MENTAL HEALTH SUMMIT
Invest in Mental Health. Treatment Works.

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THE MENTAL HEALTH SUMMIT OPPOSES THE DEPARTMENT OF HUMAN SERVICES' PLAN TO CLOSE SINGER MENTAL HEALTH CENTER.

Introduction

The Mental Health Summit submits the following written comments on Project 12-060, the application for the facility closure of the H. Douglas Singer Mental Health Center ("Singer MHC") in Rockford, Illinois. The Mental Health Summit urges the Illinois Health Facilities and Services Review Board to reject the Department of Human Services' ("the Department") plan to close Singer MHC for three reasons. First, the reason the Department gives for the discontinuation of services does not justify closure. Second, the closure of Singer MHC will adversely affect access to services in the area. Third, the current plan violates the Funding Reinvestment Statute. We request the Board reject the current application and determine that the Department must keep the facility open until a plan is devised that complies with Illinois law.

I. THE DEPARTMENT FAILED TO JUSTIFY CLOSURE UNDER THE CRITERIA ESTABLISHED BY THE ILLINOIS ADMINISTRATIVE CODE.

The justification the Department has provided on its application for closure does not meet the statutory criteria. 77 Ill. Admin. Code 1110.130(b) Reasons for Discontinuation – Review Criterion requires the facility prove the discontinuation is justified by providing information verifying "one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued: 1) Insufficient volume or demand for the service; 2) Lack of sufficient staff to adequately provide the service, 3) The facility or the service is not

economically feasible, and continuation impairs the facility's financial viability; 4) The facility or the service is not in compliance with licensing or certification standards." Attach. 1 pgs. 1-2, *id.* (2009).

The Department states as the reason for discontinuation, "on or about October 31, 2012, DHS, and specifically, Singer MHC, will no longer have appropriations to pay for the operations of this Hospital." Dept. App. 50. Presumably this reason is meant to fall under category 3, that it is "not economically feasible." Attach. 1 pg. 2, 77 Ill. Admin. Code 1110.130(b) (2009). However, the Department's statement is not correct. There are three reasons that the Department has enough money to continue to operate Singer MHC. First, the legislature specifically appropriated money to operate Singer MHC in the Department budget. Second, the Department has admitted the amount of money the legislature allotted the Department was sufficient to run eight of the nine state hospitals, and Tinley Park MHC has already closed. The closure of Tinley Park MHC leaves eight hospitals remaining, including Singer MHC. Third, the legislature appropriated an additional amount of money for the Department to run the hospitals. This additional amount gives the Department more than they have previously stated was enough for the eight remaining hospitals to operate.

A. The Legislature Specifically Included Singer MHC In Its Appropriation For The Department.

The Department budget, including Singer MHC, for FY13 is contained in Public Act 97-0730. That act contains sufficient money to operate the nine state psychiatric hospitals, which includes Singer MHC. As stated in section 55 of the Act,

> the sum of $202,659,400 or so much thereof as may be necessary, is appropriated from the General Revenue Fund to the Department of Human Services for costs associated with the operation of Alton, Chester, Chicago Read, Choate, Elgin, Madden, McFarland, **Singer** and Tinley

> Park State Operated Mental Health Facilities or the costs associated with services for the transition of State Operated Mental Health Facilities residents to alternative community settings.

Attach. 2 pg. 1-2, *id.* (2012) (emphasis added). Thus, the legislature expressly appropriated money to keep Singer MHC operating.

B. The Department Has Admitted The Amount Appropriated Is Sufficient To Operate The Remaining Eight Hospitals.

Further, the Department has previously admitted the amount of money allocated by the legislature is sufficient to run eight of the nine state hospitals, which would include Singer MHC. The Department stated in its brief in *Mental Health America of Illinois v. Illinois Department of Human Services* this allocation was sufficient for eight hospitals. Attach. 3 pg. 1. The Department states, "the General Assembly appropriated DHS a lump-sum of $202,659,400 million for Fiscal Year 2013 for the costs of operating all nine State facilities, or the costs associated with services for the transition of residents in DHS hospitals to alternative community settings...this appropriation is sufficient to operate only eight of the nine State-operated facilities." Attach. 3 pg. 1, Dept. Br. at 14, *id.*, No. 12 CH 3699 (Ill. Cir. Ct. 2012).

The Department cites their Exhibit B, an affidavit of Robert Brock, the Budget Director for the Illinois Department of Human Services. In his affidavit, Mr. Brock states, "on May 31, 2012, the General Assembly passed the Fiscal Year 2013 budget for DHS (SB 2454 as amended). SB 2454 provides funds to operate only eight of DHS's nine hospitals in Fiscal Year 2013." Attach. 3 pg. 2, Dept. Br. at Exhibit B 5, l.24, *id.* Tinley Park MHC has closed as of July 1, 2012. This closure as of FY13 leaves an amount even the Department has stated is enough for all eight of the remaining hospitals.

C. The Legislature Allotted The Department Additional Funds Over The Amount The Department Admitted Was Sufficient To Run The Remaining Eight Hospitals.

In addition to the $202,659,400 the Department admits is sufficient to run eight of the state hospitals the legislature allocated $24,867,200 in Section 65 of Public Act 97-0730. Attach. 2 pg. 3, *id.* (2012). Section 65, in lines 18-20, appropriates "for costs associated with Mental Health Community Transitions or State Operated Facilities $24,867,200." Attach. 2 pg. 3, *id.* (2012). Singer MHC's FY12 budget was $14,300,000. The $202,659,400 was admitted to be sufficient to run eight hospitals without Tinley Park MHC. There is an additional appropriation of $24,867,200. There is no explanation from the Department as to why Singer MHC, at a cost of $14,300,000, cannot continue to operate given the money the legislature has allocated to the Department.

