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**Fax to Mz Avery regarding Singer Mental Health Center**

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## Cuts would slash access to state mental hospitals

**Quinn plan could leave thousands with little care, but some suspect proposal just a threat to get more funds**

October 18, 2011 | By John Keilman, Tribune reporter

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64

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A political battle royal over the closing of three state mental hospitals is grabbing most of the attention, but beneath that struggle is a plan that would reshape psychiatric care in Illinois — and not, critics say, for the better.

The idea taking shape at the Illinois Department of Human Services would greatly reduce access to the state's remaining mental hospitals, reserving them primarily for those who come from the criminal justice system. Others who need extensive care would have to rely on private hospitals and community mental health centers that say they are already overburdened.

State officials say they are legally bound to care for those who have been found unfit to stand trial or not guilty by reason of insanity, and with a \$58 million funding gap in the hospitals' budgets, they must cut back elsewhere. They also contend that many people would be better served outside of a hospital.

But a Human Services spokeswoman said the state could provide only "nominal" funding to help mental health groups handle the expected influx of patients. That leads some advocates to believe that if the plan goes through, potentially thousands of people with serious psychiatric illnesses would be left with minimal care.

"You've got the sickest of the sick who are going to have nowhere to go," said Suzanne Andriukaitis of the National Alliance on Mental Illness' Greater Chicago chapter.

The plan emerging from Gov. Pat Quinn's administration comes on the heels of his decision to shutter three of the state's nine psychiatric hospitals, including the Tinley Park Mental Health Center. The American Federation of State, County and Municipal Employees claims that would violate the no-layoff deal Quinn made with the union last year and has won an arbitrator's ruling to halt the closings.

The administration, though, says the ruling isn't binding because legislators haven't appropriated enough money to keep the hospitals open. It has gone to court to argue that point and is continuing with its shutdown plans, though one legislator said he thinks that's

**Health Facilities and Services Review Board**

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Questions or Comments

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**To the Illinois Facility Review Board: 8-17-12**

According to current state law, all individuals in Illinois jails who are found unfit to stand trial are to be transferred to a state psychiatric facility for treatment within a 30 day period. With the closure of Singer Mental Health Center, the prospects for treatment for these individuals in the 21 county catchment area appear very bleak indeed. In the past, transport for treatment has been delayed, often several months. The Singer facility serves and treats this group of individuals along with patients who are not guilty by reason of insanity. The Chicago and mid state psychiatric facilities are presently on overflow mode already. Who will treat these individuals once Singer closes?

Many individuals who are mentally ill, incarcerated and found to be unfit to stand trial have committed both serious and trivial offenses. Take for example a mentally ill homeless individual who was incarcerated for months after urinating on a public street. Another example is a confused individual charged with trespassing after refusing to leave a bus station (she believed her daughter was on the bus). Should these individuals languish in city and county jails when treatment is owed them by law and may only require 1-2 weeks of treatment in a state hospital? This appears to be a violation of constitutional rights.

Law enforcement leaders, Judges, State and District attorneys and Sheriffs in all 21 counties surrounding Singer Mental Health Center have sent letters to Governor Quinn requesting he leave the facility open. The criminalization of the mentally ill often follows the closure of psychiatric hospitals, both state and private and has been experienced nationally as states shutter psychiatric hospitals. I hope that you weigh the evidence carefully in deliberating the closure of Singer. Lives depend on it.

Martin Spencer RN

To Whom it may concern

In regards to Singer Mental Health Center closing, I believe you should do whatever it takes to keep this hospital open. I am a patient here, my sister was a patient here, the staff you have here cares about us and helps us with whatever we need, some of the patients here have been here for a while and they have bonded, depending and shipping them off to get a good where can do more harm than good, these people need to keep what they know and are comfortable with. The staff here has helped me more than anyone ever has, I have been able to open up and feel comfortable with the staff here, and I thank them from the bottom of my heart. Do please do what it takes to keep this place open so people like me have someplace to come and get the help we need. Thank you for taking the time and reading this.

A patient at Singer Mental Health  
Center

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But a Human Services spokeswoman said the state could provide only "nominal" funding to help mental health groups handle the expected influx of patients. That leads some advocates to believe that if the plan goes through, potentially thousands of people with serious psychiatric illnesses would be left with minimal care.

"You've got the sickest of the sick who are going to have nowhere to go," said Suzanne Andriukaitis of the National Alliance on Mental Illness' Greater Chicago chapter.

The plan emerging from Gov. Pat Quinn's administration comes on the heels of his decision to shutter three of the state's nine psychiatric hospitals, including the Tinley Park Mental Health Center. The American Federation of State, County and Municipal Employees claims that would violate the no-layoff deal Quinn made with the union last year and has won an arbitrator's ruling to halt the closings.

