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ILLINOIS HEALTH FACILITIES
AND SERVICES REVIEW BOARD

IN RE: PUBLIC HEARING REQUEST
HEALTH FACILITIES PLANNING ACT
PROJECT: 13-076 HOLY CROSS HOSPITAL
APPLICANTS: HOLY CROSS HOSPITAL AND
SINAI HEALTH SYSTEM

Public Hearing of Project 13-076 Holy Cross
Hospital, Chicago held on March 4, 2014, at the
Marquette Park Fieldhouse Auditorium,
6734 South Kedzie Avenue, Chicago, Illinois at the
hour of 5:00 o'clock p.m.

BOARD MEMBERS PRESENT:

HEARING OFFICER FRANK W. URSO
JUSTICE ALAN GREIMAN
CATHERINE CLARKE, Administrative Assistant

1 HEARING OFFICER URSO: I have five o'clock, so
2 we will get started.

3 I am going to turn this podium back
4 around when I am done, but I wanted everybody to
5 hear me and see me if they had any questions.

6 So good afternoon. I am Frank Urso, I am
7 the General Counsel to the Health Facilities and
8 Services Review Board, and I will be acting as the
9 hearing officer in this matter this evening.

10 Present with me today is Board Member
11 Judge Greiman, he's over here to my left, and also
12 Cathy Clarke was the young lady you met at the
13 door helping you with your sign-in sheets.

14 On behalf of the Board, I want to thank
15 you for attending this public hearing with an
16 application for Holy Cross Hospital.

17 I would like for you to please turn off
18 any cellular devices or anything at this point in
19 time so that we don't have any interference with
20 that.

21 As the rules state for the Board, I would
22 like to read the previously published legal notice
23 into the record.

24 Notice of Public Hearing and Written

1 Comment for Project Number 13-076 Holy Cross
2 Hospital, Chicago. In accordance with the
3 requirements of the Illinois Health Facilities
4 Planning Act, notice is given of receipt to
5 establish a category of service at an existing
6 acute care hospital.

7 Project 13-076 Holy Cross Hospital,
8 Chicago. The applicants are Holy Cross Hospital
9 and Sinai Health System. The applicants propose
10 to discontinue 38 beds from its med/surge bed
11 complement and establish a 50-bed acute mental
12 illness unit of service on the campus of its acute
13 care hospital, located at
14 2701 West 68th Street in Chicago. The project
15 cost is \$8,491,850.

16 A public hearing is taking place right
17 now pursuant to Part 1130.910 of the Board's code.
18 This hearing is scheduled, of course, for Tuesday,
19 March 4th, 2014, at 5:00 p.m., and sign-in will be
20 conducted from 4:30 to 5:00. It will be held at
21 the Marquette Park Fieldhouse located at
22 6734 South Kedzie Avenue, Chicago, Illinois 60638.

23 The public hearing will be conducted by
24 staff of the Board pursuant to the Planning Act.

1 The hearing is open to the public and will afford
2 an opportunity for parties with interest to
3 present written and/or oral comments relevant to
4 the project. All allegations or assertions should
5 be relevant to the need for the proposed project
6 and be supported with two copies of documentation
7 or materials that are printed or typed on paper
8 size 11 and-a-half by -- 8 and-a-half, excuse me,
9 by 11 inches.

10 Consideration by the State Board has been
11 tentatively scheduled for this project for
12 April 22nd, 2014, at the State Board Meeting.

13 The application and documents related to
14 this project may be viewed and accessed by
15 clicking on the Board's website. The deadline for
16 submission of public comments related to this
17 project is April 2nd, 2014. Comments should be
18 directed to Mike Constantino of the Board staff at
19 535 West Jefferson in Springfield, Illinois.

20 This meeting will be accessible to
21 persons with special needs in compliance with
22 pertinent state and federal laws upon notification
23 of anticipated attendance. Persons with special
24 needs should contact Bonnie Hills.

1 As previously stated, this public hearing
2 is conduct by the staff of the Board pursuant to
3 the Planning Act.

4 Please be aware that should your comments
5 be directed toward any subject matter other than
6 the discontinuation of the 38 medical/surgical
7 beds and the establishment of a 50-bed acute
8 mental illness unit at Holy Cross Hospital, you
9 will be asked to immediately leave the podium and
10 cease your comments.

11 In order to ensure that the Board's
12 public hearing protects the privacy and maintains
13 the confidentiality of an individual's health
14 information covered entities, as defined in the
15 Health Insurance Portability and Accountability
16 Act of 1996, such as hospital providers, health
17 plans, and health care clearing houses, submitting
18 oral or written testimony that disclose protected
19 health information shall have a valid
20 authorization from that individual. This
21 authorization shall allow the covered entity to
22 share the individual's protected health
23 information at this hearing.

24 If you have not signed up, please see

1 Cathy at the back of the room for the appropriate
2 sign-in information.

3 In addition, those of you who came with
4 prepared text of your testimony, please note that
5 you may submit the written text only, which will
6 be entered in today's record and made available
7 for Board members prior to the April meeting.

8 I ask that you limit your testimony to
9 two minutes. I will call participants in
10 numerical order as indicated on your sign-in
11 sheets. Prior to beginning your remarks, please
12 clearly state and spell your first and last name.
13 After you have concluded your remarks, if you have
14 any copies of those remarks, please provide those
15 to Cathy who is going to be sitting at the
16 right-hand side of me at the table.

17 Today's proceeding will begin with a
18 representative from Holy Cross Hospital. Now, my
19 understanding is that this representative may not
20 have Number 1. So whatever number the
21 representative from Holy Cross Hospital has, he
22 will start and initiate the public hearing, and
23 then we will go to Number 1 sign-in sheet.

24 Any questions?

1 Thank you.

2 You may proceed.

3 MR. CHANNING: Thank you. I am Alan Channing.
4 C-H-A-N-N-I-N-G. I am the president and chief
5 executive officer of Sinai Health System. Thank
6 you for the opportunity to speak to you this
7 evening in support of our application for the
8 development of inpatient psychiatric services at
9 Holy Cross Hospital, the newest member of the
10 Sinai Health System. This proposal is in complete
11 accord with our mission to improve the health of
12 the individuals in the communities we serve.

13 Sinai Health System includes Mount Sinai
14 Hospital, Schwab Rehabilitation Hospital,
15 Holy Cross Hospital, Sinai Medical Group, Sinai
16 Community Institute, and Sinai Urban Health
17 Institute.

18 Our system is one of the largest
19 providers of health care for low-income patients
20 in Illinois. Our service area, which includes
21 close to one and-a-half million people, includes
22 some of the most economically-disadvantaged
23 communities in Chicago. Our payer mix reflects
24 the communities that we serve with only five

1 percent of the patients seen through our inpatient
2 and outpatient program having private insurance
3 coverage. As a system, we provided over \$46
4 million in charity care this past year.

5 Sinai is a critical part of the health
6 care delivery system on the West and South Sides.
7 The emergency rooms of Mount Sinai Hospital and
8 Holy Cross see about 100,000 patients every year.
9 We treat over 24,000 inpatients a year and provide
10 over 250,000 outpatient visits. While other
11 hospitals in Chicago have closed their trauma
12 centers, we remain as one of only four Level I
13 trauma centers remaining in the city, seeing over
14 2,000 trauma patients a year with traumatic
15 injuries, many of whom are uninsured.

16 Our system includes Level III neonatal
17 intensive care, specialized pediatric services,
18 strokes, spinal cord, traumatic brain injury, and
19 pediatric rehabilitation, and as you will hear
20 from others, comprehensive outpatient and
21 inpatient psychiatric services.

22 Our system substantially underwrites the
23 special care physicians of Sinai Medical Group who
24 currently provide over 145,000 patient visits a

1 year, often as a primary referral source to the
2 FQHCs on Chicago's West and South Sides, including
3 the FQHCs that we host on both the Mount Sinai and
4 Holy Cross campuses.

