12-060

H. Douglas Singer Mental Health Center

Public Comments
as of 10/28/2011

Memo To: Representative Michael Tryon
From: Sandy W. Lewis, MPA
Executive Director, McHenry County Mental Health Board
Date: October 7, 2011
Re: Service and Community Impact on State Operated Facility Closures

The agencies co-funded by the McHenry County Mental Health Board and the Division of Mental Health, DHS have identified the following community impacts that may result from the closure of Singer Mental Health Facility and the elimination of civil beds at Elgin Mental Health Facility. Although we have been involved in planning discussions with representatives of the Elgin Mental Health Facility to identify alternative community service arrangements, there have been no discussions of how to fund these alternative resources and no written consensus on the plan implementation thus far.

The agencies involved in the McHenry County Behavioral Health Network who have identified these impacts are:

Centegra Health System: Inpatient behavioral health services
McHenry County Crisis Line and Crisis Team
Family Service and Community Mental Health Center for McHenry County
Thresholds
Pioneer Center for Human Services
Family Alliance

Impacts include:

1. Increase in the number of persons with acute psychiatric needs presenting at the hospital Emergency Departments, primarily Centegra and increased wait times for available beds for appropriate inpatient services that could extend into days of waiting in emergency room beds is expected. Lengthened stays in the emergency departments exacerbate psychiatric symptoms such as anxiety, depression and psychosis for many patients and leads to increased episodes of violence towards Associates and other patients. In addition increased presentations to the emergency departments by individuals who cannot access appropriate care will hamper the facility's ability to care for other medical emergencies and conditions, directly impacting the health of the community.

Approximately 25% of Centegra's current inpatient psychiatric unit population is indigent and without Medicaid. Between June 2010 and July 2011, Centegra provided 1613 days of care to 279 patients in need. Under the current proposal, we can expect these days of care to dramatically increase. No additional funding for inpatient psychiatric treatment beds for those adults without Medicaid beyond the $300,000 of support from the McHenry County Mental Health Board is not sufficient to be able to increase bed capacity at South Street. Increasing the proportion of the patients without Medicaid will seriously compromise the facility's ability to maintain viability of the service line due to the absence of any funding from the state to provide necessary care. Additionally, there is insufficient availability of psychiatrists as well as no resources available for the recruitment of another Medical Director to open up the twelve additional beds previously reduced from adolescent services.

There will be an increase in the number of persons requiring crisis assessments. In the past year we have seen a 15% increase in requests for on-site crisis evaluations. Last year we hospitalized 396 unfunded individuals meeting medical necessity for psychiatric hospitalization. Of these individuals, 182 were accepted into State Funded Hospitals and 214 absorbed by community inpatient psychiatric units. Additionally, we have seen a dramatic increase in not only the number of people we are seeing in crisis but the time spent with these individuals. In order to accommodate the needed level of care, time spent with individuals needing hospitalization can reach as much as 18 hours, which is up from an average of 4 hours for the hospitalization process. This is due to the increasing difficulty in finding appropriate bed placement.

With the proposed closings, we expect to see an increase in the number of patients we see, the severity of illness being greater, and even longer stays in our community locations and emergency rooms where these people present to us (see Impact of emergency departments above). Individuals will experience longer wait times to see a Crisis Worker as our staff experiences difficulties meeting the volume presented.

The recidivism rates of those presenting in crisis has also increased as our community struggles to accommodate individuals in the wake of already enacted cuts to our community agencies. We have a current monthly recidivism rate of 8% due to the inability for individuals to receive the appropriate treatment for their illnesses and individual need. We expect that number to increase as individuals are further limited in their treatment options.

2. Increased number of discharged clients from State operated facilities (Chester, Elgin, etc.) without any funding for linkage case management to ensure access to service for mental health/substance abuse, access to Medicaid or other benefits, housing (with supervision if indicated) and other supports as indicated, is expected.

3. Increased number of discharged clients to psychiatry without adequate case management/community support. Given the State's reduction to the Family Service psychiatric capacity grant of $170,000, our access has been already adversely impacted. We currently have 65 individuals waiting for a psychiatric diagnostic assessment.

