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AUG 22 2012

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August 21, 2012

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Written Comments regarding DHS request for
Singer Mental Health Center Discontinuation Permit

Dear Chair Galassie:

Our union strongly objects to the closure of Singer Mental Health Center. We urge the Board to reject the application for a discontinuation permit on the following grounds:

1. DHS cannot verify its reason for discontinuation under the Act, which seems to be that the facility or service is not economically feasible due to reductions in the agency's FY 13 appropriations.

The FY 12 budget appropriation for state mental health centers, after a supplemental appropriation was made in December, was sufficient to keep open all state hospitals operated by DHS. That amount was \$204.8 million, not including the Tinley Park MHC appropriation which was in a separate line. Virtually the same amount - \$202.7 million - was awarded in FY 13. That also did not include operating costs for Tinley Park MHC as it closed at the end of FY 12. The dollar amount appropriated in FY 13 is sufficient to operate 8 hospitals. (See Attachment 1 - relevant pages from the FY 12 and FY 13 budget bills)

Contrary to what the application states, the General Assembly provided DHS with sufficient funding to operate 8 state mental health centers. This closure is not required by the state budget. Rather it is an attempt by the state to stop serving very seriously mentally ill individuals or to ship them hundreds of miles away for treatment - away from their family and their community mental health supports.

03/12

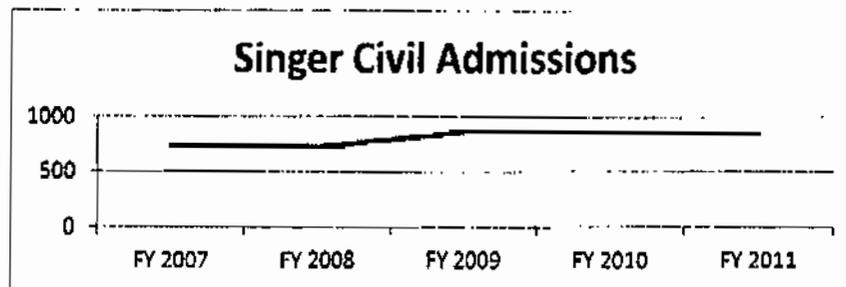
American Federation of State, County and Municipal Employees, Council 31

TEL (312) 641-6060 FAX (312) 861-0979 WEB www.afscme31.org 205 North Michigan Avenue, Suite 2100 Chicago, Illinois 60601

2. Singer's services are well utilized

DHS provides two types of services in the eight psychiatric hospitals it operates in our state. Civil hospitals serve individuals in severe mental health crisis for short term treatment – this is Singer's primary role. Others serve a forensic population – housing and treating individuals who have committed crimes—and Singer sets aside some beds for this purpose.

Singer delivers excellent and irreplaceable services to individuals with mental illness. Its admissions of nearly 900 patients annually increased over the most recent years for which we have been provided data.



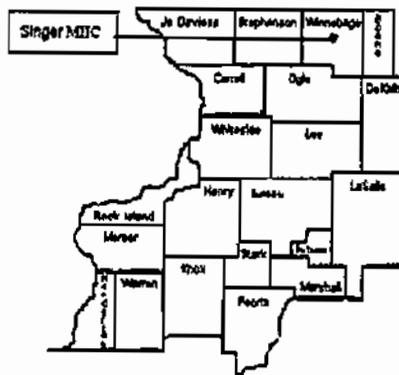
By the Board's own standards, Singer has been operating above capacity for years. Per Health Facilities and Services Review Board rule 77 Ill. Adm. Code 1100.560, the utilization target for Acute Mental Illness Treatment facilities is a bed occupancy rate (BOR on chart below) of 85%.