5 Specialty care has traditionally been
6 extremely difficult to access in the neighborhoods
7 we serve because of low or non-existent payment.
8 There are very few specialty care practices
9 serving inner city communities. We are proud of
10 our commitment to provide specialty services to
11 our communities. Our foundation is our unwavering
12 belief that patients from
13 economically-disadvantaged communities are
14 entitled to receive the same high quality care
15 that is available in more prosperous areas.

16 Despite the challenges of our payer mix,
17 our quality scores receive high national rankings.
18 Our disease management programs have received
19 widespread recognition and were recently featured
20 on the cover of Modern Health Care.

21 What sets Sinai apart from any other
22 health care system has been our holistic approach
23 to health care. We do not believe that health
24 care is simply medical care, and we have developed

1 one of the broadest arrays of community based
2 programs in the country. Through Sinai Community
3 Institute and Sinai Urban Health Institute --

4 MS. CLARKE: Two minutes. Please conclude.

5 MR. CHANNING: Through Sinai Community
6 Institute we provide an array of services that
7 include patient education, parenting services,
8 family case management.

9 When we began our discussions with the
10 Sisters of Saint Casimir about partnership with
11 Holy Cross Hospital, it was clear that we came
12 together to serve the needs of this community.

13 In closing, I've spoken about our
14 commitment to the residents in the neighborhoods
15 we serve, the comprehensive nature of programming
16 that we provide, our role as a safety net
17 provider, and the difficulties associated with
18 caring for the communities with minimal private
19 insurance coverage.

20 MS. CLARKE: Please conclude.

21 MR. CHANNING: Thank you.

22 HEARING OFFICER URSO: Thank you.

23 Number 1.

24 MR. ROGERS: Good evening. My name is Leslie

1 Rogers. R-O-G-E-R-S. I am assistant
2 administrator at South Shore Hospital over the
3 Geriatric Psych Unit.

4 I've written statements which I would
5 like to give, but I will be very briefly on the
6 oral.

7 We are opposed to the 50-bed additional
8 units of Mount Sinai and Holy Cross. We perceive
9 that it would have a financial impact on the other
10 hospitals in the system by diluting more of the
11 usage of the mental health beds in the region.

12 We also believe that adding outpatient --
13 intensive outpatient for the psych patient would
14 be more advantageous than inpatient beds.

15 Thank you.

16 HEARING OFFICER URSO: Thank you for your
17 remarks.

18 Number 2.

19 MR. HOLLAND: My name is Charles Holland.
20 H-O-L-L-A-N-D. I am the president and CEO of
21 Saint Bernard Hospital, which is a member of the
22 Association of Safety Net Community Hospitals. I
23 am here today on behalf of the Association. Thank
24 you for your time this evening.

1 The Association of Safety Net Community
2 Hospitals was organized to inform government
3 entities and elected officials of the specific
4 mission and needs of the safety net community
5 hospitals in the Chicago area. Our mission is
6 critical because, with very limited exceptions, we
7 serve only the neediest members of society.
8 Nearly all of our members are independent
9 community hospitals operating in urban areas with
10 significant socio-economic challenges. Our
11 hospitals are themselves needy because they have
12 limited opportunity, if any, to cross-subsidize
13 with commercial business, yet we face daunting
14 financial pressures from rising costs, significant
15 charity care, an aging infrastructure, downward
16 pressure on revenues and the need to keep pace
17 with technology.

18 The Holy Cross and Mount Sinai proposal
19 does not consider the negative impact of this
20 proposal on the existing providers of these
21 services.

22 I am here today not as a representative
23 of Saint Bernard but as a representative of the
24 Association. I appreciate the time constraints on

1 this hearing tonight. So rather than elaborating
2 further, I will simply say to the Board the
3 Association has written a response to the
4 applicant's safety net impact statement. We trust
5 that this information will be carefully considered
6 and that it will help the CON Board members better
7 understand why this project should be rejected.

8 Thank you.

9 HEARING OFFICER URSO: Thank you.

10 Could I just remind everybody to speak as
11 loudly as they can, we don't have any microphones
12 in this room, unfortunately. So I want to make
13 sure everybody has an opportunity to hear what's
14 being said. Thank you.

15 Number 3.

16 SR. PARKER: Laura Parker. Parker,
17 P-A-R-K-E-R.

18 Good evening. My name is Sister Laura
19 Parker. I am the Director of the Spiritual Care
20 Department at Holy Cross Hospital. I will be
21 reading a statement on behalf of Sister Regina
22 Dubickas, the General Superior of the Sisters of
23 Saint Casimir, who had a previously-scheduled
24 commitment.

1 Good evening. I am Sister Regina
2 Dubickas, the General Superior of the Sisters of
3 Saint Casimir. The Sisters have served this
4 community and many areas of the Southwest Side for
5 over 100 years. In 1928, our religious
6 congregation became the sponsors of Holy Cross
7 Hospital. In light of the changing face of health
8 care and the desire to ensure a viable future for
9 Holy Cross Hospital as it serves the needs of this
10 community, we chose to become part of the Sinai
11 Health System in January of last year. This
12 decision was made with very careful planning and
13 much prayerful discernment. This transfer has
14 allowed a mission of healing to continue in
15 communities with very profound needs. Of great
16 satisfaction to the sisters has been Sinai Health
17 System's strong commitment to serve struggling
18 communities, to continue with Holy Cross remaining
19 a Catholic hospital, and with the Sisters of Saint
20 Casimir as the religious sponsors.

21 The communities that Holy Cross Hospital
22 serves have suffered greatly from harsh economic
23 conditions and diminishing assets. Issues of
24 violence, predatory lending, hunger and scarcities

1 of health resources have been very challenging for
2 our people. Over the years, the Sisters of Saint
3 Casimir have joined ranks with area churches and
4 community institutions to save and reinvigorate
5 the surrounding neighborhoods --

6 MS. CLARKE: Two minutes.

7 SR. PARKER: -- and strengthen the health and
8 safety of the people who live there.

9 In choosing the partnership with Sinai
10 Health System, the Sisters were impressed with the
11 long-term shared commitment of the individual
12 institutions in serving the economically
13 disadvantaged. We found that the Sinai Health
14 System's mission was very close to that which we
15 Sisters held at Holy Cross Hospital.

16 MS. CLARKE: Please conclude.

17 SR. PARKER: On behalf of the Sisters of Saint
18 Casimir, I strongly urge the CON Board to approve
19 this proposed psychiatric unit at Holy Cross
20 Hospital. Thank you.

21 HEARING OFFICER URSO: Thank you.

22 Number 4.

23 DR. STREITMATTER: Good evening. I am
24 Dr. Nancy Streitmatter. N-A-N-C-Y

1 S-T-R-E-I-T-M-A-T-T-E-R. I am an Internal
2 Medicine specialist and cardiologist at Holy
3 Cross. I've been a member of Holy Cross Hospital
4 medical staff since 1980.

5 The majority of my patients live in the
6 communities surrounding the hospital. There are
7 many challenges in treating the population that
8 has few financial resources and inadequate
9 insurance coverage. Many of my patients have
10 difficulty arranging for transportation, even when
11 it may be for services in the local area. Public
12 transportation is very limited with only one
13 nearby and limited service bus line and the
14 closest CTA train station is miles away. Not only
15 does the lack of accessible inpatient resources
16 create unnecessary and non-therapeutic burdens on
17 ill patients and their families, these shortages
18 and placement hurdles tie up valuable clinical
19 time for physicians and the other members of the
20 health care staff.

21 The real picture for placement of
22 patients requiring inpatient psychiatric services
23 is one of many time-consuming phone calls,
24 multiple rejections, and escalating frustrations

1 for patients, families, physicians and staff. The
2 subsequent waits can create a cascade of road
3 blocks for delivering emergency care to other
4 patients waiting to be treated. Some of these
5 untreated patients may have critical health issues
6 that require immediate care.

7 Sinai Health System has an established
8 record of providing psychiatric care that is high
9 quality and responsive to the uninsured and
10 underinsured.