4. Increased number of uninsured (Non-Medicaid) clients from State operated facilities with no community service provision based on the current limited benefit package. The influx presents both clinical and ethical issues as uninsured clients are not able to receive services beyond assessment, case management or crisis. Psychiatric services alone are not sufficient to stabilize this acute population in the community. Additional Intensive Outpatient and Psychosocial Rehabilitation Services, along with case management/community support are indicated.

5. Family Service and Community Mental Health Center for McHenry County is receiving calls from Chester asking to take discharged individuals who are not appropriate for community level treatment without increased supervision (twenty-four hour). They present significant risks. This leads to the probable impact of discharged clients of the State operated facilities to providers which may take priority over current residents of our county.

6. Pioneer and Thresholds report very few openings for residential treatment services and those with Medicaid or homeless are often prioritized based on funding sources. Therefore, without stable placement alternatives, increased homeless capacity at PADS and potential vagrancy is expected.

7. With civil beds for our community planned to be redirected to Madden State Facility in Maywood Illinois, transportation from our county to this site is over two hours. There is no identified resource for this transport. There is also no identified resource for linkage case management services back to the home community. Therefore, we expect that these services may increase homeless populations in Maywood without an appropriate discharge plan.

Summary:

In order to appropriately plan for closures at Singer and the reduction of Elgin Civil beds, there needs to be more planning and redirection of resources to community alternatives to provide for:

1. The reinstatement of CHIPS funding to private hospitals to cover the cost of inpatient psychiatric service to the indigent population.
2. The recruitment of additional Medical staff to increase the number of private hospital beds. It often is cited that crisis staff must call to twelve to fifteen hospitals before securing a private hospital bed placement. This will increase due to the reduction of civil beds at the state operated facilities.
3. The development of community based crisis beds as an adjunct and step down to inpatient services.
4. The resources to expand psychiatric, nursing, case management, residential treatment and linkage case management to stabilize community treatment for the non-Medicaid population.
5. Resources to cover transportation and support (first month rent; medications, etc).
6. The closure of Developmental Disabilities Facilities could be accommodated with the appropriate redirection of resources to community based alternatives, sufficient to address one on one care and medical issues as appropriate. (see attachment 2)

We strongly reject the closure of Singer State Operated Facility and Elgin Civil beds based on the negative impact to the McHenry County community.

Attachments (2)

Attachment 1

ACMHAI

Association of Community Mental Health Authorities of Illinois

To: Governor Patrick Quinn and Members of the General Assembly

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

ACMHAI's policy is 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, capricious, and 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 well-

thought out plan which is linked to an assessment of need and a plan for appropriate transition of 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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Rockford, IL 61107
sheesays2000@yahoo.com
815/608-5701

October 18, 2011

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

Re: Evaluation for Singer Mental Health Center

Dear Sirs:

Please Keep Our Singer Mental Health Center Open!

Our son was in an automobile accident February 24, 2005 where he suffered a severe front head concussion when he hit a curb and a tree with our car. In 2006 he began having severe mental illness symptoms where he heard voices, had delusions and responded by acting out and walking out of Rockford to Chicago, Atlanta, California, etc. He was picked up by police officers and in 2006 he had his 1st admission to Singer Mental Health Center. Since then has had several other admissions to Singer and other state facilities.

The doctors, social workers and staff at Singer (and Rosecrance Ware) helped our son in a slow ongoing recovery. It is very important to our family to keep Singer open because we are retired on a limited budget and could not visit our son often if he were miles away. We could not give him guidance to encourage him to take his medicine and to work with his mental health professionals and, therefore, speed up his recovery. Our son did not trust anyone. By visiting at Singer, we helped increase his trust in us, his doctors and his other mental health professionals. Having Singer in Rockford has been a God Send for our son, our family and the many other patients and families we have met in our community.

If you have any questions and/or comments regarding our experience with our son and Singer please call or email us.

Thank you for your consideration.

Sincerely,

Sandra Simon and Michael Simon

PUBLIC COMMENTS ON THE FACILITY CLOSURE OF THE H. DOUGLAS SINGER MENTAL HEALTH CENTER

From all the reports I have heard it will really not save any state money to close Singer Mental Health center in Rockford. It will actually cost more to transport people who need the center to Chicago or other areas. Please reconsider this move and keep Singer open.