The administration, though, says the ruling isn't binding because legislators haven't appropriated enough money to keep the hospitals open. It has gone to court to argue that point and is continuing with its shutdown plans, though one legislator said he thinks that's nothing more than a pressure tactic designed to pry more money out of the General Assembly.

"I'm still skeptical about the real motivation for all of this, in part because I didn't come away with the impression that the administration had a real plan for what they're going to do with the people in these facilities after the closures," said Sen. Matt Murphy, R-Palatine.

Still, experts say the plan is in keeping with a national movement of cutbacks for state-run mental hospitals, a trend some believe could represent the final chapter in the long saga of deinstitutionalization.

Sixty years ago, the United States had 322 state psychiatric hospitals that cared for more than 500,000 patients at any given time. In the most recent figures compiled by the National Association of State Mental Health Program Directors Research Institute, from 2009, the states operated 208 hospitals that cared for fewer than 50,000 patients.

Dr. Joseph Bloom, a psychiatrist at the Oregon Health and Science University who has researched the trend, said much of that reduction has been positive, as new medications

and therapies allowed people to be treated in less restrictive settings. But the recent downsizing, he said, is primarily about saving money, not improving care.

"They've basically been cutting back to the only population they can't do anything with, which are the people who come from the criminal courts," he said.

In Illinois, county sheriffs have pressured the state to expand hospital treatment for mentally ill inmates, some of whom languish in local jails for months before getting a bed at a psychiatric center. But Greg Sullivan, executive director of the Illinois Sheriffs' Association, said the state's plan is no solution.

"They're not doing anybody any favors," he said. "They'll expand the spaces (for jail inmates), but they'll move (other) people into the community with no services, no continuity of care. We're going to end up with more of them in our county jails. It's kicking the can down the road. It's a vicious circle."

Illinois' state psychiatric hospitals have 754 beds for the general population, and 10,227 of those patients were admitted last year. Another 603 beds are for those coming from the criminal justice system, whose stays are typically much longer, and 512 people were admitted into them. There were more beds than patients because some of the beds were already occupied; DHS tracks only admissions, not how many people in total were served in a given year.

Human Services spokeswoman Januari Smith Trader said it's too soon to know exactly how many beds will be in each category after the restructuring, or how many people they'll be able to serve. Some space will still be reserved for people from the general population who need long-term care, she said.

## Advocacy groups blast privatization plan for state psych hospital

By Zoë Gioja  
THE TEXAS TRIBUNE

Updated: 9:45 p.m. Friday, Aug. 10, 2012  
Published: 9:30 p.m. Friday, Aug. 10, 2012

A coalition of influential Texas organizations is pushing back against the proposed privatization of a state psychiatric hospital by Geo Care, a subsidiary of a prison operations group that has a troubled history in Texas.

The Department of State Health Services is preparing to privatize one of the state hospitals it oversees, a move estimated to save taxpayers millions of dollars a year.

Members of the coalition, concerned by the fact that Geo Care was the only bidder to operate the hospital, are urging the state health department, the Legislative Budget Board and Gov. Rick Perry to reject the company's proposed management of the hospital.

"The Geo Group has a long and troubled history in Texas," said Bob Libal, whose organization, Grassroots Leadership, signed the letter along with groups including the American Civil Liberties Union of Texas, the Center for Public Policy Priorities, Disability Rights Texas, Texas NAACP, the Texas Criminal Justice Coalition and the United Methodist Church.

That history includes the closure of Geo's Coke County Juvenile Justice Center in 2007 following reports of horrific conditions, sexual abuse and youth suicides. Geo also drew negative attention in 2009, when inmates started fires and took hostages at the group's Reeves County Detention Center to demand better health care. That same year, a Texas appeals court upheld a \$42.5 million verdict against the Geo Group for the 2001 death of an inmate who was beaten to death by other inmates four days before finishing his sentence at a Willacy County facility.

Pablo Paez, vice president of corporate relations for the Geo Group, said that the coalition's letter was an inaccurate representation of the company's track record, both nationally and in Texas.

Before the Coke County facility was shut down, Paez said, the Texas Youth Commission named it "Facility of the Year" in 1999 and 2005.

"To judge a company's record on isolated events is grossly unfair," he said.

But Geo's troubles don't appear to be isolated. Last month, the American-Statesman reported that a psychiatric hospital run by Geo Care in Montgomery County faced \$53,000 in state fines for problems with patient care. The state hospital division conducted a review of the facility this spring, reporting incidents such as a patient who injured himself in isolation because staffers were too afraid to enter his room, and another who was required to clean up his own feces and urine. (Paez said despite such reports, the number of restraint and seclusion events at the facility is well below the state average.)

"Geo has paid millions in lawsuits over the death of prisoners," Libal wrote in the letter. "If that kind of liability were to fall on the Department of State Health Services, Geo's cost-cutting measures might not save taxpayers money."

State Health Services did not immediately return messages seeking comment.

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