11 As a community physician, I strongly urge
12 the CON Board to approve this project.

13 HEARING OFFICER URSO: Number 6. Number 5 was
14 Mr. Channing. Am I correct?

15 MS. CLARKE: Uh-huh.

16 DR. AHLUWALIA: Good evening. My name is Yogi
17 Ahluwalia. Y-O-G-I A-H-L-U-W-A-L-I-A. I am the
18 Chairperson of Department of Psychiatry and
19 Behavioral Health at Mount Sinai Hospital.

20 During my 34 years at Mount Sinai
21 Hospital, the communities we serve have
22 experienced growth in the number of patients
23 needing inpatient psych hospitalization and a
24 decrease in the number of beds available to the

1 patients we serve.

2 Mount Sinai's inpatient psych unit is
3 extremely busy. We operate at functional capacity
4 at all times. The 220 to 240 per month psych
5 presentations to emergency department from the
6 community and from our outpatient adult programs
7 drive our inpatient volume. In a normal day, our
8 unit is admitting and discharging 36 percent of
9 our bed capacity. On very busy days, we have
10 admitted and discharged 75 percent of our bed
11 capacity. Our emergency department often has
12 boarders who have to wait two to three days for a
13 psychiatric bed to become available. There's a
14 tremendous need for psych beds on the West Side of
15 Chicago.

16 Thank you.

17 HEARING OFFICER URSO: Thank you.

18 Number 7.

19 MR. WILSON: Good evening. My name is David
20 Wilson, and I am Sinai Health System's Assistant
21 Vice-President for Behavioral Health Services. I
22 am here tonight not only to voice my support for
23 the development of an inpatient psychiatric
24 program at Holy Cross Hospital, but to confirm

1 that the proposed program is absolutely consistent
2 with our system's commitment to addressing the
3 mental health needs of those neighborhoods served
4 by Holy Cross and Mount Sinai hospitals.

5 Last spring we completed a mental health
6 needs assessments of the communities served by
7 Holy Cross, and found a general lack of
8 accessibility within the community to both
9 inpatient as well as outpatient mental health
10 programming and services. Since that time we have
11 implemented a program to provide timely
12 psychiatric consultations on Holy Cross's medical
13 units, we have initiated adult psychiatric
14 assessment and medication management services at
15 the hospital, and have increased the community's
16 awareness of the broad scope of outpatient
17 services available through Sinai Health System.

18 Sinai Health System's outpatient mental
19 health programs are among the busiest in the
20 Chicago area and continue to grow. During the
21 past year we provided 79,651 outpatient mental
22 health treatments, and we are serving
23 approximately 240 new outpatients a month through
24 the programs located at our Mount Sinai campus.

1 In addition to our campus-based
2 outpatient programming, we are actively providing
3 outpatient mental health services, ranging from
4 psychological evaluations and rehabilitation, and
5 to medication and case management services, to
6 family and group therapy in the neighborhoods,
7 teaming up with organizations such as Interfaith
8 House and Chicago Public Schools.

9 We provide pre-admission screenings at
10 sites such as Cook County Jail and Stroger
11 Hospital.

12 We have developed a satellite site in
13 Oak Park where we provide assessments, care
14 management and therapies.

15 We provide supportive residential
16 services to adult community members suffering from
17 chronic mental illness at Pioneer House. This
18 service helps to keep area residents in their home
19 community and out of emergency departments and
20 inpatient psychiatric units.

21 We operate a bilingual program called
22 Under the Rainbow, which targets our community's
23 youth population.

24 We provide mental health caregivers that

1 are fluent in American sign language and versed in
2 deaf culture.

3 These outpatient and residential programs
4 complement Mount Sinai Hospital's 26-bed inpatient
5 unit, which routinely operates at functional
6 capacity. Most patients admitted to that unit
7 originate in the hospital's ED, and during the
8 year ending this past June 30th, 416 patients
9 needed to be transferred to another hospital --

10 MS. CLARKE: Please wrap up.

11 MR. WILSON: -- from our ED because we did not
12 have available beds for them.

13 During that same period, we weren't able
14 to accept a single transfer from Holy Cross
15 Hospital. Holy Cross has one of the few EDs that
16 sees more patients than Mount Sinai. During the
17 same period when Mount Sinai had transferred 416
18 patients --

19 MS. CLARKE: Please conclude.

20 MR. WILSON: -- Holy Cross transferred 513,
21 none of which could receive care in their home
22 community.

23 These numbers, coupled with the benefits
24 of receiving mental health services close to home

1 clearly demonstrate the need for additional
2 psychiatric beds that are readily accessible to
3 the neighborhoods served by Sinai Health System.

4 Thank you for your attention.

5 HEARING OFFICER URSO: Thank you.

6 MS. CLARKE: Number 8.

7 HEARING OFFICER URSO: Number 8.

8 MR. BARTOW: Good evening. My name is Jeff
9 Bartow. I am the Executive Director of the
10 Southwest Organizing Project. SWOP is a
11 broad-based, multi-issue community organization
12 serving 30 local Southwest Side institutions,
13 which represent approximately 35,000. SWOP's
14 leadership works across racial, religious, and
15 economic differences to build the collective
16 capacity of families to act for the common good in
17 the neighborhoods we serve.

18 For many years, SWOP has partnered
19 closely with Holy Cross Hospital to address the
20 needs of our community. Holy Cross and Sinai
21 Health System have demonstrated a very strong
22 commitment to care for the uninsured and
23 underinsured. We believe that there's a shortage
24 of acute mental illness hospital beds near to the

1 people that live in our Southwest Side
2 neighborhoods. While there may be beds at distant
3 hospitals, relatively few are available to
4 Medicaid or uninsured patients.

5 I must also tell you that public
6 transportation is very limited in our area and
7 this is an extremely important factor for many
8 people. I personally had to travel over 10 miles
9 to visit community members in need of psychiatric
10 services.

11 Holy Cross is vitally important to this
12 community. One of the most important benefits
13 that SWOP sees in the recent Sinai Health System
14 partnership is the addition of a spectrum of
15 behavioral health services.

16 For these reasons, the Southwest
17 Organizing Project strongly urges the Illinois
18 Health Facilities and Planning Board to approve
19 this needed acute mental illness unit at Holy
20 Cross Hospital.

21 Thank you.

22 THE COURT REPORTER: Could you spell your last
23 name, please?

24 MR. BARTOW: B-A-R-T-O-W.

1 HEARING OFFICER URSO: Number 9, please.

2 MR. SPENCER: Good afternoon. I am Scott
3 Spencer. S-C-O-T-T S-P-E-N-C-E-R. I am the CFO
4 of South Shore Hospital located at
5 8012 South Crandon Avenue, about 25 minutes east
6 of Holy Cross Hospital.

7 I am here to oppose the Holy Cross CON to
8 establish a 50-bed AMI Unit.

9 South Shore Hospital is a 136-bed safety
10 net acute care community provider that has served
11 the Southeast Side of Chicago for over 100 years.
12 The hospital is one of the largest employers on
13 the Southeast Side, with more than 500 employees,
14 75 percent of which live in the City of Chicago.
15 Our medical staff consists of over 200 physicians
16 and allied health professionals.

17 South Shore has a 15-bed geriatric psych
18 unit that was opened in December 2012. In 2013,
19 the unit experienced 50 percent occupancy.

20 The Holy Cross application is
21 contradictory in that the attempt appears to be
22 made to justify the need for a 50-bed AMI Unit in
23 order to keep psych patients in their community,
24 close to their homes. However, a significant

1 number of their referrals would come from other
2 communities, including communities currently
3 served by safety net hospitals like the
4 South Shore Hospital.

5 By establishing a 50-bed unit, we contend
6 that Holy Cross will take patients away from
7 South Shore Hospital and other safety net
8 hospitals which will severely impact the broader
9 ability to provide psychiatric and other services
10 to the communities we serve.

11 Eighty-five percent of our patients are
12 on Medicare or Medicaid, and more than eight
13 percent have no insurance. Similar to other
14 safety net hospitals, we provide a valued service
15 to our communities with no support from a hospital
16 system. We struggle daily to pay vendors to meet
17 payroll -- to pay vendors and to meet payroll, yet
18 we continue to care for more uninsured patients
19 than other hospitals our size.