II. THE CLOSURE OF SINGER MENTAL HEALTH CENTER WILL ADVERSELY IMPACT ACCESS TO SERVICES.

As defined in 77 Ill. Admin. Code 1110.130(c), the closure of Singer MHC will adversely impact access to services. That provision requires the applicant to "provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations, or discrimination." Attach. 1 pg. 2, *id.* (2009). The provision also lists factors "that indicate an adverse impact upon access to service for the population of the facility's market area." These factors include "1) the service will no longer exist within 45 minutes travel time of the applicant facility; 2) discontinuation of the service will result in creating or increasing a shortage of beds or services. . .; 3) facilities or a shortage of other categories of service." Attach. 1 pg. 2, *id.* (2009). The loss of Singer MHC's services implicates two of these factors.

The Department admits there are no facilities within a 45 minute travel time. The closure of Singer MHC will also result in increasing a shortage of beds in the area.

A. The Department Admits The Closure Of Singer MHC Would Mean No Service Will Exist Within 45 Minutes Of Travel Time Of The Facility.

The continued operation of Singer MHC is particularly important given the lack of alternative facilities in the area within a 45 minute drive as required. 77 Ill. Admin. Code 1110.130(c) lists, as part of the impact on access review criterion, the service no longer existing "within 45 minutes travel time of the applicant facility" as indicating adverse impact. Attach. 1 pg. 2, *id.* (2009). It is required the applicant "provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination." Attach. 1 pg. 2, *id.* (2009). The application for the closure of Singer MHC admits this lack of service availability. The Department states, "there are no other facilities within a forty-five (45) minutes' drive that provide Chronic Mental Illness (CMI) category of Services." Dept. App. 51.

The Department's application includes impact statements from three facilities. Dept. App. 52-54. However, they concede each is outside of the required range. Maps in the Department's application show driving times of at least 58 minutes to Elgin MHC (Dept. App. 87), one hour and 34 minutes to Chicago Read (Dept. App. 89), and three hours and 30 minutes to McFarland MHC (Dept. App. 88).

B. Discontinuation Of The Facility Will Result In Increasing The Shortage Of Beds.

The closure of Singer MHC will result in a shortage of beds. There are currently 76 beds at Singer MHC. The three facilities listed in the Department's application will not provide 76

new beds. The Department is relying on three facilities (Elgin MHC, Chicago Read MHC, and Andrew McFarland MHC) to provide additional beds. Though each of the three listed on the application claim to be willing and able to accept transfers (Dept. App. 52-54), this cannot be a viable option. Each of the three hospitals named ran at capacity in FY11 (Attach. 4), and has done so for at least the previous five fiscal years (Attach. 5). In FY11 Read MHC had an average daily census of 114 patients with 112 operating beds, Elgin MHC averaged 385 patients with 394 available beds, and McFarland MHC averaged 110 patients with 106 available beds. Attach. 4. In FY11, then, an average of 609 of the available 612 beds were in use. Three available beds does not equal the 76 beds that would need to be replaced to compensate for the closure of Singer MHC. Thus, there is not capacity in the three named hospitals to replace Singer MHC's services. The closure of Tinley Park MHC on July 1, 2012 has also already worsened the situation.

1. Andrew McFarland MHC cannot make up for the loss of Singer MHC's beds.

In FY11 McFarland MHC had an average daily census of 110 patients, while operating 106 beds. Attach. 4. The facility, on average, ran 4 patients over the available bed capacity. During the past five fiscal years McFarland has consistently been over on its average daily census. In each of FY06, FY07, FY08, FY09, and FY10 the average daily census has shown more patients than available beds. Of the 36 available forensic beds those years the range for the average daily census was 38-46 patients. The average daily census range for the 82 civil beds was 72-75 patients. Attach. 5.

2. Chicago Read MHC cannot make up for the loss of Singer MHC's beds.

Chicago Read MHC had an average daily census of 114 patients in FY11 for 112 operating beds. Attach. 4. In prior fiscal years Read MHC has consistently run right about capacity, but that was when the facility had 130 operating beds. From FY06 through FY10 the average daily census was between 127 and 131 patients for 130 beds. Attach. 5. There is no information offered by the Department as to how Read MHC would be able to accommodate an increase in patients when they have consistently run at or above capacity.

3. Elgin MHC cannot make up for the loss of Singer MHC's beds.

Elgin MHC is the nearest alternative for the community served by Singer MHC. The Department's application lists the travel time as 58 minutes. Dept. App. 87. Elgin MHC has had difficulty accommodating new patients for years. The FY11 average daily census for Elgin MHC was 385 patients for 394 operating beds. Both forensic and civil beds ran close to capacity in FY11, with an average daily census of 317 patients for 319 available forensic beds and 68 patients for 75 available civil beds. Attach. 4. Elgin MHC has also consistently been close to or over capacity for both divisions (civil and forensic) the previous five fiscal years. For FY06-FY10 Elgin had average daily censuses of 65-77 patients for its 75 available civil beds and 298-306 patients for its 315 forensic beds. Attach. 5

The Department's lack of beds is further demonstrated by their consistent failure to arrange for the transfer of forensic patients from jails to Elgin MHC within the time period required by law. Defendants committed for treatment are governed by 725 ILCS 5/104-17 and 730 ILCS 5/5-2-4. Attach. 6 pgs. 1-2 (2009, 2010). A defendant found unfit to stand trial must be transferred within 30 days under 725 ILCS 5/104-17. Attach. 6 pg. 1, *id.* (2009). A defendant found not guilty by reason of insanity must be admitted to a psychiatric hospital within 30 days under 730 ILCS 5/5-2-4. Attach. 6 pg. 2, *id.* (2010).

The lack of beds at Elgin MHC has caused the Department to repeatedly miss these deadlines, with defendants remaining untreated in city jails over the 30 day limit. This situation has led to the filing of a number of claims. For defendants received at the jails between December 2010 and June 2011 the length of detention was as long as 138 days. The average length of detention for Elgin MHC was approximately 47 days. Attach. 7 pgs. 1-4. This situation makes it unlikely the facility would be able to substantially assist with the patients previously served by Singer MHC.