	FY 2008			FY 2009			FY 2010			FY 2011		
	Beds	ADC	BOR									
Alton	15	15	101%	15	11	73%	15	17	113%	15	13	87%
Choate	79	71	90%	60	58	97%	60	59	98%	79	60	76%
Read	130	131	101%	130	128	99%	130	127	97%	112	114	102%
Chester	140	104	74%	120	104	87%	110	90	82%	80	81	101%
Elgin	75	74	99%	75	72	96%	75	77	102%	75	68	91%
Madden	150	138	92%	150	137	92%	150	130	87%	150	135	90%
McFarland	82	73	89%	82	75	92%	82	72	88%	82	86	105%
Singer	76	73	97%	76	72	95%	76	74	97%	76	71	93%
Tinley Park	75	66	87%	75	69	91%	75	67	89%	75	68	91%
Total	822	747	91%	783	727	93%	773	711	92%	744	696	94%

The Average Daily Census (ADC) of Singer and almost every other state center has consistently exceeded the bed utilization target. This data reinforces public testimony at the August 6 Board hearing and at an earlier COGFA hearing about the need for Singer's capacity in the region (see COGFA Testimony Regarding DHS Facility Closures- Attachment 2). Hospitals testified that their emergency room beds fill up with people awaiting transfer for acute MI care now even with Singer open.

3. Singer's services are needed and unique

Singer Mental Health Center Catchment Area



HSAs Covered by Singer Catchment Area



Singer is the only safety net hospital serving all the mentally ill – including those who are uninsured, involuntarily admitted for treatment, and a danger to themselves and others – in 21 counties in North West and North Central Illinois.

Singer's catchment area includes all of HSA 1 and 10, and most of HSA 2. The Board's "INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS" identifies HSA 1 – the HSA most directly affected by Singer's closure – as needing Acute MI beds.

For example on Monday July 30 there were 14 patients' on waiting lists to be admitted to Singer, with the longest having waited 6 days in an emergency room for a bed. Testimony from hospitals at the COGFA hearing held last fall bear witness to this need for inpatient beds. Hospitals testified that their emergency room beds fill up with people awaiting transfer for acute MI care now even with Singer open. Singer's utilization rate in FY 2011 was 93%. Admissions to the facility have grown 17% since state fiscal year 2008.

Singer treats many patients who are uninsured or have exhausted their insurance, and so cannot seek care from the few private hospitals in the area that still operate psychiatric beds.

Community outpatient services are not a replacement for inpatient care anymore than a doctor's office is a replacement for a hospital for the critically ill. Moreover, community mental health services have suffered years of continued cuts, including under the state's FY13 budget, and especially aimed at the uninsured population. Any effort by DHS to offer new funding "to replace" Singer will be netted against those cuts to community care.

4. DHS has provided no specifics on which hospitals or alternative service providers will replace these needed services.

The Board requires that DHS provide, in its application, impact statements from other healthcare facilities within 45 minutes travel. These are supposed to indicate the extent to which the facility's services will be absorbed by other providers. DHS has not provided these statements.

In this application, DHS has only attested to a process still underway to provide alternative services to decrease the need for Singer's services. DHS intends to spend only half the resources expended annually to operate Singer on these alternative services. DHS has only just closed its RFI process and has not provided the Board key information including how many service providers are interested in offering replacement services given the funding available, and how far that funding will go. DHS does not expect to let contracts for replacement services until the end of August and given the RFI responses from potential providers were not due until August 13 that schedule seems highly ambitious.

Even if DHS could state specifically what in-patient services it intends to purchase to replace Singer's inpatient capacity, past experience shows it will prove insufficient. It should be noted that the Board approved the closure of Zeller Mental Health Center of Peoria in 2002 after DHS entered into an agreement to fund the expansion of an inpatient psychiatric unit at Methodist Hospital in Peoria. Although DHS has funded replacement beds at Methodist, Peoria and other counties formerly in the Zeller catchment area admit patients to Singer MHC. (See IDHS Request for Information pages 7, 8 and 10, labeled Attachment 3)

5. The only hospitals that support the application are the state's own, none are within the 45 minute travel requirement, and they do not have the capacity to serve 21 additional counties.