20 Without acute care hospitals like South
21 Shore, the community will be severely underserved
22 and patients will have to leave their area to
23 obtain treatment --

24 MS. CLARKE: Two minutes.

1 MR. SPENCER: -- will have to leave their
2 community to obtain treatment.

3 On behalf of South Shore Hospital, I urge
4 the Planning Board not to approve the Holy Cross
5 CON.

6 HEARING OFFICER URSO: Thank you.

7 Number 10, please.

8 MR. VALLES: Good evening. My name is John
9 Valles. I am the CFO, chief financial officer, at
10 Loretto Hospital located in the Austin area on the
11 West Side of the city.

12 Loretto Hospital sees a high number of
13 Medicaid and uninsured patients. Accordingly, the
14 Medicaid inpatient utilization rate at Loretto
15 Hospital is one of the highest in the state,
16 currently at 78 percent.

17 On behalf of Loretto Hospital, I am here
18 today to voice my opposition to the proposed Holy
19 Cross 50-bed inpatient psychiatric unit, because
20 the establishment of such a unit will have a
21 negative impact on the financial stability of
22 Loretto Hospital and it will jeopardize its
23 ability to compete in providing acute care,
24 including behavioral health treatment services, to

1 the residents of Chicago's largest community, that
2 is the Austin community.

3 Loretto Hospital has the ability to
4 accommodate a daily behavioral health census of
5 70. Thirty percent of our behavioral health beds
6 are available to fulfill any perceived unmet need.
7 If Sinai needs to refer patients who require
8 inpatient psych admission to us, we are available.
9 However, if Holy Cross Hospital's request is
10 approved, Loretto Hospital's inpatient program
11 will be even more underutilized, as the hospital's
12 already fragile finances would be weakened
13 further. Often, behavioral health patients also
14 have substance abuse issues and wind up being
15 admitted into one of our substance abuse programs.

16 Loretto Hospital not only contributes to
17 the health and well-being of the Austin community,
18 but also significantly contributes to the
19 community's economic health. Loretto Hospital is
20 critical to the economic viability of the Austin
21 community as a major source of employment and
22 purchaser of goods and services.

23 Loretto Hospital is the largest
24 non-governmental employer in the Austin community.

1 Over the past few years, the hospital has --

2 MS. CLARKE: Two minutes.

3 MR. VALLES: -- has made an economic impact on
4 the community.

5 Loretto Hospital contributes groceries,
6 clothing, rents, et cetera, generating
7 approximately \$80 million in economic activity and
8 the creation of an additional 480 jobs in the
9 local economy.

10 Based on the aforementioned reasons, it
11 is essential that Loretto Hospital remain a
12 viable, full service acute care hospital and
13 community partner, and I respectfully ask that the
14 Health Facilities and Services Review Board
15 decline Holy Cross Hospital's CON.

16 Thank you very much.

17 THE COURT REPORTER: Can you spell your last
18 name for me?

19 MR. VALLES: V-A-L-L-E-S.

20 HEARING OFFICER URSO: Twelve, please.

21 MS. CLARKE: No, 11.

22 HEARING OFFICER URSO: Eleven, please.

23 MR. RENNEKER: Good evening. My name is Jim
24 Renneker. R-E-N-N-E-K-E-R. I am the Chief

1 Nursing Officer at Loretto Hospital.

2 On behalf of Loretto Hospital, which is a
3 safety net provider, I am here today to voice my
4 opposition to Project 13-076 for the establishment
5 of a 50-bed inpatient psychiatric unit.

6 Loretto Hospital currently has 20-plus
7 available psychiatric beds of the 158 excess
8 psychiatry beds available among safety net
9 hospitals who share overlapping service areas.
10 Loretto Hospital provides a significant level of
11 care to low-income, uninsured, and vulnerable
12 populations, and is distinguished by its
13 commitment to provide access to care for people
14 with limited or no access to health care due to
15 their financial circumstances, insurance status,
16 or health conditions. This is who we are.

17 Loretto Hospital's behavioral health unit
18 is comprised of 70 licensed beds with an available
19 occupancy rate of 30 percent. Our remaining 20
20 beds are typically not occupied. Our unit is
21 underutilized and represents unmet need. These
22 beds are readily available to accept Holy Cross
23 patients in need of inpatient behavioral health
24 treatment services.

1 For more than 75 years, Loretto Hospital
2 has been a community anchor and the largest health
3 care provider in the Austin community. We have
4 dedicated more than 40 years to providing full
5 service, comprehensive behavioral health treatment
6 and care to individuals in the Austin community
7 and throughout the surrounding communities within
8 our 10-to-15-mile radius.

9 Our recently remodeled behavioral unit
10 features state-of-the-art upgrades and is one of
11 Loretto Hospital's Centers of Excellence. Our
12 behavioral health services are designed to put
13 patients on a lifelong path toward mental,
14 emotional and physical wellness through treatment
15 options that cannot be readily available in a
16 traditional health care facility. We offer
17 outpatient and inpatient treatment services for
18 substance abuse, addicted behaviors, emotional
19 health, and psychiatric disorders. We are also
20 the only hospital in the area that offers
21 residential rehabilitation and medical detox. We
22 also have a 24-hour crisis intervention program
23 located --

24 MS. CLARKE: Two minutes.

1 MR. RENNEKER: -- in the emergency room.

2 Project 13-076 will impair Loretto's
3 ability to remain financially stable. It will not
4 address the needs of patients leaving inpatient
5 behavioral health programs access to
6 comprehensive, continuum of care resources through
7 partnerships.

8 Loretto Hospital needs the support of the
9 community. We've expressed to Mount Sinai --

10 MS. CLARKE: Please conclude.

11 MR. RENNEKER: -- it's willing to share and
12 work more closely with them to meet their needs.

13 There's no need to approve Project
14 13-706, especially considering the current 158
15 available AMI beds through safety net hospitals,
16 including Loretto Hospital with all of their
17 existing treatment programs.

18 MS. CLARKE: Please conclude.

19 MR. RENNEKER: Thank you.

20 HEARING OFFICER URSO: Thank you.

21 Number 12.

22 MR. ALTON: I am Guy Alton. G-U-Y A-L-T-O-N.
23 I am the chief financial officer of Saint Bernard
24 Hospital, which is located at 3.6 miles and 11

1 minutes away from Holy Cross Hospital.

2 I am here to oppose the Holy Cross CON to
3 establish 50 inpatient psychiatric beds.

4 Saint Bernard Hospital is a 210-bed
5 safety net provider. It serves Englewood and the
6 South Side of Chicago. As the single largest
7 employer in Englewood, we have more than 850
8 employees that provide a comprehensive set of
9 medical and surgical services. Saint Bernard has
10 a 40-bed psychiatric unit. We are in the process
11 of establishing new outpatient psychiatric
12 services for the community. Working with
13 community partners, we have decreased our
14 psychiatric readmission rates 30 percent in the
15 last year, reducing the need for new beds in the
16 area.

17 By establishing a 50-bed unit, we contend
18 that Holy Cross will take patients away from and
19 hurt Saint Bernard Hospital. Our estimates
20 indicate that this program will cost Saint Bernard
21 a million and-a-half dollars a year, which will
22 severely impact us and impair our ability to
23 provide psychiatric and other services to the
24 communities we serve. Sixty-two percent of our

1 patients are on Medicaid, 17 percent are self pay.
2 We provide free care to over 10,000 emergency room
3 patients every year.

4 In closing, we feel that there are enough
5 inpatient psychiatric beds in the area and
6 strongly oppose the Holy Cross CON to establish 50
7 more inpatient psychiatric beds. We urge the
8 Planning Board not to approve the Holy Cross CON.

9 MS. CLARKE: Thank you.

10 HEARING OFFICER URSO: Number 13.

11 MR. TRYBA: Good evening. My name is Mark
12 Tryba. M-A-R-K T-R-Y-B-A. I am the Director of
13 Behavioral Health for Saint Bernard Hospital.