4. The closure of Tinley Park MHC has intensified the shortage of beds and services in the area.

Tinley Park MHC had 75 beds, all of which were consistently in use until the facility began to cut back to prepare for closure. FY11 Tinley Park MHC had an average daily census of 68 patients for its 75 beds. Attach. 4. Tinley Park MHC closed July 1, 2012, requiring the patients previously serviced by the facility to go to alternate facilities. This recent closing of beds already worsened the shortage of services in the area.

The four Chicago area hospitals (Read MHC, Elgin MHC, Madden MHC, and Tinley Park MHC) had previously all functioned cooperatively to meet demand for inpatient psychiatric services in that area. The closure of Tinley Park MHC has reduced the total capacity of the Department to serve the greater Chicago area, straining Madden MHC as well as Elgin MHC and Read MHC. Elgin MHC and Read MHC have been named by the Department as having the capacity to assist with those persons previously served by Singer MHC. Dept. App. 52 & 54. Already at or above capacity in FY11 (Attach. 4), the addition of the closure of Tinley Park MHC in FY13 will render both facilities unable to also serve more clients with the closure of Singer MHC.

Further, Tinley Park MHC's average length of stay in FY11 was 12 days. Attach. 4. The average length of stay at Singer MHC in FY11 was 25 days. Attach. 4. Providing beds for the patients previously served by Singer MHC requires longer stays, taking up greater capacity. The hospitals, when serving those previously served by Singer MHC, will be accommodating patients averaging double the length of stay. The hospitals are already attempting to accommodate the shorter stays of the patients previously served by Tinley Park MHC. They will find it even more difficult to also accommodate the longer stays of the patients previously served by Singer MHC. Since the Department does not intend to increase the number of beds at any of the hospitals, there is no indication how these hospitals intend to accommodate an increase in patients, particularly an increase in longer-term patients.

III. THE DEPARTMENT'S PLAN FOR THE CLOSURE OF SINGER MHC VIOLATES THE FUNDING REINVESTMENT STATUTE.

The Department's plan violates the Funding Reinvestment Statute because the plan does not include the reinvestment of the full amount appropriated for Singer MHC by the legislature. Under the Funding Reinvestment Statute 405 ILCS 30/4.4, all funds that would have gone to operating Singer MHC, were it open, are to be reinvested in alternative services so the community does not lose the vital services the facility provides. "Whenever any appropriation, or any portion of an appropriation, for any fiscal year . . . 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, those moneys must be directed toward providing other services and supports for persons with developmental disabilities or mental health needs." Attach. 8 pg. 1, *id.* (2005). Reason (1) under the Statute is "the closing of any such State-operated facility for the developmentally disabled or mental health facility." Attach. 8 pg. 1, *id.* (2005).

Singer MHC's FY12 budget was $14,300,000. Attach. 9 pg. 2. Singer MHC has stated the Department of Human Services' budget plan "commits $5,031,900 for the operations of the Singer MHC through October 31, 2012, $614,100 for the continued maintenance of the Singer property for the remainder of FY13 and also an additional allocation of $4,800,000 obligated for reinvestment to the purchase of alternative community-based services to replace capacity loss by the closure of the Singer MHC." Dept. App. 5.

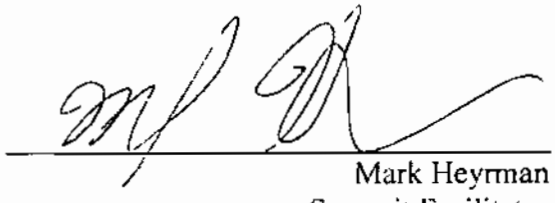
As the facility will use only the above-mentioned $5,031,900 for FY13 until its closure (Dept. App. 5), $9,268,100 should be reinvested in the community in alternative services. However, as stated above, the plan is to reinvest $4,800,000. Dept. App. 5. This violates the Funding Reinvestment Statute. The closure of a mental health facility is one of the reasons the Statute would apply. Singer MHC is closing. The "moneys must be directed toward providing other services and supports" for those previously served by the facility. Attach. 8 pg. 1, 405 ILCS 30/4.4(d) (2005). The entire $9,268,100 should be reinvested in the community for mental health services.

If Singer MHC is closed the money allocated to Singer MHC must be completely reinvested in services to replace the 76 beds it is providing for the community. Singer MHC provides services to a number of long-term patients as well as forensic patients who require intensive, long-term care. Currently, the other state hospitals cannot take on these additional patients. The addition of Singer MHC's funds would increase the capacity of the other facilities and allow them to open more beds. The Department should help alleviate this issue by reinvesting the entire $9,268,100 in Elgin MHC. Elgin MHC is 58 minutes away (Dept. App. 87); as the closest to the area it is in the best position replace the services currently offered by Singer MHC. Opening new beds at Elgin MHC could alleviate the loss of Singer MHC's services.

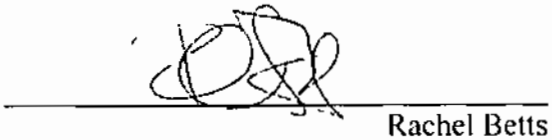
The Funding Reinvestment Statute allows the investment of money in other state facilities. "The purposes of redirecting this funding shall include. . .(2) Residence in another State operated facility." Attach 8 pgs. 1-2, 405 ILCS 30/4.4(e) (2005). The Department must show a plan that would comply with the Funding Reinvestment Statute. All of the $9,268,100 should be reinvested in opening beds at Elgin MHC to replace the beds lost by the closure of Singer MHC.

Conclusion

Given the above concerns the Mental Health Summit has with regards to the closure of Singer MHC we urge the Board to reject the current Department plan to close Singer MHC. The Department should be required to create a plan that complies with Illinois law. The plan must clearly justify the closure of Singer MHC by explaining why the current legislative appropriation for its operation is insufficient, and include how the entirety of the money appropriated for Singer MHC will be reinvested in the community upon its closure.



