

August 31, 2012

Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
c/o Courtney R. Avery, Administrator
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

AFSCME Council 31 written responses to the State Board Staff Report on
The Singer Mental Health Center Discontinuation Permit

Dear Chair Galassie:

Our union offers the following written response to the State Board Staff Report.

1. The Report provides contradictory reasons why the permit request should be rejected. In the Executive Summary, under "Conclusions" on page 3, the criterion for mental health facilities is cited and the application is found to not be in compliance due to the negative impact on mental health services in the service area. However, on page 4 of the Staff Report, under "Summary of Findings", it states: "A. The Staff Report finds the proposed project does not appear to be in conformance with the provisions of Part 1125. B. The Provisions of Part 1125 are not applicable to this project. "

The statement in the Executive Summary is explicated in the Report, and is clearly correct. According to Section 1100.560 f) "No bed need formula for facilities operated by the Department of Human Services has been developed. It is the responsibility of the applicant to document the need for a project by complying with the Review Criteria contained in 77 Ill. Adm. Code 1110."

Therefore the particular criterion cited by the Board staff applies. As Section 1110.130 Discontinuation Review Criteria c) Impact on Access states: "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 Staff find that this has not been done, and correctly find the application non-compliant on that basis.

The Report does not explain why Part 1125 is referenced, and we presume it was referenced in error.

2. The Report fails to note that DHS cannot verify its reason for discontinuation under the Act, and the application is for that reason non-compliant. The only stated reason DHS provides for discontinuation that complies with the criteria in Section 1110.130 is: "The facility or the service is not economically feasible".

As we noted in our comments, 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.

Contrary to what the Singer 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.

3. The Report describes Singer Mental Health Center as a 76 bed chronic mental illness facility. We presume this is due to the requirement in Section 1100.560 d) “For facilities operated by the Department of Human Services, all mental illness beds are counted as chronic beds.” The Report later describes what the permit application states – a facility operating only 56 beds: 21 chronic care beds, 5 forensic beds and 30 acute care beds. The Report notes that the application does not explain what has become of the remaining 20 beds which DHS was clearly operating at the beginning of FY 12.

What the Report fails to note is that the facility provides a service that is majority acute care. Per Section 1100.560, Acute Mental Illness Treatment Category of Service d) Bed Capacity: “For facilities operated by the Department of Human Services, all mental illness beds are counted as chronic beds. State facilities can provide acute mental illness care, but for purposes of review, only the service, not the beds, is recognized as acute.”

4. The report applies target utilization levels for chronic mental illness facilities, which are 90%. As the majority of services at Singer are acute care, acute care utilization targets should be applied, which are 85%. Per section 1100.560 Acute Mental Illness Treatment Category of Service c) Utilization Target: “Facilities that provide an acute mental illness service should operate those beds at or above an annual minimum occupancy rate of 85%.” By the Board’s acute mental illness service standards, Singer has been operating above capacity for years. The Average Daily Census (ADC) of Singer and almost every other state center has consistently exceeded the bed utilization target.
5. The bed numbers used in the calculation of bed utilization in the Board Staff Report do not reflect the number of operating beds available for admission by the public. They appear to include licensed but not currently operating beds, and/or forensic beds which are only used in cases where treatment is ordered by the criminal courts. The information below reflects operating civil (non-forensic) beds, and comes from data obtained by our union from DHS.

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. Hospitals testified that their emergency room beds fill up with people awaiting transfer for acute MI care now even with Singer open.

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	Beds	ADC	BOR	Beds	ADC	BOR	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%

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

Sincerely,

Anne Irving
 Director of Public Policy
 AFSCME Council 31