14 Our planning area is already over bedded
15 for AMI by 76 inpatient mental health beds. The
16 proposed addition of 50 inpatient beds at Holy
17 Cross Hospital runs counter to the state's
18 initiatives to reduce readmissions for mental
19 health diagnosis. If we are to achieve the
20 state's goals and better -- provide better care to
21 patients, community-based outpatient mental health
22 services are desperately needed in the region, not
23 more inpatient beds.

24 Community-based outpatient mental health

1 services are more likely to ensure patients'
2 long-term mental health needs are met. The
3 addition of 50 inpatient beds at Holy Cross
4 Hospital will have little impact on resolving
5 these critical issues and will jeopardize the
6 financial viability of current programs.

7 If we are to interrupt the vicious cycle
8 of readmissions to facilitate recovery and improve
9 patients' ability to function in society and be
10 employable, providers need to invest their
11 resources in delivering outpatient support. With
12 Habilitative Systems, Incorporated, Human Resource
13 Development Institute, and the Family Guidance
14 Centers, we have co-located and are currently
15 assessing patient needs, bringing the providers to
16 the patient. Keeping patients actively engaged in
17 their treatment, providing motivational
18 counseling, ensuring patients have money for
19 medication and transportation to outpatient
20 counseling, as well as transitional housing are
21 needed to eliminate barriers that impede holistic
22 recovery.

23 Additionally, there's a dire need to
24 address psychosocial issues, such as drug and

1 alcohol abuse, homelessness, joblessness, and
2 physical and sexual abuse that create triggers for
3 relapse. The addition of 50 inpatient beds will
4 not support --

5 MS. CLARKE: Two minutes.

6 MR. TRYBA: -- the delivery of vital services
7 and will only weaken the established networks.

8 Every person with mental illness should
9 be provided access to appropriate care, support,
10 and services they need to achieve hopeful,
11 successful futures. We need to reduce reliance on
12 settings that were never intended to enable
13 long-term recovery --

14 MS. CLARKE: Please conclude.

15 MR. TRYBA: -- and focus on community-based
16 outpatient services. Creating more inpatient beds
17 is not only a poor use of resources, it will
18 actually diminish the efficacy of current systems.

19 As such, we oppose the Holy Cross
20 Certificate of Need.

21 Thank you.

22 HEARING OFFICER URSO: Fourteen.

23 DR. KOKO: Good evening. My name is Dr. Koko,
24 Melvin Koko. M-E-L-V-I-N. Last name is K-O-K-O.

1 I am a Board certified psychiatrist at
2 Saint Bernard Hospital.

3 In trying to answer all these questions
4 in the debate between should we admit to the
5 hospital or treat in the community, I think we are
6 able to answer most of the questions.

7 First of all, the only three indications
8 of hospital admission is suicidal ideation,
9 homicidal ideation, and severe self-neglect.

10 One of the advantages of treating
11 patients in the community, if you admit a patient
12 to a hospital, you pay at least \$800 a day, at
13 home it is zero dollar, you don't pay any money.

14 Besides, if you take a history of the
15 patient in the hospital and go to the home and
16 take the history, the difference between night and
17 day. The history you get at home, because of
18 family, is better than what the patient gives you
19 in hospital, and that you have ability to educate
20 the patient, educate family about patient's
21 problems when you treat them in the community.

22 When we discharge patients from the
23 hospital, they go to family where they get all the
24 facilities and care providers that they need when

1 they are discharged from hospital. So why do you
2 want to take a patient out from the community to a
3 hospital? It doesn't make sense.

4 We base treatments mainly in the
5 community because of the advantages. It allows
6 for home treatment, education, low cost. All the
7 health care providers out there in the
8 communities. So why do you want want to move a
9 patient to the hospital? It doesn't make any
10 sense. Those days are over.

11 In England, we have community care and
12 that's what I want to help in society at
13 Saint Bernard Hospital.

14 MS. CLARKE: Two minutes.

15 DR. KOKO: Treatment of patients, true
16 commitment-based service allow for the most
17 effective treatment of patient. Holy Cross
18 Hospital will not change delivery system, will not
19 improve outcomes, and will only drain funds that
20 we need for psychiatric patients.

21 Thank you.

22 HEARING OFFICER URSO: Thank you.

23 Number 15.

24 MR. JURICEK: For the record, my name is Marty

1 M-A-R-T-Y, Juricek, J-U-R-I-C-E-K.

2 Good evening. My name is Marty Juricek.
3 My wife and I have lived on the Southwest Side of
4 Chicago for many years. We have both served on
5 the Chicago Archdiocesan Council on Mental
6 Illness. Both of us have been treated for mental
7 health issues.

8 We have found it necessary to travel to
9 hospitals that are further than Holy Cross to
10 receive necessary treatment on many occasions. It
11 is very good that Sinai Health System has already
12 begun outpatient psychiatric services at Holy
13 Cross Hospital. I am also happy that Holy Cross
14 Hospital may have mental health nurse
15 practitioners, as I have been very happy with them
16 for my care.

17 It is very clear to me that our area
18 could use more and better mental health services.
19 I am in favor of both inpatient and outpatient
20 mental health services by Sinai Health System at
21 Holy Cross Hospital.

22 Thank you.

23 HEARING OFFICER URSO: Number 16, please.

24 MS. WILLIAMS: Hello. My name is Ebony

1 Williams. I am here today to talk about Mount
2 Sinai Health System.

3 I was born in the Lawndale area, all my
4 life, 32 years. In 2004 when Mount Sinai Hospital
5 wanted to take over several blocks of my
6 neighborhood, they started making promises to
7 those of us who live there. They told us that
8 they cared about our community. They said that if
9 people moved out of the low-income housing, that
10 they would make sure that they had places to move.

11 HEARING OFFICER URSO: Excuse me. Ma'am, are
12 you talking about the application that Holy Cross
13 has? Is that what you are focusing on? Or are
14 you focusing on something else?

15 MS. WILLIAMS: Something else.

16 HEARING OFFICER URSO: Okay. I would really
17 wish that you didn't do that. Okay? Because this
18 particular public hearing is for people that
19 support or not support the application for a
20 mental illness unit at Holy Cross Hospital. So if
21 you are not addressing that, I would ask you to
22 please not comment. Thank you.

23 Number 17, please.

24 MR. LIGGINS: My name is Earl Liggins.

1 L-I-G-G-I-N-S. I've worked in the medical health
2 care field for over 30 years. I am here today
3 because I think it would be a shame for Mount
4 Sinai to spend over \$8 million on something that
5 isn't needed. There are a lot of mental health
6 care needs in Chicago. So it doesn't make any
7 sense for us to spend money on something that we
8 already have that's working.

9 Saint Bernard is just down the street
10 from Holy Cross Hospital, approximately 11 minutes
11 away. We have plenty of acute mental health
12 skills. Survey shows that there are plenty of
13 beds in the whole area, period. When Holy Cross
14 has a patient that needs an AMI bed, they can send
15 them over to us or to another hospital in the
16 area. The system works and it's been working this
17 way for a long time. It's not broken. So why are
18 we trying to fix it?

19 What Holy Cross doesn't have is enough
20 services for people who need outpatient mental
21 health care. That would be a better way to spend
22 the money.

23 I also understand Mount Sinai has some
24 infrastructure needs. Mount Sinai could use more

1 staff, more patient care, could use some of these
2 million dollars that way.

3 All of us who work in health care know
4 that it's important to use our resources wisely.
5 Sinai Health System has over \$8 million to spend,
6 I don't think they should spend it on beds that
7 aren't really needed. We've got it covered at
8 Saint Bernard and other surrounding hospitals.

9 Thank you.

10 HEARING OFFICER URSO: Thank you.

11 Eighteen. N'Dana Carter. Are you here,
12 ma'am? You need to sign this, also.

13 MS. CARTER: Good evening. Thank you for
14 giving me the opportunity to speak. I am
15 representing --

16 HEARING OFFICER URSO: You need to state your
17 name.

18 MS. CARTER: I'm sorry. My name is N'Dana
19 Carter. I am with Southside Together Organizing
20 for Power in the Mental Health Movement.