Mark Heyrman
Summit Facilitator



Rachel Betts
Summit Facilitator

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER II: HEALTH FACILITIES AND SERVICES REVIEW BOARD
SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN
PART 1110 PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA
SECTION 1110.130 DISCONTINUATION – REVIEW CRITERIA

Section 1110.130 Discontinuation – Review Criteria

These criteria pertain to categories of service and facilities, as referenced in 77 Ill. Adm. Code 1130.

a) Information Requirements – Review Criterion
The applicant shall provide at least the following information:

1) Identification of the categories of service and the number of beds, if any, that are to be discontinued;

2) Identification of all other clinical services that are to be discontinued;

3) The anticipated date of discontinuation for each identified service or for the entire facility;

4) The anticipated use of the physical plant and equipment after discontinuation occurs;

5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained;

6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFPB or IDPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

b) Reasons for Discontinuation – Review Criterion
The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

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1) Insufficient volume or demand for the service;

2) Lack of sufficient staff to adequately provide the service;

3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;

4) The facility or the service is not in compliance with licensing or certification standards.

c) Impact on Access= Review Criterion

The applicant shall document that the discontinuation of each service or of the entire facility will not have an adverse impact upon access to care for residents of the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

1) The service will no longer exist within 45 minutes travel time of the applicant facility;

2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFPB's website;

3) Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

HFPB NOTE: The facility's market area, for purposes of this Section, is 45 minutes travel time. The applicant must document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those proposed for discontinuation) located within 45 minutes travel time of the applicant facility. The request for an impact statement must be received by the facilities at least 30 days prior to submission of the application for permit. The applicant's request for an impact statement must include at least the following: the anticipated date of discontinuation of the service; the total number of patients that have received care or the number of treatments that have been provided (as applicable) for the latest 24 month period; whether the facility being contacted has or will have available capacity to accommodate a portion or all of the applicant's experienced caseload; and whether any restrictions or limitations preclude providing service to residents of the applicant's market area. The request shall allow 15 days after receipt for a written response from the contacted facility. Failure by an existing or approved facility to respond to the applicant's request for an impact statement within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for that facility.

(Source: Amended at 33 Ill. Reg. 3312, effective February 6, 2009)

For Travel 80,500

For Commodities 17,100

For Equipment 3,900

For Telecommunications Services 173,600

Total $1,247,200

Payable from Community Mental Health Services Block Grant Fund:

For Personal Services 844,100

For Retirement Contributions 320,600

For State Contributions to Social Security 64,600

For Group Insurance 207,000

For Contractual Services 119,400

For Travel 10,000

For Commodities 5,000

For Equipment 5,000

Total $1,575,700

Section 55. The sum of $202,659,400, or so much thereof as may be necessary, is appropriated from the General Revenue Fund to the Department of Human Services for costs associated with the operation of Alton, Chester, Chicago Read, Choate, Elgin, Madden, McFarland, Singer, and Tinley Park State Operated Mental Health Facilities or the costs associated with services for the transition of State Operated Mental Health Facilities residents to alternative community

settings.

Section 60. The sum of $16,750,000, or so much thereof as may be necessary, is appropriated from the General Revenue Fund to the Department of Human Services for grants and administrative expenses associated with the Department's rebalancing efforts pursuant to 20 ILCS 1305/1-50 and in support of the Department's efforts to expand home and community-based services, including rebalancing and transition costs associated with compliance with consent decrees.

Section 65. The following named sums, or so much thereof as may be necessary, respectively, for the purposes hereinafter named, are appropriated to the Department of Human Services for Grants-In-Aid and Purchased Care in its various regions pursuant to Sections 3 and 4 of the Community Services Act and the Community Mental Health Act:

MENTAL HEALTH GRANTS AND PROGRAM SUPPORT

GRANTS-IN-AID AND PURCHASED CARE

For all costs associated with Mental Health Transportation

Payable from General Revenue Fund 0

For Community Service Grant Programs for Persons with Mental Illness:

Payable from General Revenue Fund 114,433,000

Payable from Mental Health Fund 20,000,000

Payable from Community Mental Health

Services Block Grant Fund 16,025,400

For Community Service Grant Programs for

Persons with Mental Illness including

administrative costs:

Payable from DHS Federal Projects Fund 34,450,000

Payable from the Department of Human

Services Community Service Fund 20,000,000

Payable from General Revenue Fund:

For Purchase of Care for Children and

Adolescents with Mental Illness approved

through the Individual Care Grant Program 22,415,000

For costs associated with the Purchase and

Disbursement of Psychotropic Medications

for Mentally Ill Clients in the Community 1,900,800

For costs associated with Mental

Health Community Transitions or

State Operated Facilities 24,867,200

For Supportive MI Housing 18,345,000

For costs associated with Children and

Adolescent Mental Health Programs 27,573,300

Payable from Health and Human Services

Medicaid Trust Fund:

the authority to exercise executive and administrative supervision over all facilities, divisions, programs, and services including...the Tinley Park Mental Health Center." 20 ILCS 1705/4(a).

In this case, the decision to close Tinley Park is within the Governor's constitutional authority. Enjoining the closure of Tinley Park would usurp the authority vested in the executive branch and violate the separation of powers doctrine. *See Dixon Assoc.*, 91 Ill. 2d at 533.

Moreover, the judiciary has no supervision over the legislative branch of the government. *Slack v. City of Salem*, 31 Ill. 2d 174, 177 (1964). The courts can neither dictate nor enjoin the passage of legislation. *Id.* The Constitution provides that the General Assembly shall make all appropriations for expenditures of public funds... *Estep v. Ill. Dept. of Public Aid*, 115 Ill. App. 3d 644, 648 (1st Dist. 1983), citing Ill. Const., Art. VIII, Sec. 1(b), 2(b).

