees at this facility have been specially trained to assist those with various mental and substance abuse issues, many of which who have made it their lives work and have been doing it for years. To close this facility would have a devastating impact on the citizens of Illinois especially to those in the Southland portion of the Metro-Chicagoland area. These patients would be without services causing them to be a burden/problem in our society. They would end up in the prison system for their behaviors and actions all of which could have been prevented had this facility remained open to give them treatment.

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Sincerely,

Julio V. Rosso
442 West 44th Street
Chicago, IL 60609

I am Sharone Ostrowsky RN employed @ Tinley Park Metal Health Center since my previous hospital: ISPI (Ill State Psychiatric Institute) closed. I am against closure of Tinley. This is a specialized facility providing specialized services. Presently we have about 50 patients with staff of 196 AND with daily referrals of 15-20 patients. In last 10 months we got patients from northside & north suburbs of Chicago,(i.e. Resurrection, Swedish Covennant, Evanston & Lutheran General) when Madden & CRMHC (Chgo Reed) beds are full. The employees have been doing their job for many years & staff are very capable & knowledgeable. There is talk of transferring staff to other facilities, but then they would have to try to sell their homes (present economy is not a seller market), uprooting families & creating stress. Also there may NOT be positions for all employees. Also I hear 1 plan is for patients treated in community BUT community funds have also bee reduced. Keeping people employed so they can pay their taxes, can buy goods and services, will contribute to help local & state economy as a step towards resolving budget. Our clients are also voters with the proper supports. Previously we had had an Assertive Community Treatment program (ACT) in the state but Ill has made ACT feasibly unobtainable by setting reimbursment rate well below the cost for providing the service. There is also insufficient funding for supportive housing for them. The patients need to have periodic re-evaluation of their medicine, treatment & work programs status; so they can continue to function healthily in the community. Many return to inpatient psychiatric public hospitals due to lack of decent & safe housing. Private hospitals are not admitting them related to no funds or insurance. Also private hospitals don't take involuntary patients related to lack of funds & time needed for psychiatrists to testify & also for transporting the patients to mental health courts. Also remember Public Act 094-0498 with HB 1345 and Public Act 97-0438. Mental health strategic planning task force was to produce a 5 year comprehensive plan for mental health services by 2/2013. At present the state by decreasing patients numbers from 300 in 2008 to 50 now with constant numbers of referrals for when we discharge: there appears to be a phaseout operation with no concern for the patients, community & taxpaying voters (which are both clients & regular community citizens). Southland region (Tinley hospital) needs to first maintain a facility in area AND THEN we can begin an update in treatment planning. If the land is wanted for commercialization, give us one bldg on another land in the region. We service patients down to Kankakee county, and to Will & Grundy counties, also southside of Chicago & south suburbs. Next closest public hospital is McFarland in Springfield or Madden & Chgo Reed MHC in Chicago proper (who we get their patients when their beds are full). Without Tinley

hospital there will be increased homelessness, crime, drug use (when they can't get their medicine), & treatment being given in already overcrowded jails.

Date: October 28, 2011

To: Whom it may Concern and Members of the Commission on Government Forecasting & Accountability.

From: Anita Granado

Subject: CLOSURE - Tinley Park Mental Health Center

My name is Anita Granado and I am a concerned resident of the state of Illinois!

Tinley Park Mental Health Center is a specialized facility that provides a special service to the citizens of the State of Illinois especially to the southwest suburban areas of metropolitan Chicago. The employees at this facility have been trained to assist those with various mental and substance abuse issues. Many of these employees have dedicated their lives to this effort. To close this facility would have a devastating impact on the lives of the patients, the workforce that services them and the economy of this area as this is a source of employment for many residents who pay taxes and vote.

One major fear with the potential closure is that the patients served by this facility will no longer receive the needed care and the support that can help them through their lives that are already fraught with trauma and difficulty. There is also the possibility that these patients may be forced to enter already over-crowded prison facilities as they may not have no other option for housing and care. Worse yet, these patients could end up as another member of the homeless. Moreover, the effect of putting viable workers out of a job will add to the already high unemployment statistics that are plaguing our state of Illinois; thereby decreasing tax payments and incurring debt and loss of residency. These workers may have to leave the state of Illinois in search of an affordable life. Please do not close this facility.

Thank you for your efforts in aiding and maintaining Tinley Park Mental Health Center by keeping it open for our mentally challenged Citizens!!!

Sincerely,

Anita Granado
646 1/2 W. Buckingham PL Grdn
Chicago, IL 60657

I am providing written testimony expressing my opposition to the closing of Tinley Park Mental Health Center until a comprehensive replacement service system is established as well as supported by the numerous constituencies which are affected. These constituencies include community hospitals, mental health and substance abuse agencies, law enforcement officials, consumer advocacy groups and consumers of services.