21 I don't know if you are aware that County
22 Care, a lot of people that were a part of the
23 mental health clinic, once they were put on County
24 Care, they could no longer access those clinics.

1 Many of those people are going to Mount Sinai. It
2 is being used as a resource. It is so
3 understaffed that people have to wait four to six
4 months to have the opportunity to be seen at Mount
5 Sinai. It is a community of people that need help
6 that are not getting it.

7 HEARING OFFICER URSO: Excuse me. Ma'am, are
8 you speaking to the application that Holy Cross
9 has?

10 MS. CARTER: Yes.

11 HEARING OFFICER URSO: You are going to be
12 speaking about the mental health unit?

13 MS. CARTER: Yes.

14 HEARING OFFICER URSO: Okay. Thank you.

15 MS. CARTER: Yes. I am sorry I didn't make
16 that clear, but that is exactly what I am speaking
17 about, the use and need for funding to go to Mount
18 Sinai, because so many people, as I said, are
19 being put into County Care, the City of Chicago
20 and the mental health clinics, their public
21 clinics are no longer accepting people if they
22 have County Care. There's a long waiting list and
23 one of the resources is Mount Sinai.

24 So they need the money to go to that

1 community and because it is being used as a
2 resource for people all over the City of Chicago.
3 So I hope you will consider the money going to
4 Mount Sinai because it is greatly needed.

5 Thank you.

6 HEARING OFFICER URSO: Number 19, please.

7 MS. BRUNT: Hello. My name is Lisa Brunt.

8 B-R-U-N-T. I am a certified nursing assistant. I
9 work at Mount Sinai for 16 years. I decided to go
10 into health care because I care about people, and
11 I've been a patient and know what it feels like to
12 be vulnerable and feel anxious.

13 My job is to provide excellent health
14 care, and I am proud to say I do so. But it is
15 also important, I feel it is, to look forward and
16 provide compassion and care. I am proud to say I
17 do that as well. I am a steward for my unit. I
18 also take pride in that fact.

19 I am here tonight speaking out because I
20 care about patients and because I care about the
21 community we serve at Mount Sinai. In opposition
22 of the grant for the proposed Holy Cross Hospital,
23 people will tell you that they are here tonight
24 because they care about people who have mental

1 health needs, and maybe they do, but these new
2 beds they want to add to Holy Cross are going to
3 cost over 8 and-a-half million dollars. I was
4 surprised to find out that Sinai has so much money
5 to spend on Holy Cross.

6 I can tell you about what's needed here
7 at Mount Sinai. We need to invest more in front
8 line patient care and make sure we have adequate
9 staffing. We have excellent staff here, but we
10 are stretched really thin. We are short staff
11 most of the time. We have to have sitters, which
12 pull the CNAs off of the floors, to sit with
13 people who have mental issues. We also need more
14 resources to help us do our jobs better. We need
15 more personal care equipment.

16 Plus, we need to fix our facility. I've
17 seen leaking pipes with water running down in
18 different areas of the hospital. Only a few of
19 the problems that need to be fixed immediately.
20 Eight and-a-half million dollars goes a long way
21 towards fixing our facility.

22 We also help provide the outpatient care
23 needed here in our community. There's a much
24 greater need than for inpatient to be in Holy

1 Cross.

2 If Sinai has 8 and-a-half million dollars
3 to invest --

4 MS. CLARKE: Two minutes.

5 MS. BRUNT: -- to invest in meeting community
6 health needs, they should start here at Sinai
7 where we have a greater need than Holy Cross.

8 Thank you.

9 HEARING OFFICER URSO: Thank you.

10 Twenty, please.

11 MS. XOUBI: Good evening. I am Jean Xoubi,
12 spelled X-O-U-B-I. I am reading this testimony on
13 behalf of our Laurie Sedio, the Executive Director
14 of Metropolitan Family Services, Midway and
15 Southeast Chicago Centers.

16 I am the Executive Director of
17 Metropolitan Family Services, Midway Center and
18 Southeast Chicago Centers.

19 Metropolitan Family Services provides
20 outpatient psychiatric and mental health services
21 to over 3500 adults every year. The vast majority
22 of our patients are uninsured or underinsured.
23 They rely heavily on community hospitals like Holy
24 Cross to meet the needs of -- their needs at times

1 of crisis. Long wait times for inpatient
2 placement are exceptionally difficult for patients
3 with mental illness and their family members.
4 Patients may have to wait as long as 24 hours in
5 an emergency room to receive treatment for their
6 illness. This experience has been echoed by many
7 of our patients for several years.

8 Sinai Hospital System has demonstrated
9 the strong commitment to address the health needs
10 of communities, has provided quality inpatient and
11 outpatient psychiatric care for many years. The
12 acute mental illness unit at Holy Cross Hospital
13 should be approved.

14 Thank you.

15 HEARING OFFICER URSO: Thank you.

16 Number 21, please.

17 MR. McNAUGHTON: My name is David McNaughton.

18 M-c-N-A-U-G-H-T-O-N.

19 Good evening. It is good to have the
20 opportunity to testify on this important matter.

21 I am David McNaughton, the District Commander for
22 the Eighth District of the Chicago Police
23 Department.

24 Our district is one of the busiest

1 Chicago police districts and, unfortunately, has
2 significantly higher instances of threats to
3 safety than average. District Eight officers face
4 many challenges in the protection of community
5 residents entrusted to our service. Our police
6 district has a long and strong cooperative
7 relationship with Holy Cross Hospital. We rely
8 heavily on vital services provided there.

9 Chicago police officers assigned to the
10 Chicago Lawn District investigate and assist
11 citizens suffering from mental illness every day.
12 Many of these people require immediate care.
13 Currently, officers have to transport patients to
14 Mount Sinai Hospital. This hospital is six miles
15 away and it's not convenient for patients, their
16 families, or law enforcement personnel.

17 A psychiatric inpatient unit at Holy
18 Cross Hospital will provide multi-fold advantages
19 for area safety and law enforcement. Patients
20 would be receiving care in a neighborhood hospital
21 that is nearby and trusted. This will be better
22 for families and their often valuable support as
23 well. Follow-up care would also be more
24 accessible and patients would be more easily able

1 to receive the care that they need.

2 Conveniently located psychiatric services
3 would not only benefit residents of our district,
4 they allow officers assigned to the district to
5 not have to travel long distances to transport
6 patients. This facility will decrease down time
7 and free up officers for much-needed patrol
8 assignments.

9 As the District Commander of District
10 Eight Chicago Police Department, I strongly urge
11 the Illinois Health Facilities and Planning Board
12 to approve a much-needed acute mental illness unit
13 at Holy Cross Hospital.

14 Thank you.

15 HEARING OFFICER URSO: Thank you.

16 Number 22.

17 SR. COYNE: I am Sister Margaret Coyne. Last
18 name is C-O-Y-N-E.

19 Thank you for the opportunity to be heard
20 today. My name is Sister Margaret Coyne. I am
21 currently the Director of the Behavioral Health
22 Program at Mercy Hospital and Medical Center. I
23 am speaking today in opposition to CON Number
24 13-076 for Holy Cross Hospital to establish a

1 50-bed AMI service. I am opposing this due to the
2 excessive number of psychiatric beds in the area.

3 Mercy Hospital has a well-developed
4 Behavioral Health Program that services patients
5 throughout Chicago's South, Southwest, and West
6 Sides. We offer a broad program of specialized
7 inpatient and outpatient services. Our outpatient
8 services alone -- or inpatient services alone
9 offer psychiatry, group psychotherapy, social
10 work, occupational therapy, wellness group,
11 recreation group and exercise group therapies. We
12 have a 39-bed inpatient AMI service consisting of
13 both general population and substance abuse
14 patients units.

15 A vast majority of our patients are
16 admitted from the emergency department or are
17 referred from other hospitals' emergency
18 departments. Many of our patients are medically
19 underserved, homeless, and less than 50 percent
20 have any family involvement in their treatment.