The General Assembly appropriated DHS a lump-sum of $202,659,400 million for Fiscal Year 2013 for the costs of operating all nine State facilities, or the costs associated with services for the transition of residents in DHS hospitals to alternative community settings. *Exhibit B.* This appropriation is sufficient to operate only eight of the nine State-operated facilities. *Exhibit B.* By entering a preliminary injunction, the Court would effectively be writing a line-item appropriation specifically for the operation of Tinley Park, which the General Assembly did not do. Further, the Court would be limiting the General Assembly's direction that the appropriation could be used for the costs associated with transitioning residents of State-operated facilities to alternative community settings. *Exhibit B.*

B. PLAINTIFFS HAVE NOT SHOWN THAT THEY WILL SUFFER IRREPARABLE INJURY ABSENT INJUNCTIVE RELIEF.

Plaintiffs argue that they will suffer irreparable injury "in the form of diminished or denied access to adequate mental health services" by the closure of Tinley Park without reinvestment of money allegedly saved. (Ps' Mot. at 9.) Plaintiffs purport to support their

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introduced budget only included $2.0 million for Tinley Park in Fiscal Year 2013, to finish the orderly closure and shut-down of the Tinley Park campus. The Governor's proposed budget also anticipated the reinvestment of approximately $9.8 million in community-based services, and cost reductions estimated at $8.1 million in Fiscal Year 2013, as set forth in the January 19, 2012 press release. Thus, the total amount associated with the closure and community reinvestment with Tinley Park in Fiscal Year 2013 was approximately $19.8 million.

23. Any budget for the next fiscal year has to be based on a series of assumptions as to how spending needs will unfold in that fiscal year. For Tinley Park, the Fiscal Year 2013 budget was based on assumptions as to the timing of the final closure and the actual cost of community reinvestment. These factors will not be known until the Fiscal Year 2013 budget is closed in September 2013. Until spending for Fiscal Year 2013 is complete, the costs and potential savings are projections or estimates only.

24. On May 31, 2012, the General Assembly passed the Fiscal Year 2013 budget for DHS (SB 2454 as amended). SB 2454 provides funds to operate only eight of DHS's nine hospitals in Fiscal Year 2013. SB 2454 is awaiting the Governor's action.

25. If Tinley Park is not closed at the beginning of Fiscal Year 2013, DHS will be forced to fund the increased cost of the campus by using appropriations originally intended for other facilities and other programs. The ability to do that will be limited due to the legislative reduction of the Mental Health Transitions appropriation line.

DHS's Anticipated Investment in Community Mental Health Services in Fiscal Year 2013

26. The Governor's January 19, 2012 Press Release anticipated that DHS would have spent $20.6 million to operate Tinley Park in Fiscal Year 2013 and that DHS would invest $9.8

DIVISION OF MENTAL HEALTH

MC 6967
S11-2155

FY11

	ALTON	CHESTER	CHI-READ	CHOATE	ELGIN	MADDEN	MCFARLAN	SINGER	TINLEY PARK
TOTAL OPERATING BEDS	125	240	112	79	394	150	(118) 106	76	75
FORENSIC	110	160			319		24		
CIVIL	15	80	112	79	75	150	82	76	75
AVERAGE DAILY CENSUS	125	241	114	60	385	135	110	71	68
FORENSIC	112	160			317		24		
CIVIL	13	81	114	60	68	135	86	71	68
TOTAL NUMBER OF ADMISSIONS	210	252	1,393	330	1,191	3,680	743	845	1,905
FORENSIC	96	186			262		57		
CIVIL	114	66	1,393	330	929	3,680	686	845	1,905
NUMBER OF TRIAGES	1	0	0	0	0	355	0	10	111
AVERAGE LOS									
FORENSIC	165	151			372		171		
CIVIL	32	2,726	23	259	25	12	53	25	12

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Hospital All (Incl

	Civil				Forensic			
FY	OperatingE	ADC	Adm	LOS	Beds	ADC	Adm	LOS
Alton								
2006	15	20	177	38.8	110	106	128	247.5
2007	15	17	142	40.0	110	108	128	153.5
2008	15	15	124	78.3	110	110	111	165.4
2009	15	11	112	100.1	110	110	114	185.3
2010	15	17	125	59.3	110	109	77	210.9
Choate								
2006	79	83	653	42.8				
2007	79	74	561	44.1				
2008	79	71	488	45.3				
2009	60	58	400	62.7				
2010	60	59	335	198.3				
Chicago Read								
2006	130	130	2117	20.3				
2007	130	129	1948	18.4				
2008	130	131	1799	20.8				
2009	130	128	1862	21.3				
2010	130	127	1832	20.7				
Chester								
2006	140	111	70	606.1	140	167	106	?
2007	140	106	73	2116.0	140	180	124	?
2008	140	104	54	3073.8	140	174	161	?
2009	120	104	78	350.0	120	163	163	?
2010	110	90	77	771.0	130	148	159	596.0
Elgin								
2006	75	65	719	57.9	315	305	267	245.1
2007	75	72	825	44.1	315	301	252	321.5
2008	75	74	843	41.3	315	298	235	310.7
2009	75	72	937	36.5	315	306	238	349.2
2010	75	77	1030	35.5	315	305	211	472.3
Madden								
2006	150	132	3920	11.1				
2007	150	136	4289	10.3				
2008	150	138	4159	10.9				
2009	150	137	3698	12.2				
2010	150	130	3767	11.8				
McFarland								
2006	82	75	818	31.8	36	44	59	219.3
2007	82	72	645	43.5	36	46	77	162.9
2008	82	73	670	43.4	36	44	86	126.5
2009	82	75	590	53.4	36	38	56	176.4
2010	82	72	678	38.6	36	42	90	123.8
Singer								
2006	76	81	869	29.9				
2007	76	73	734	37.4				
2008	76	73	724	55.4				
2009	76	72	858	34.0				
2010	76	74	861	30.0				
Tinley Park								
2006	100	93	1740	30.3				
2007	75	71	1738	16.2				
2008	75	66	1512	14.7				
2009	75	69	1813	12.7				
2010	75	67	1825	12.3				

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EXHIBIT

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Sec. 104-17. Commitment for Treatment; Treatment Plan.