While numerous testimony and comments will be made from these various groups pertaining to the extensive impact the closing of TPMHC will have upon our communities, I would like to limit my comments to the affect it will have upon substance abuse treatment providers as exemplified by the experience of The South Suburban Council on Alcoholism and Substance Abuse.

It has been reported, noted and expressed by numerous individuals associated with TPMHC, that a majority of clients served have co-occurring alcohol or other drug dependencies and addictions. As the largest provider of State and publicly supported residential and outpatient treatment services in the south suburbs, we have experienced regular and routine referrals directly from TPMHC. We have consistently welcomed and extended our facility to serve these referrals. Our relationship with TPMHC has been cooperative and collaborative as we both strive to provide the best professional and effective services for clients treated at TPMHC.

The past several fiscal years of declining State funding has drastically compromised our ability and capacity to serve residents of the south suburbs, including those referred by TPMHC. Our State funding has declined by over 30% or over \$1,300,000. Our staffing has decreased from 152 to 98 and we now serve 1000 fewer clients than we did 4 short years ago.

The closure of TPMHC, without an adequate service replacement plan, will result in increased pressure on referral agents to utilize residential substance abuse treatment programs as an alternative to clinically appropriate residential mental health services. While The South Suburban Council remains committed to share its responsibility in meeting the behavioral health needs of south suburban residents, it is not in a position to accept additional referrals even though the physical capacity of our buildings would allow some modest expansion of beds. In addition, the ancillary needs of clients with both mental illness and addiction disorders require additional supportive services which we cannot offer without additional resources. Those services include psychiatric consultation, prescription medications, job readiness training, case management, etc.

A comprehensive and clinically responsive plan needs to be developed and funded as an alternative to the loss of services provided by TPMHC. The inclusion of expanding funding to substance abuse treatment agencies is an important and critical necessity in order to provide the best programs and services for those with co-occurring mental illness and addiction disorders.

Several decades ago, our legislature and State policy makers deliberately and intentionally provided significant resources to the south suburbs and surrounding communities for the explicit purpose of meeting the behavioral health treatment needs of our residents. These funds have served thousands of

clients throughout the years. The services resulting from this funding belong to our communities. We cannot allow that the funds which support these critical services be taken away because of a State budget crisis not caused by the residents of our communities. If funds are removed from TPMHC and not reinvested in our health and behavioral health system, services will be lost for years to come or they may never return.

The buildings and property pertaining to TPMHC are not the issue. The service provided by TPMHC, however, is the issue. It should be noted that the potential for the development of that land is of significance. A carefully strategized development plan for those acres has potential for new businesses, jobs, and tax revenue.

The most important question our lawmakers need to be asking is not "how will we pay for a reinvestment in community services and resources should TPMHC close." The question that needs to be asked is "how will we pay for the consequences of not having adequate and appropriate resources for those affected by mental illness and addiction."

What costs will we incur related to increased hospital emergency room visits and admissions. What will the financial impact be on our law enforcement departments and officials. What affect will this have on our criminal justice and correctional facilities. Without proper treatment, what becomes of the potential for healthy and productive lives for those needing mental health and addiction treatment services. The costs associated with untreated and inadequately treated behavioral health disorders far exceeds the cost needed to support services and treatment.

Thank you for this opportunity to provide testimony regarding the pending closure of Tinley Park Mental Health Center.

Allen J. Sandusky
President and Chief Executive Officer
The South Suburban Council on Alcoholism and Substance Abuse
1909 Cheker Square
East Hazel Crest, IL 60429
708-647-3300

My name is Sharon Ostrowsky RN presently working at Tinley Pk MHC, relocated here when Ill State Psychiatric Institute closed. This is going to be a personal reflection on reason to keep TinleyParkMHC open. We need public psychiatric hospitals for those unable to afford private. I had a paranoid schizophrenic uncle who had no treatment until I learned about mental illness in my job. My uncle was able to live in the community by being taken care of by family (my father). My uncle never had a fully functioning life. Also my Dad was a victim of an abusive alcoholic father himself. My mother had episodes of depression most of her life. My mom & dad had fully functioning lives but were not truly happy & were not able to supply a loving family environment for me or themselves. My family had minimal finances & NO understanding of mental illness/health. My mom died of cancer before I became a psychiatric RN & was unable to benefit from my schooling. My family life was mostly arguments & fights, directly & indirectly, because of my dad's forced responsibility to take care of his brother. After I worked in mental health & learned a little; I had to use Chicago police & court order without my dad's approval to get my uncle into treatment. I was lucky to work at now-closed ISPI with a good & supportive geropsych MD who got my uncle into Rush hospital. My uncle in small conversations could sound "normal" for a short time & therefore had been deflected from Madden. My uncle spent about the last 5 yrs of his life in a good nursing home, he was about 70 yrs. My dad & I never had a true father/daughter relationship related to his issues as an "adult child of alcoholic (& abusive) father" himself. I did not learn this till I was much older. No one in my family/environment while I was growing up had any understanding of mental health/illness. Most people if they are honest have known someone labeled "eccentric" & cared for at home in "back rooms". There still is stigma on mental illness but it is starting to decrease. Those with mental illness {depression, anxiety, obsessive-compulsive, manic-depression, schizophrenic etc} can be healthy, working, & voters with normal family lives; when given proper treatment, medicine, & support systems. That's why we need education for general community & research in the public sector. Tinley hosp needs to stay open in southland area & then we can work on improvements. The employees have been doing their jobs for quite some time & are very knowledgeable. Ongoing education should be available to them. Funds need to be allotted for public clinics & NOT cut. (ACT) Assertive Community Treatment needs to be reinstated & funded properly in Ill. Tinley ParkMHC handles Kankakee, Will & Grundy countys, south suburbs & southside of Chicago. Tinley also receives patients from north Chicago ERs when Madden & Chgo ReedMHC beds are full. Presently Tinley's census is kept at 50 patients with an ongoing waiting list of 10-20 patients. I was lucky to have worked at ISPI (Ill state psychiatric institute) before it closed & received good training. Also through coworkers & patient's families at ISPI I became involved with NAMI, a good advocate group. I would like to see Tinley develop some of ISPI's good traits in southland area & all over the state. Without a public psychiatric hospital in southland area there will be : dysfunctional families, homeless, crime, alcohol & drug use(people will self-medicate) , & treatment in overcrowded jails.