21 At the same time we provide outstanding
22 care, having become the referral center for the
23 University of Chicago Medicine, we have also
24 become the referral center for Stroger Hospital,

1 Loyola, Gottlieb, and others.

2 After an inpatient stay, our patients are
3 usually discharged into a follow-up program,
4 usually one of our day hospital or intensive
5 outpatient programs. Our busiest services are our
6 least acute level of care or our mental health
7 clinic which operates five days a week.

8 Our outpatient program is growing and
9 remains strong, reflective of the general shift in
10 care to the outpatient setting. However, even
11 with the strong referral network, our inpatient
12 units have significant excess capacity. For the
13 last four years --

14 MS. CLARKE: Two minutes.

15 SR. COYNE: -- we have had, on average, in
16 excess of 16 patient -- inpatients bed available,
17 operating the unit at less than 60 percent
18 occupancy.

19 For the above reasons, I am opposed to
20 this application to establish a new 50-bed AMI
21 inpatient psychiatric service in this area.

22 Thank you.

23 HEARING OFFICER URSO: Thank you.

24 Number 23.

1 DR. ANDERSON: I am Danielle Anderson.
2 D-A-N-I-E-L-L-E A-N-D-E-R-S-O-N. I've been
3 practicing psychiatry for 12 years. I'm currently
4 the Acting Chair of Psychiatry at Mercy Hospital,
5 as well as an assistant professor at the
6 University of Chicago Pritzker School of Medicine.

7 Today I am speaking in opposition to the
8 Holy Cross proposal for a 50-bed AMI service. I
9 am opposing this due to the excessive number of
10 psychiatric beds in the vicinity and to what I
11 believe is a misplaced allocation of resources.

12 The behavioral health service is robust
13 at Mercy Hospital, serving the area throughout
14 Chicago's South, Southwest and West Sides. We
15 have a 39-bed patient unit, serving both the
16 general population and substance abuse patients.
17 A patient will generally remain on our inpatient
18 care for five and-a-half to six days before being
19 discharged to a follow-up program, usually one of
20 our intensive outpatient or day hospitalization
21 programs. Our busiest services are our outpatient
22 mental health clinic which operates five days per
23 week.

24 Mercy Hospital has been the referral

1 center for inpatient psychiatry for the University
2 of Chicago since it closed its inpatient service
3 in 2007. We get referrals from Stroger Hospital,
4 which lacks an AMI service, and regularly get
5 referrals from Loyola Medical Center, Gottlieb
6 Hospital, and others.

7 In spite of the robust program and
8 referral network, our inpatient program maintains
9 significant untapped capacity, not unlike other
10 programs within the nearby planning areas. Since
11 2009, inpatient utilization has remained
12 relatively flat, giving us an excess capacity of
13 approximately, on average, 16 beds. Moreover, it
14 is the shift in practice from inpatient to
15 outpatient services of various modalities and
16 venues that is one of the core reasons for low
17 inpatient use rates. Our growth rate in
18 outpatient treatment has been approximately 4.5
19 percent annually. This illustrates the need to
20 put more resources into outpatient treatment
21 facilities as a way to improve mental health care.

22 MS. CLARKE: Two minutes.

23 DR. ANDERSON: This is where our true need
24 exists, a need that will continue to grow. Our

1 experience is not unique. There is significant
2 excess bed capacity in the area of this region of
3 290 beds.

4 For these above reasons, I am in
5 opposition to this application to establish a new
6 50-bed AMI inpatient psychiatric service in the
7 area.

8 HEARING OFFICER URSO: Thank you.

9 Number 24.

10 MS. BOND: Good evening. My name is Patricia
11 Bond. P-A-T-R-I-C-I-A B-O-N-D. I am an
12 administrative assistant at Under the Rainbow,
13 which is a child and adolescent behavioral health
14 clinic that gives services at Mount Sinai
15 Hospital.

16 I am just here to say that I support this
17 project at Holy Cross.

18 Thank you.

19 HEARING OFFICER URSO: Thank you.

20 Number 25, please.

21 MR. MACUR-BROUSIL: Good evening. My name is
22 Richard Macur-Brousil. Macur is M-A-C-U-R
23 B-R-O-U-S-I-L. I am a licensed clinical
24 psychologist and Director of Under the Rainbow

1 program, an outpatient mental health program for
2 children and adolescents at Mount Sinai Hospital.

3 I support this project.

4 HEARING OFFICER URSO: Thank you.

5 Number 26, please.

6 MS. STRINGFELLOW-ESTELL: My name is Jana,
7 J-A-N-A, last name Stringfellow,
8 S-T-R-I-N-G-F-E-L-L-O-W, Estell, E-S-T-E-L-L.

9 Good evening. My name is Jana
10 Stringfellow-Estell. I am a community resident
11 and I have lived on the Southwest Side of Chicago
12 for 15 years. I have raised my family here. For
13 several years I was the coordinator of the Healthy
14 Chicago Lawn Coalition. This coalition was made
15 up of many community institutions and service
16 providers, specifically aimed at addressing
17 community health issues.

18 As the coordinator, I was able to
19 directly assess the need for mental health care at
20 Holy Cross Hospital service area. For those
21 years, and today, my neighbors' only option for
22 inpatient mental health treatment are to be
23 transported many miles away from our community.

24 Chicago Lawn is a large and vulnerable

1 community. It has been hit very hard by many
2 difficult and sometimes traumatic realities, such
3 as violence, lack of accessible transportation,
4 lack of good jobs, high incidences of many chronic
5 health issues.

6 This area feels at times left by the
7 wayside and many of our residents need for
8 assistance of mental health services that are
9 convenient and willing to treat uninsured and
10 underinsured populations.

11 As a resident and as a person who has
12 been acutely involved in helping people have
13 access to improved health care, I strongly urge
14 the approval of an inpatient behavioral health
15 program at Holy Cross Hospital.

16 Thank you.

17 HEARING OFFICER URSO: Number 27, please.

18 MR. HEARD: Michael Heard. M-I-C-H-A-E-L
19 H-E-A-R-D.

20 Good evening. My name is Michael Heard.
21 I am a licensed clinical social worker at the
22 Under the Rainbow Program, a child and adolescent
23 outpatient mental health program at Mount Sinai
24 Hospital.

1 I support this project.

2 Thank you.

3 HEARING OFFICER URSO: Thank you.

4 Number 28, please.

5 MR. CERCEO: Good evening. Thank you for the
6 opportunity to appear before you today. My name
7 is Richard Cerceo, Chief Operating Officer at
8 Mercy Hospital in Chicago. I've served in this
9 capacity for the last 13 years. Today I am
10 testifying in opposition to CON Number 13-076, the
11 establishment of a 50-bed AMI service at Holy
12 Cross Hospital.

13 During its 162-year history, Mercy
14 Hospital and Medical Center has been committed to
15 serving the poor and medically-disadvantaged
16 within our community. In the area of behavioral
17 health services, we maintain two inpatient
18 psychiatric units, general and substance abuse.
19 In addition, we provide intensive outpatient
20 programs, including partial hospitalization as
21 well as outpatient mental health clinics. Our
22 programs are resource intensive, including
23 psychiatry, group psychotherapy, social work,
24 occupational therapy, wellness group, recreation

1 group, and exercise group therapies.

2 We are the referral center for University
3 of Chicago since it closed its inpatient service
4 in 2007. Additionally, we are the referral site
5 for Stroger Hospital, Loyola, Gottlieb, and
6 others. Still, we do not find a growing demand
7 for inpatient AMI service and have an average
8 daily census of 16 on the 39-bed unit.

9 In considering just the safety net
10 hospitals in the immediate area, there are 158
11 available AMI beds. If one considers a broader
12 area, 45-minute drive as defined by the Board,
13 there are over 290 beds available, below the 85
14 percent occupancy rate threshold.

15 As a safety net hospital, fulfillment of
16 our mission has often been a financial challenge.
17 If the Board were to approve a new inpatient
18 psychiatric unit in our area, I do believe that we
19 will have a profound negative impact on our
20 admissions and inpatient revenue that helps
21 support that program, as well as our outpatient
22 services.