In its permit application DHS states baldly that those individuals who are treatment refractory or who are criminally involved will need to travel to Chicago, Elgin or Springfield to receive services. In the absence of any assurance in the application from area hospitals, the same must be true of those who are acutely mentally ill. It should be noted that in its application DHS does not indicate an increase in the number of beds operated at any of those three state facilities. All but one state hospital were operating above the Board's own definition of capacity in FY 11 (see capacity data above). The July 1 closure of Tinley Park Mental Health Center has further increased demand for their services. The Board must consider that, while these state hospitals declare they are willing to accept patients now being treated at Singer, they will not be able to do so without additional capacity.

6. In its application DHS provides confusing and misleading information about Singer's current operating capacity

DHS is trying to portray Singer hospital as a chronic care facility in order to downplay the need for its acute care services and to justify the lack of statements from other health facilities within 45 minutes' drive. Singer is licensed for 76 beds. DHS data provided to our union through FY 11

shows that it operated 76 beds at Singer, none of them forensic, with an average length of stay of 25 days.

FY Singer	Civil			
	Operating Beds	ADC	Admissions	LOS
2006	76	81	869	30
2007	76	73	734	37
2008	76	73	724	55
2009	76	72	858	34
2010	76	74	861	30
2011	76	71	845	25

This is how DHS described the impact of the closure of Singer in its September, 2011 closure filing to COGFA: "The State's capacity to provide civil acute inpatient psychiatric care will be significantly reduced, affecting approximately 845 civil admissions annually." (see Attachment 4, DHS COGFA filing on Singer closure, Sept 16, 2011)

Note that DHS has misstated the number of Singer admissions in its permit application to the Board. There were not 485 admissions in FY 11 as DHS states, but 845 (see page 7 of application).

The permit application which the Board now considers describes only 56 operating beds. It describes 21 chronic care beds, 5 forensic beds and 30 acute care beds. The application does not explain what has become of the remaining 20 beds DHS was clearly operating at the beginning of FY 12.

Regardless, it should be clear that the acute care beds are the majority of Singer's beds. That is why all the local hospitals which provide acute inpatient care that testified at the COGFA hearings held Oct. 5 regarding the closure of Singer opposed the closure. Attachment 1 provides excerpts of that testimony, which underlines the need for Singer's services as expressed by representatives of the impacted hospitals.

As DHS cannot verify its reason for discontinuation of Singer MHC under the Act, as the hospital's services are in demand and as DHS has provided no specifics on how they would be replaced, we strongly urge the Board to reject this application for discontinuation.

Sincerely,



Henry Bayer
Executive Director

FY12

Attachment 1

SB2412 Enrolled

-113-

OMB097 00012 SDT 40012 b

1	For Retirement Contributions	240,800
2	For State Contributions to Social Security	53,900
3	For Group Insurance	143,100
4	For Contractual Services	119,400
5	For Travel	10,000
6	For Commodities	5,000
7	For Equipment	<u>5,000</u>
8	Total	\$1,281,600

9 (P.A. 97-0070, Art. 9, Sec. 65)

10 Sec. 65. The sum of \$204,806,300 ~~\$175,346,700~~, or so
 11 much thereof as may be necessary, is appropriated from the
 12 General Revenue Fund to the Department of Human Services for
 13 costs associated with the operation of State Operated Mental
 14 Health Facilities or the costs associated with services for
 15 the transition of State Operated Mental Health Facilities
 16 residents to alternative community settings.