Sincerely,
Kate Elliott
Roscoe, IL 61073

To All Whom this Concerns;

The closing of the Singer Mental Health Center and any other Illinois Mental Health facility would be a grievous mistake. Anyone who has not dealt with the horrible devastation of mental illness has no idea the toll it takes on the mentally ill individuals and their families. Facilities such as the Singer Mental Health Center provide help when it is needed – without this help, where are the patients supposed to go and what are they supposed to do? Where will our mentally ill family members go if this facility is not available? I can attest with much fervor that the staff of the Singer Mental Health Center has been key for our son to get the help he needed at various times during his illness.

Mental illness **DOES NOT** go away --so how can a facility that's sole focus is helping the mentally ill go away? This makes no sense. The last time my son was hospitalized there were no beds available at Singer. He was transported to Berwyn, Illinois for treatment. Where will all the patients in our area go when there is no local facility? You certainly don't expect them to go without medical help, do you? That is an outrageous thought. Mentally ill people are people! They need to be treated just like anyone else with a health problem. **DO NOT** close hospitals for the mentally ill. I beg you. We need Singer Mental Health Center as well as all others that provide services to the mentally ill.

It is unconscionable that our government is considering the closing of these hospitals. Please consider this statement and keep it on file. Thank you.

Anita Costello

10/5/2011

Attn: Facility Closure,

I hereby submit the comments made by Bob Igral on October 2, 2011 regarding the potential closure of Singer Mental Health Center in Rockford. Rockford needs their health center. Please leave it open.

Sincerely,

[illegible signature]

Closing Singer would affect all of Rockford

By Bob Igral

The governor has proposed eliminating seven Illinois [illegible] one of which is Singer Mental Health Center, where hundreds of people with mental illness are [illegible] every year. He proposes closing Singer by Jan. [illegible]

[illegible] Rockford [illegible] Singer is [illegible] employer [illegible] of about 150 employees [illegible] University of Illinois [illegible] subsequent economic losses [illegible]

[illegible]

Services. They, as well as the Office of the Inspector General and the Department of Labor's Safety Inspection Division have made unannounced inspections this year.

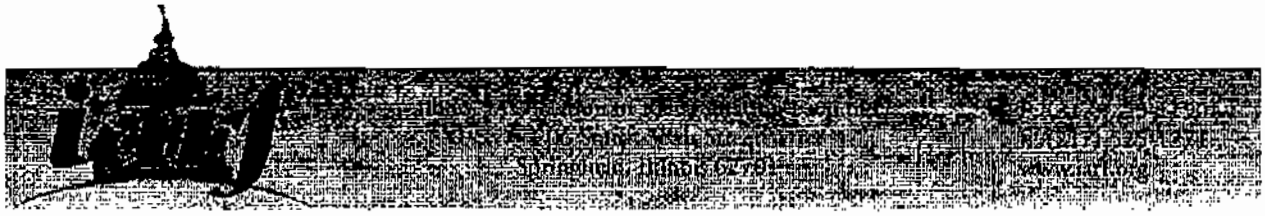
These groups have made recommendations for improving our paperwork and improving our facility or physical plant, but significantly, they have made zero criticisms with respect to clinical issues or active treatment.

We are the only facility in the state that has had no findings of [illegible] for 8 years. Our rate of restraint, seclusion and patient injuries is below state and national averages.

[illegible] Recently our department has lowered our census to 60 and [illegible] waiting list [illegible] emergency rooms [illegible]

The plan to close one of the best [illegible] mental hospitals in Illinois [illegible] There is no plan for those in crisis [illegible] There is no plan for Rosecrance Ware clinic, or the emergency rooms and psychiatric units at SwedishAmerican or Rockford Memorial. There is no plan for the shelter, [illegible] the police and sheriff's departments, the justice system [illegible]

[illegible]



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.***

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

Comments on the Announcements

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

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

Closure Process: Issues and Solutions

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

Issue(s):

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

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

Solution(s):

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

Issue(s):

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

Solution(s):

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

IARF is Solution Driven

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

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