Sharon Ostrowsky, RN
Tinley Park MHC

Testimony to Illinois Commission on Government Forecasting and Accountability
November 7, 2011

By: William L. Gorman, Executive Director
Statewide Independent Living Council of Illinois

My name is William Gorman and I am the Executive Director of the Statewide Independent Living Council of Illinois. Per federal law, the SILC of Illinois has responsibility for developing a state plan for independent living services across Illinois. SILC of Illinois supports the closure of the Tinley Park Mental Health Center, as well as Chester and Singer Mental Health Centers in a manner that meets the diverse needs of persons presently institutionalized.

We believe that the debate regarding institutions vs. community services should be over. Numerous studies verify that individuals with disabilities are safer, healthier, acquire skills at a greater rate, and have a higher quality of life in the community. The State of Illinois needs to pursue the best options for persons with mental health conditions instead of continuing to depend on institutional models that are outdated because they are the only option presently available.

Illinois can successfully close the Tinley Park Mental Health Center. Twenty years ago, the State of Philadelphia successfully closed the Byberry state-operated hospital by utilizing a "money follows the person" model insuring a humane comprehensive system of care within local communities for individuals exiting and being diverted from institutions. Similar to the present economic conditions we have in Illinois, Byberry closed with only a fragmented system of community services in place and set a standard for other states to follow. Additionally, due to emphasis placed on recovery-oriented services by the Illinois Department of Human Services/Division of Mental Health, Illinois is better positioned to offer the critical element of professional peer-delivered services that Philadelphia began providing twenty years ago. The development of community capacity utilizing evidence-based models such as Permanent Supportive Housing, Consumer-Operated Services, Assertive Community Treatment, Supported Employment, Family Psychoeducation, MedTeam (Medication, Treatment, Evaluation and Management), and Illness Management and Recovery will ensure the successful transition of individuals from the Mental Health Centers to the community. Additional money follows the person funding should be allocated to local crisis alternatives such as the Living Room model and short-term inpatient psychiatric care within community hospitals that offer established recovery-oriented services to prevent and minimize the need for future hospitalizations.

It is past time for Illinois to embrace psychiatric crisis alternatives that are consistent with the Olmstead Decision and the Presidents New Freedom Commission on Mental Health. We are cognizant and sensitive to the concern over job loss; however, jobs lost at Tinley Park, Chester and Singer Mental Health Centers will be created in the community to serve individuals transitioning from institutional settings to community services. Regardless, the preservation of state jobs cannot trump the rights of individuals with psychiatric disabilities to live in the community. We cannot continue to use individuals with mental health conditions as economic commodities to maintain state employment. Instead, we

need to provide options which cultivate an individual's ability to live, work, learn and fully participate in the local community.

We can follow the lead of other states faced with transitioning from an institutional approach to a community-based approach. On August 29, 2011 the Vermont State Hospital was destroyed by Tropical Storm Irene and fifty-one persons were evacuated to several places throughout the state. Since that time, stakeholders have worked diligently to promote final closure of the hospital with the development of community alternatives and last month, Governor Peter Shumlin announced the hospital would not re-open. This is an excellent example of how a crisis became a major opportunity for persons with mental health conditions.

We don't have to wait for a natural disaster or a lawsuit to give persons with mental health conditions an opportunity to live in the least restrictive and most recovery-oriented environment possible. The time for inclusion is now. The SILC of Illinois encourages COGFA to recommend the closure of the Tinley Park Mental Health Center.

William L. Gorman, Executive Director
Statewide Independent Living Council of Illinois