17 (P.A. 97-0070, Art. 9, Sec. 70)

18 Sec. 70. The following named sums, or so much thereof as
 19 may be necessary, respectively, for the purposes hereinafter
 20 named, are appropriated to the Department of Human Services
 21 for Grants-In-Aid and Purchased Care in its various regions
 22 pursuant to Sections 3 and 4 of the Community Services Act
 23 and the Community Mental Health Act:

pg 1 & 2

FY/13

Public Act 097-0730
SB2454 Enrolled

OMB097 00036 JCB 40036 b

For Travel	80,500
For Commodities	17,100
For Equipment	3,900
For Telecommunications Services	<u>173,600</u>
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	<u>5,000</u>
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

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Attachment 2

COGFA Testimony Regarding DHS Facility Closures

The Commission on Government Forecasting and Accountability held five hearings in October and November, 2011 regarding the planned closure of state facilities due to budget cuts. None of those closures were enacted in FY 12. Below are excerpts from testimony provided at the October 5, 2011 COGFA hearing regarding Singer Mental Health Center. The full audio recording of the testimony is available at: <http://www.ilga.gov/commission/cgfa2006/upload/10052011meetingAudio.mp3>

Rhonda Bergstrom, Nurse Manager of the Emergency Department, Swedish American Hospital: The state has not addressed the continued need for the services of Singer. ...One out of every 8 emergency department visits is for a mental health reason... Mental health patients are boarded for hours and sometimes even days in the emergency department... Emergency department nurses are ill equipped, under prepared and under resourced to take care of psychiatric emergencies. Over crowding and boarding patients places patients and staff of increased risk for safety problems and treatment error. Swedish American emergency department alone sees 500 psychiatric visits a month. Psychiatric patients are not in an environment in the emergency department that is conducive to their care or their treatment. There is a significant delay in treatment while these patients are awaiting placement in our emergency departments.

Penny Powers, Director of Assessment and Referral Counselors Swedish American Hospital: ...Currently we have 20 inpatient beds on our unit, and we do not have capacity to increase our beds anywhere in our hospital. ...We are at 90 to 100% [of capacity] all the time. We currently have a lot of patients with no funding. ...Today I had a patient wait 60 hours to get into our unit. ...I believe that if Singer would close it would be catastrophic. We currently transfer to Chicago anywhere from 7 to 20 patients a week... A lot of those patients are funded with Medicaid, Medicare and private insurance. ...If Singer closes, [even if] your family member has insurance you are going to have to travel to Chicago or farther away to visit them and get treatment. I asked to speak today because I don't think anyone understands how bad it is now and if they close the facility it is just going to be unbelievable.

Dr. Reginald Givens, Medical Director, Swedish American Psychiatric Ward: We simply don't have the hospital beds to accommodate Singer closing in the Rockford area. We are running at near capacity as it is. Rockford Memorial is the only other place in town that admits inpatient psychiatric patients and they I believe only have about 12 beds, so they are in a similar situation.

Deanna Murray, CEO, Rockford Health System ...Our self pay rate would be \$1,300 a day. We have 12 beds. ...Our uninsured rate right now varies from month to month anywhere from 18-30%, so we are not in a financial position to absorb the 76% uninsured patients that Singer has.

David Shertz, CEO, OSF St. Anthony's Medical Center: ...Our expertise is in [medical care.] Increasingly a number of our patients have mental needs, they need help. We are

pg 1 of 2

not set up for anything more than a transitional role, yet we are seeing patients, we are holding patients for weeks at a time. We have psychiatrists on staff, we have allied health professionals who are there for the transition to a system of mental health care. That's fallen apart. I've got to be honest with you, demand is going through the roof. It's like the whole world is having a nervous breakdown and it's starting to show up in every hospital ER across the County.

Dan Neal, Executive Vice President of Behavioral Health Care/FHN Family Counseling Center and Chair of the Illinois Hospital Association Behavioral Health Steering

Committee: According to our information the private system has lost 28% of its capacity in the last 2 decades. So people are closing private psychiatric facilities. ... We have dropped in Illinois from 5,350 beds 1991 to 3,816 in 2010. ... I think a figure was given to you that private facilities are only at 70% of capacity. I don't know how correct that is but you've heard in other testimony that's not particularly the experience our hospitals are having. ... The number of beds does not mean necessarily capacity. ... from our own experience at our FHN Hospital last year it took us 7 hours to get a patient transferred from our emergency room. This year it's taking us 14 hours.