(a) If the defendant is eligible to be or has been released on bail or on his own recognizance, the court shall select the least physically restrictive form of treatment therapeutically appropriate and consistent with the treatment plan.

(b) If the defendant's disability is mental, the court may order him placed for treatment in the custody of the Department of Human Services, or the court may order him placed in the custody of any other appropriate public or private mental health facility or treatment program which has agreed to provide treatment to the defendant. If the defendant is placed in the custody of the Department of Human Services, the defendant shall be placed in a secure setting unless the court determines that there are compelling reasons why such placement is not necessary. During the period of time required to determine the appropriate placement the defendant shall remain in jail. If upon the completion of the placement process the Department of Human Services determines that the defendant is currently fit to stand trial, it shall immediately notify the court and shall submit a written report within 7 days. In that circumstance the placement shall be held pending a court hearing on the Department's report. Otherwise, upon completion of the placement process, the sheriff shall be notified and shall transport the defendant to the designated facility. The placement may be ordered either on an inpatient or an outpatient basis.

(c) If the defendant's disability is physical, the court may order him placed under the supervision of the Department of Human Services which shall place and maintain the defendant in a suitable treatment facility or program, or the court may order him placed in an appropriate public or private facility or treatment program which has agreed to provide treatment to the defendant. The placement may be ordered either on an inpatient or an outpatient basis.

(d) The clerk of the circuit court shall transmit to the Department, agency or institution, if any, to which the defendant is remanded for treatment, the following:

(1) a certified copy of the order to undergo treatment;

(2) the county and municipality in which the offense was committed;

(3) the county and municipality in which the arrest took place;

(4) a copy of the arrest report, criminal charges, arrest record, jail record, and the report prepared under Section 104-15; and

(5) all additional matters which the Court directs the clerk to transmit.

(e) Within 30 days of entry of an order to undergo treatment, the person supervising the defendant's treatment shall file with the court, the State, and the defense a report assessing the facility's or program's capacity to provide appropriate treatment for the defendant and indicating his opinion as to the probability of the defendant's attaining fitness within a period of one year from the date of the finding of unfitness. If the report indicates that there is a substantial probability that the defendant will attain fitness within the time period, the treatment supervisor shall also file a treatment plan which shall include:

(1) A diagnosis of the defendant's disability;

(2) A description of treatment goals with respect to rendering the defendant fit, a specification of the proposed treatment modalities, and an estimated timetable for attainment of the goals;

(3) An identification of the person in charge of supervising the defendant's treatment.

(Source: P.A. 95-296, eff. 8-20-07; 96-310, eff. 8-11-09.)

Sec. 5-2-4. Proceedings after Acquittal by Reason of Insanity.

(a) After a finding or verdict of not guilty by reason of insanity under Sections 104-25, 115-3 or 115-4 of the Code of Criminal Procedure of 1963, the defendant shall be ordered to the Department of Human Services for an evaluation as to whether he is in need of mental health services. The order shall specify whether the evaluation shall be conducted on an inpatient or outpatient basis. If the evaluation is to be conducted on an inpatient basis, the defendant shall be placed in a secure setting unless the Court determines that there are compelling reasons why such placement is not necessary. With the court order for evaluation shall be sent a copy of the arrest report, criminal charges, arrest record, jail record, any report prepared under Section 115-6 of the Code of Criminal Procedure of 1963, and any victim impact statement prepared under Section 6 of the Rights of Crime Victims and Witnesses Act. After the evaluation and during the period of time required to determine the appropriate placement, the defendant shall remain in jail. Individualized placement evaluations by the Department of Human Services determine the most appropriate setting for forensic treatment based upon a number of factors including mental health diagnosis, proximity to surviving victims, security need, age, gender, and proximity to family. Upon completion of the placement process the sheriff shall be notified and shall transport the defendant to the designated facility.

The Department shall provide the Court with a report of its evaluation within 30 days of the date of this order. The Court shall hold a hearing as provided under the Mental Health and Developmental Disabilities Code to determine if the individual is: (a) in need of mental health services on an inpatient basis; (b) in need of mental health services on an outpatient basis; (c) a person not in need of mental health services. The Court shall enter its findings.

If the defendant is found to be in need of mental health services on an inpatient care basis, the Court shall order the defendant to the Department of Human Services. The defendant shall be placed in a secure setting unless the Court determines that there are compelling reasons why such placement is not necessary. Such defendants placed in a secure setting shall not be permitted outside the facility's housing unit unless escorted or accompanied by personnel of the Department of Human Services or with the prior approval of the Court for unsupervised on-grounds privileges as provided herein. Any defendant placed in a secure setting pursuant to this Section, transported to court hearings or other necessary appointments off facility grounds by personnel of the Department of Human Services, shall be placed in security devices or otherwise secured during the period of transportation to assure secure transport of the defendant and the safety of Department of Human Services personnel and others. These security measures shall not constitute restraint as defined in the Mental Health and Developmental Disabilities Code. If the defendant is found to be in need of mental health services, but not on an inpatient care basis, the Court shall conditionally release the defendant, under such conditions as set forth in this Section as will reasonably assure the defendant's satisfactory progress and participation in treatment or rehabilitation and the safety of the defendant and others. If the Court finds the person not in need of mental health services, then the Court shall order the defendant discharged from custody.

Name	Judge/Court	Date Received	Date Sent	MH destination	days detained
Walton	Biebel	4/25/2011	6/20/2011		56
Whitehead	Porter	5/5/2011	6/20/2011		46
Hawkins	Bridgeview	5/17/2011	6/20/2011		34
Prater	Ford	5/18/2011	6/20/2011		33
Washington	Biebel	5/20/2011	6/20/2011		31
Hyun	Biebel	5/23/2011	6/20/2011		28
Ziegler	Claps	5/24/2011	6/20/2011		27
Kennedy	Biebel	5/24/2011	6/20/2011		27
Bell	Cannon	5/31/2011	6/20/2011		20
Williams	Brown	6/1/2011	6/20/2011		19
Allister	McHale	5/31/2011	6/20/2011		20
Brown	Biebel	6/1/2011	6/20/2011		19
Glanc	Wadas	6/3/2011	6/20/2011		17
Miller	Broshanan	6/13/2011	6/20/2011		7
McGee	Ford	6/13/2011	6/20/2011		7
Coe	McHale	6/14/2011	6/20/2011		6
Lee	Linn	12/14/2010	2/18/2011	Chester	66
Moreno	Biebel	12/10/2010	2/18/2011	Elgin	70
Snajee,	Hommel	12/20/2010	2/10/2011	Elgin	52
Reyes,	Hill	12/21/2010	2/14/2011	Elgin	55
Nerone	Buras	12/21/2010	2/10/2011	Elgin	51
Connor		12/3/2010	1/18/2011	Chester	46
Yeper	Mayard	1/3/2011	2/24/2011	Elgin	52
Thomas	Lavy	1/5/2011	5/2/2011	Elgin	117
Rivera	Claps	1/5/2011	3/10/2011	Elgin	64
Toll,	Claps	1/5/2011	3/8/2011	Elgin	62
Jones	Simmons	1/6/2011	4/19/2011	Elgin	103
Willams	Claps	1/6/2011	5/4/2011	Chester	118
Davis	Claps	1/10/2011	5/4/2011	Chester	114
Banks	Biebel	1/13/2011	3/24/2011	Elgin	70
Johnson	Biebel	1/14/2011	3/1/2011	Elgin	46
Jackson	Coughlan	1/24/2011	2/22/2011	Alton	29
Bess	Biebel	1/31/2011	3/1/2011	Elgin	29

Stiff	Sheehan	1/31/2011	3/10/2011	Elgin	38
Brewer	Biebel	1/31/2011	2/24/2011	Elgin	24
Owens	Biebel	2/1/2011	2/28/2011	Chester	27
Brooks	Ford	2/7/2011	5/9/2011	Elgin	91
Westbrook	O'Brien	2/9/2011	4/18/2011	Elgin	68
Puritt	McHale	2/9/2011	3/18/2011	Elgin	37
Pisors	Cannon	2/10/2011	4/21/2011	Ashland Cermak	70
Andley	Biebel	2/15/2011	3/9/2011	Elgin	22
Enyard	Sacks	2/15/2011	4/27/2011	Elgin	71
Setther	Sacks	2/17/2011	4/29/2011	Elgin	71
Jackson	Pannozo	2/17/2011	4/4/2011	Elgin	46
Seals	Burks	2/23/2011	5/9/2011	Chester	75
Brooks	Biebel	2/23/2011	5/9/2011	Chester	75
Johnson	Ford	2/24/2011	5/11/2011	Chester	76
Brown	Claps	2/28/2011	3/29/2011	Elgin	29
Means	Carrier	3/2/2011	5/11/2011	Chester	70
Hme	Carmon	3/1/2011	3/18/2011	Elgin	17
Dales	Biebel	3/3/2011	4/6/2011	Elgin	34
Cooper	McHale	3/3/2011	4/6/2011	Elgin	34
Meyer	Biebel	3/4/2011	3/29/2011	Elgin	25
Gates	Biebel	3/9/2011			ongoing
Vimson	Coughlan	3/11/2011	4/18/2011	Elgin	38
Remower	Karmerski	3/15/2011	5/4/2011	Elgin	50
Tinkson	Karmerski	3/15/2011			ongoing
Cordoyer	Hilt	3/16/2011	6/1/2011	Elgin	77
Hampton	Biebel	3/23/2011	4/13/2011	Elgin	21
Conner	Claps	3/25/2011	5/18/2011	Chester	54
Zaccarias	Biebel	3/29/2011	4/19/2011	Elgin	21
Cavoais	Markham	4/4/2011	4/26/2011	Elgin	22
Bodie	Bridgeview	4/5/2011			ongoing
Nique	McHale	4/7/2011	5/5/2011	Elgin	28
Milke	Garner	4/8/2011	4/26/2011	Elgin	18
Corcoran	Biebel	4/8/2011	4/26/2011	Elgin	18
Guerrero	Coughlan	4/6/2011			ongoing

Giles	Garner	4/12/2011	6/2/2011 Elgin	51
Barnetty	Biebel	4/12/2011	5/18/2011 Chester	36
Reyna	Bridgeview	4/14/2011	5/5/2011 Elgin	21
Jones	Garner	4/14/2011	6/2/2011 Elgin	49
Cykes	Clay	4/7/2011	6/2/2011 Elgin	56
Lunius	Biebel	4/19/2011	5/5/2011 Elgin	16
Ulmer	BV Court	4/20/2011	6/14/2011 Elgin	55
Stone	Cannon	4/25/2011	5/9/2011 Elgin	14
Walton	Biebel	4/25/2011		ongoing
Arce	Coughlan	4/28/2011	5/18/2011 Elgin	20
Algeray	Brown	4/28/2011	6/2/2011 Chester	35
Rocke	Brown	4/28/2011	5/10/2011 Elgin	12
Mitchell	Biebel	5/9/2011	5/23/2011 Elgin	14
Easton	Hill	5/10/2011	6/2/2011 Chester	23
Standley	Obbish	5/13/2011	6/15/2011 Chester	33
Hawkins	Bridgeview	5/17/2011		ongoing
Prater	Ford	5/18/2011		ongoing
Crawford	Clay	5/19/2011	6/7/2011 Elgin	19
Evans	Linn	5/19/2011	6/20/2011 Elgin	32
Peterson	Markham	5/19/2011	6/20/2011 Elgin	32
Washington	Biebel	5/20/2011		ongoing
Slain	Biebel	5/23/2011		ongoing
Zeigler	Claps	5/24/2011		ongoing
Kennedy	Biebel	5/24/2011		ongoing
Bell	Cannon	5/31/2011		ongoing
Williams	Brown	6/1/2011		ongoing
Allister	McHale	5/31/2011		ongoing
Brown	Biebel	6/1/2011		ongoing
Glang	Wadas	6/3/2011		ongoing
Mills	Brasharam	6/13/2011		ongoing
McGill	Ford	6/13/2011		ongoing
Coe	McHale	6/14/2011		ongoing
Turner	Burns	11/29/2010	1/13/2011 Elgin	45
Brown	Biebel	11/29/2010	2/23/2011 Chester	86