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Attachment 3

IDHS REQUEST FOR INFORMATION

These counties are served by Rosecrance Center, a comprehensive mental health center and DASA provider, and Stepping Stones, Inc., a residential provider. Providers coordinate to provide both mental health Rule 132 and DASA services to their residents.

DMH Region 3 North – Counties Served

Bureau, LaSalle, Marshall, Putnam, and Stark Counties

The 172,610 residents of Bureau (35,503), LaSalle (111,509), Marshall (13,180), Putnam (6,086), and Stark (6,332) counties receive DMH funded behavioral health services predominantly from North Central Behavioral Health Systems, Inc. North Central Behavioral Health Systems, Inc. (NCBHS) is a comprehensive community mental health center providing both Mental Health and Substance Abuse services. Also NCBHS has for many years been committed to rural behavioral health care access through innovative programming including piloting computer technology to improve case management access for rural populations and the use of telepsychiatry. About 10.7 percent of the residents in these counties are living below the poverty level, and the median household income is approximately \$48,216. Perry Memorial and St Margaret's hospitals are in Bureau County and neither have inpatient psychiatric units. Illinois Valley Community, Mendota Community, St Mary's and OSF St. Elizabeth hospitals are in LaSalle County, and OSF St. Elizabeth has a 26 bed inpatient psychiatric unit. Marshall and Stark counties do not have hospitals.

Henderson, Henry, Knox, and Warren Counties

The 133,804 residents of Henderson (8,213), Henry (51,020), Knox (55,836), and Warren (18,735) counties receive DMH funded behavioral health services predominantly from Bridgeway, Inc. Bridgeway is a comprehensive mental health center providing both Mental Health and Substance Abuse services. Bridgeway also has an extensive residential capacity and is a leader in its commitment to Individual Placement and Support programming (rapid employment for mental health consumers). About 12.7 percent of the residents in these counties are living below the poverty level, and the median household income is approximately \$43,449. Hammond Henry and Kewanee hospitals are in Henry County and neither has an inpatient psychiatric unit. Cottage Hospital and OSF St. Mary Medical Center are in Knox County, and Cottage Hospital has a 12 bed inpatient geriatric psychiatric unit. OSF Holy Family Medical is in Warren County, and Henderson County does not have a hospital.

Peoria County

The 183,433 residents of Peoria County receive DMH funded behavioral health services predominantly from the Human Service Center. The Human Service Center (HSC) is a large comprehensive mental health center providing both Mental Health and Substance Abuse services. The only Assertive Community Treatment Program in Region 3 is provided by HSC which is also noted for a long standing commitment to Recovery values. Under a DMH contract, HSC is also serving Williams' class consumers choosing to leave IMDs for a more independent life in the community. About 14.5 percent of Peoria County residents are living below the poverty level, and the median household income is approximately \$49,747. OSF St.

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EDHS REQUEST FOR INFORMATION

Francis Medical Center, Methodist Medical Center, and Proctor hospitals are in Peoria County. Methodist has a 68 bed inpatient psychiatric unit, expanded subsequent to the closure of Zeller Mental Health Center, Proctor has an 18 bed inpatient geriatric psychiatric unit, and OSF St. Francis tertiary treatment facility, offers psychiatric liaison, consultation, and Partial Hospitalization, but does not have an inpatient psychiatric unit.

Mercer and Rock Island Counties

The 166,331 residents of Mercer (16,957) and Rock Island (149,374) counties receive DMH funded behavioral health services predominantly from the Robert Young Center. The Robert Young Center is a comprehensive mental health center providing both Mental Health and Substance Abuse services. About 10.8 percent of the residents in these counties are living below the poverty level, and the median household income is approximately \$48,568. Genesis Medical Center and Trinity Medical Center are in Rock Island counties, and Trinity Medical Center has a 54 bed inpatient psychiatric unit. Mercer County Hospital is in Mercer County. The Robert Young Center affiliated with Trinity Medical Center has a long history of providing coordination between inpatient and outpatient programming. They are also developing a comprehensive network for the provision of primary and behavioral healthcare integration.

Summary of counties served:

- Persons served are from all economic backgrounds.
- Residents receive mental health and substance abuse treatment based on need.
- Counseling and case coordination to address child welfare problems and legal issues are available in most counties.
- There is evidence of a growing Hispanic population (some undocumented) resulting in a need for Spanish-speaking services,
- Extensive coordination occurs between affiliated area hospitals.
- In many communities, the agencies identified are the only certified, comprehensive provider of mental health Rule 132 and DASA services in the county.

Additional summary statistical information by County is in Appendix 2.

D. Clinical Characteristics of the Individuals and Their Service and Support Needs

This RFI is aimed at meeting the needs of a specific and prescribed population of unfunded individuals. The target population is approximately 845 individuals from the SMHC catchment area Regions 2W and 3N see Figure 1 below who, if not for the Singer closure, would be seeking state-operated hospital (SOH) services in the remaining eight months of FY13 (beginning November 1, 2012). The basis for this forecast is shown in Table 1 FY11 Emergency Department Referrals to SMHC below, which details SOH admissions from the Regions 2W and 3N counties. Some of the significant characteristics of this population include the following features:

IDHS REQUEST FOR INFORMATION

Table 1 FY11 Emergency Department Referrals to SMHC

FY11 Emergency Department Referrals to SMHC	Count
Swedish American Hospital (Winnebago)	364
Rockford Memorial Hospital (Winnebago)	14
St. Anthony Hospital (Winnebago)	12
Methodist (Peoria)	21
Trinity (Rock Island)	26
Kishwaukee (DeKalb)	52
Valley West (DeKalb)	5
Freeport (Stephenson)	64
Midwest (Jo Daviess)	7
Illinois Valley Community (LaSalle)	6
Mendota (LaSalle)	3
Ottawa Regional (LaSalle)	42
St. Margaret (Bureau)	2
St. Mary (LaSalle)	2
Perry Memorial (Bureau)	5
Centegra (McHenry)	53
Memorial West (McHenry)	1
Mercy Harvard (McHenry)	1
Cottage (Knox)	7
Kewanee (Henry)	5
St. Mary (Knox)	4
KSB (Lee)	37
CGH (Whiteside)	13
Morrison (Whiteside)	7
Rochelle Community (Ogle)	4
Other State Operated Hospitals	51
Forensic (county jails)	19
Other	18
Total	845

Attachment 4



Illinois Department of Human Services

Pat Quinn, Governor

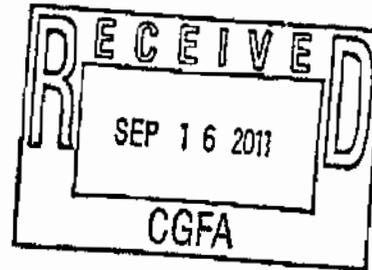
Michelle R.B. Saddler, Secretary

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

September 16, 2011

VIA HAND DELIVERY AND ELECTRONIC MAIL

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



Re: Closure of H. Douglas Singer Mental Health Center

Dear Senator Schoenberg and Representative Bellock:

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

Recommendation:

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

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

Therefore, in FY12, the Division of Mental Health will close Singer MHC's seventy-six (76) beds.

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Senator Jeffrey M. Schoenberg
Representative Patti Bellock
September 16, 2011
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Responses:

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

H. Douglas Singer Mental Health Center
4402 North Main Street, Rockford, Illinois 61103-1278

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

There are 151 employees at Singer MHC. Until the closure agreement is negotiated, we will not know the impact on the employees at Singer Mental Health Center.