Malone	Biebel	11/29/2010	2/7/2011	Elgin	70
Volomak	Skokie	11/29/2010	1/3/2011	Elgin	35
Howard	LM	11/22/2010	2/22/2011	Elgin	92
Casey	Skokie	11/16/2010	12/17/2010	Elgin	31
Barker	Sullivn	12/3/2010	3/1/2011	Elgin	88
Stoymamovy	Biebel	12/14/2010	2/8/2011	Elgin	56
Banks	Lacy	12/15/2010	3/10/2011	Alton	85
Bebardelaber		12/10/2010	1/25/2011	Elgin	46
Hayner	Biebel	12/15/2010	5/2/2011	Elgin	138

By Mental Hospital		
MH	# awaiting transfer	average wait
Chester	15	62.26666667
Elgin	57	46.71929825
Alton	2	57
Ashland/Cermak	1	70

Overall	
Avg # days	45.91208791
Median # days	37
Mode # of days	46
median wait	

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, 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

EXHIBIT 8

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.

(Source: P.A. 94-498, eff. 8-8-05.)

OFFICE OF GOVERNOR PAT QUINN
FISCAL YEAR 2013 BUDGET

Rebalancing Fact Sheet – FY2013 Budget

The fiscal year 2013 budget will achieve savings through the continued rebalancing at the Department of Human Services (DHS) away from institutionalization toward increased community-based care. This process will result in increased quality of life for individuals currently living in state facilities.

Decreasing institutionalization will result in the closure of a number of state facilities. The Governor announced that the following four DHS facilities (including the two announced in January) will be closed over the course of FY13 (the Murray closure will extend into FY14). These agencies are working to fill existing vacancies at other facilities with staff affected by these closures.

DHS - Division of Mental Health (DMH)

Tinley Park Mental Health Center
Tinley Park, IL
FY12 budgeted bed capacity: 75
Annualized Operational Cost: approximately $19.8 million
Closure Date: 7/2/12

Singer Mental Health Center
Rockford, IL
FY 12 budgeted bed capacity: 76
Annualized Operational Cost: approximately $14 million
Closure Date: 10/31/12

DHS Cost Reductions in FY13 (following investment in community-based settings): approx. $12.3 million

DHS - Division of Developmental Disabilities (DDD)

Jacksonville Developmental Center
Jacksonville, IL
Residents: 185
Annualized Operational Cost: approx. $29.1 million
Closure Date: 10/31/12

Murray Developmental Center
Centralia, IL
Residents: 274
Annualized Operational Cost: approx. $41.1 million
Closure Date: 11/30/13

To ensure the Murray facility is closed in the most responsible manner possible, 100 percent of the cost reduction from the closure of Jacksonville ($3.9 million) is being invested in transitions of Murray residents in FY13. DDD cost reductions of **$22.7 million** will be realized in **FY14**.

EXHIBIT
tabbies 9

About the Facilities

Murray Developmental Center (MDC)

The Murray Developmental Center consists of six residential buildings, with approximately 60 persons per building. Residents attend two on-campus day programs and one off-campus day program.

The MDC is in an area of the state that historically has not seen much community care development. Moving Murray residents into community care settings in their own hometowns will bring much-needed economic development to Southern Illinois and spread jobs throughout the region.

Singer Mental Health Center (MHC)

The DHS Division of Mental Health (DMH) currently operates nine state hospitals throughout Illinois, providing civil and forensic (court-ordered) psychiatric care.

Constructed in 1967, Singer MHC occupies 94 acres on the north side of Rockford, IL, with eight buildings for patient care and maintenance.

Singer MHC is a 76 bed hospital comprised of three patient care units. One unit accepts civil patients from Chester Mental Health Center who are transitioning from maximum security and into community living. The remaining two units serve both acute and extended care civil patients from the surrounding communities.

Due to a physician shortage at Singer MHC, DMH has lowered the capacity from 76 to 55 to ensure patient safety and quality care.

Singer MHC is certified through the Centers for Medicare and Medicaid Services (CMMS) and accredited through The Joint Commission (TJC). Singer MHC serves Winnebago, Boone, DeKalb, Lee, Ogle, Whiteside, Carroll, Stephenson and Jo Daviess Counties.

In FY 2011, Singer MHC received 845 admissions, with 799 admissions coming from the community. The remaining 46 admissions were transfers from Chester MHC. Of the total number of admissions, one third (288) of the admissions did not have insurance. The average occupancy rate on the two admitting units was 50 patients a day, or 91 percent. For FY 12, Singer had an operating budget of $14.3M, and currently has 137 employees.

DHS has received a proposal from a group of Region 2 West providers for an array of clinical services, including inpatient adult beds, crisis residential and crisis triage. The Department has also received an additional proposal for Region 3 for inpatient adult hospital beds. Through these proposals, DMH will be able to purchase appropriate clinical service capacity to cover current annualized referrals.

By the Numbers

Number of remaining facilities after closures by agency/division

DHS (DMH): 7
DHS (DDD): 6

Rebalancing Community Care Transition Reinvestment FY13

DHS (DMH): $14.6 million
DHS (DDD): $20.8 million
Total: $35.4 million

Timeline

Notification to COGFA (for Murray):	2/22/12
Tinley Park (DHS/DMH) closure:	7/2/12
Jacksonville (DHS/DD) closure:	10/31/12
Singer (DHS/DMH) closure:	10/31/12
Murray (DHS/DD) closure:	11/30/13