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

- The State's capacity to provide acute inpatient psychiatric care will be significantly reduced. The broader mental health system, specifically private community-based hospitals and mental health providers, would be expected to provide much more of this service to the population currently served in the State psychiatric Hospitals.
- Alton Mental Health Center (Alton) in Alton, Illinois, will be expanding its responsibility for the treatment of extended care patients.
- Chicago Read Mental Health Center (Chicago Read) in Chicago, Illinois, will be expanding its responsibility for the treatment of extended care patients.
- Elgin Mental Health Center (Elgin) in Elgin, Illinois, will be expanding its responsibility for the treatment of extended care patients.
- McFarland Mental Health Center (McFarland) in Springfield, Illinois, will be expanding its responsibility for the treatment of extended care patients by opening one fifteen (15) bed civil unit.

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

Singer Mental Health Center consists of seven (7) buildings (Hawthorne, Locust, Birchwood, Community, Willow, Sycamore and Linden), all connected by an enclosed walkway and a stand-alone garage with a cooling tower:

- Hawthorne is used for administration
- Locust houses engineering, dietary and stores
- Birchwood and Community are used for staff support and patient therapy
- Sycamore and Linden are living units for individuals with mental illness
- Willow is vacant

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

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

- The State's capacity to provide civil acute inpatient psychiatric care will be significantly reduced, affecting approximately 845 civil admissions annually.
- Alton MHC, with moderate security upgrades (capital improvements), will be converted to the Maximum Security Forensic Hospital. Staff training will occur to prepare staff on new policies, procedures and clinical management techniques needed to provide maximum security forensic services.
- Chicago Read MHC will be expanding its responsibility for treatment-refractory, extended care patients.
- McFarland MHC will be expanding its responsibility for treatment-refractory, extended care patients by opening one fifteen (15) bed civil unit.
- Alton MHC will convert one civil unit (fifteen (15) beds) for treatment-refractory, extended care patients.
- Elgin MHC will convert one civil unit (twenty-five (25) beds) for treatment-refractory, extended care patients.

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

Based on actual FY11 spending, the annual cost of operating Singer MHC was \$13.6 million.

Given the cost of closing this Hospital and the minimal reinvestment in community services, a deficit of \$37.9 million will remain in the FY12 budget. Therefore, DHS will have to address this deficit with corresponding cuts of \$37.9 million throughout the rest of DHS' budget. This deficit does not include capital improvements.¹

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

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

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

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

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

- The plans and recommendations as discussed represent significant increases in the level of acute inpatient psychiatric services that will become the responsibility of the community-based medical and mental health providers. The current capacity and ability of the private sector to serve this population is not fully known at this time. The State will need to engage with private hospitals to build capacity to provide this care to approximately 845 admissions annually. In addition, community-based mental health and substance abuse providers would also need to build capacity to enhance alternatives to inpatient care. There would be additional costs to the State for assuring the availability of these services.
- State functions will be re-allocated as follows:
 - Pending statutory changes, Alton MHC would become the Maximum Security Forensic Hospital, assuming the responsibility now provided by Chester MHC. One acute civil unit at Alton (fifteen (15) beds) will be converted to an extended care unit.
 - Chicago Read MHC's responsibility for treatment-refractory, extended care patients will be expanded.
 - McFarland MHC's responsibility for treatment-refractory, extended care patients will be expanded.
 - One civil unit (twenty-five (25) beds) at Elgin MHC will be converted for treatment-refractory, extended care patients.

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

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

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

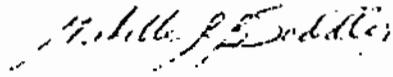
There are no underground storage tanks at this location. Asbestos is present throughout the Hospital; specifically, in floor tile and mastic in 9x9 floor tile. Several of the pipe runs have asbestos-containing material on the elbow joints,

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Senator Jeffrey M. Schoenberg
Representative Patti Beilock
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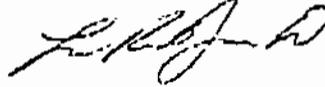
Should you have any questions or require further information, please do not hesitate to contact us.

Very truly yours,



Michelle R.B. Saddler
Secretary

Very truly yours,



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

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