23 We are conservatively estimating that
24 the --

1 MS. CLARKE: Two minutes.

2 MR. CERCEO: -- immediate effect of such a
3 unit costing Mercy \$500,000 annually in revenue,
4 enough to impact the services to our community as
5 currently provided.

6 Again, thank you for the opportunity to
7 express our concerns.

8 HEARING OFFICER URSO: Thank you.

9 Number 29, please.

10 MR. LOZORNIO: Good evening. My name is
11 Francisco, last name spelled L-O-Z-O-R-N-I-O,
12 pronounced Lozornio. I am a licensed clinical
13 social worker and practice in several of the areas
14 in which Holy Cross Hospital services. I have
15 worked extensively in issues related to mental
16 health illness, violence prevention, and crisis
17 intervention. I have witnessed firsthand the
18 effects that few mental health resource options
19 have for this community.

20 This is an area of Chicago where many
21 difficult issues converge; unemployment, domestic
22 violence, street violence, substance abuse, gang
23 activity, homelessness, and poor average health
24 indexes are all at significant higher than average

1 levels.

2 Helping people get access to mental
3 health treatment that they require is often
4 difficult for individuals, families, caregivers,
5 and health institutions. Many people wait very
6 long times for beds to become available and
7 transfer to distant locations often makes
8 placements even more difficult.

9 Also, mental illness is often a family
10 issue and accessibility for family and patients is
11 often therapeutic for optimal patient care.

12 I urge the establishment of an inpatient
13 behavioral health unit at Holy Cross Hospital. I
14 support this project.

15 Thank you.

16 HEARING OFFICER URSO: Number 30, please.

17 MR. SHUMAKER: Good evening. My name is
18 Thomas Shumaker. S-H-U-M-A-K-E-R. I am here to
19 read the testimony of Andrea Nicholson.
20 Miss Nicholson cannot be here tonight because she
21 broke her leg.

22 Miss Nicholson is the supervisor of the
23 outpatient residential facility at Mount Sinai
24 Hospital and she supports this project.

1 HEARING OFFICER URSO: Thank you.

2 Number 31, please. Number 31. Number
3 31, last time.

4 (No Response.)

5 Number 32. Number 32. The numbers are
6 located in the --

7 MS. CLARKE: Upper right-hand corner.

8 HEARING OFFICER URSO: -- upper right-hand
9 corner of your slip, please.

10 (No Response.)

11 Number 33.

12 MS. VILLA: Good evening. My name is Maria
13 Villa. V-I-L-L-A. I am the coordinator of
14 screening assessments and supportive services at
15 Under the Rainbow, a child and adolescent
16 outpatient mental health program at Mount Sinai
17 Hospital.

18 I support this project.

19 HEARING OFFICER URSO: Thank you.

20 Number 34.

21 MS. ORTIZ: Good evening. My name is
22 Katherine Ortiz. O-R-T-I-Z. I am a licensed
23 clinical social worker. I am the clinical manager
24 for the adult outpatient program at Mount Sinai

1 Hospital.

2 I am here to show support for this
3 program.

4 HEARING OFFICER URSO: Thank you.
5 Thirty-five.

6 MS. MENENDEZ: Good evening. My name is Maria
7 Menendez. M-E-N-E-N-D-E-Z.

8 I am a psychotherapist for Mount Sinai
9 Hospital and I support this.

10 HEARING OFFICER URSO: Thank you.
11 Number 36, please.

12 MS. CARDONA: Good evening, everyone. My name
13 is Vivian Cardona. I am a licensed clinical
14 therapist also at Mount Sinai Hospital, and I am
15 with the Deaf and Hard of Hearing Program.

16 I support this project.

17 HEARING OFFICER URSO: Spell the name, please,
18 ma'am.

19 MS. CARDONA: I am so sorry. My last name is
20 Cardona, C-A-R-D-O-N-A.

21 HEARING OFFICER URSO: Thank you.
22 Number 36, please.

23 MS. CLARKE: Thirty-seven.

24 HEARING OFFICER URSO: Thirty-seven, okay.

1 MS. KLIBANOW: My name is Denise Klibanow.
2 K-L-I-B-A-N-O-W. I am a licensed professional
3 clinical counselor and I am the psychiatric care
4 manager at Mount Sinai Hospital, and I support
5 this project.

6 HEARING OFFICER URSO: Thank you.

7 Number 38, please.

8 MS. CARTY: Good evening. My name is Clair
9 Carty. That's C-L-A-I-R C-A-R-T-Y. I am a
10 licensed clinical social worker. I'm a therapist
11 for the adult outpatient psychiatry at Mount Sinai
12 Hospital.

13 This program is needed. I am here to
14 support this project.

15 HEARING OFFICER URSO: Thank you.

16 MS. CLARKE: Thank you.

17 HEARING OFFICER URSO: Number 39, please.

18 MS. MERRIWEATHER: My name is Melissa
19 Merriweather. M-E-R-R-I-W-E-A-T-H-E-R. I am a
20 nurse on the psych unit at Mount Sinai Hospital,
21 and I support this project.

22 HEARING OFFICER URSO: Thank you.

23 Forty.

24 MR. JONES: Hi. My name is Orlando Jones, Jr.

1 O-R-L-A-N-D-O J-O-N-E-S, J-R. I am legislative
2 assistant to Congressman Bobby L. Rush in the
3 First Congressional District. I am joined by my
4 colleague Robyn E. Grange, Director for the Office
5 of Congressman Rush.

6 Congressman Rush wishes to express his
7 strong support to Mount Sinai to establish an
8 inpatient psychiatric unit at Holy Cross Hospital
9 on Chicago's Southwest Side. This development
10 will provide service in an area in which
11 significant shortages exists.

12 Congressman Rush commends Mount Sinai
13 Health System, and President and CEO Alan
14 Channing, along with Holy Cross Hospital Senior
15 Vice-President Lori Pacura, for having the vision
16 to move this great effort forward to the Southwest
17 Side of Chicago.

18 As we all should know, there's an
19 undeniable need for mental health services and
20 facilities in our community, and no rational
21 argument can be made to the contrary.

22 According to the National Alliance on
23 Mental Illness, from 2009 to 2012, the State of
24 Illinois experienced a decline of mental health

1 funding to the tune of \$187 million which
2 represented over 30 percent of the mental health
3 budget. This decrease put Illinois first amongst
4 states in the nations for total number of dollars
5 cut for mental health programs at the end of 2011.

6 In August of 2012, after 37 years of
7 operation, the South Side Community Mental Health
8 Council led by Dr. Carl Bell to provide vital
9 services to over 1,000 patients in our community
10 was forced to shut its doors. This was one of six
11 mental health facilities sites that closed here on
12 the South Side of Chicago between 2009 and 2012.

13 With gun violence, drug abuse, and other
14 mental health challenges that are crying out loud
15 for the type of assistance that Mount Sinai and
16 Holy Cross seek to provide, we must stand with
17 them and work with them.

18 For many years Sinai Health System
19 addressed the mental health needs of the
20 communities it serves. A great significance has
21 been the commitment to provide high-quality care
22 for Medicaid --

23 MS. CLARKE: Two minutes.

24 MR. JONES: As part of that Sinai Health

1 System, Holy Cross Hospital greatly benefits from
2 the expertise of Sinai Health System and meet the
3 unmet need on Chicago's South Side.

4 Congressman Rush strongly urges the
5 Illinois Health Facilities Planning Board to
6 approve this much-needed service and facilitate
7 greater care for the mentally ill in the First
8 Congressional District and beyond.

9 We would like to thank the community for
10 convening this public hearing and providing the
11 opportunity to meet and address this important
12 issue on this matter.

13 Thank you.

14 HEARING OFFICER URSO: Thank you.

15 Number 40, please.

16 MS. CLARKE: Forty-one.

17 HEARING OFFICER URSO: Forty-one.

18 MR. MEYERS: Good evening. My name is John
19 Meyers. I am an attorney from Springfield. I
20 represent community groups from Rockford to
21 Carbondale all over the state. I am here tonight
22 on behalf of the Step Up Community Group which is
23 opposed to this project as a waste of money.

24 Now, Step Up believes the money should be

1 better spent in the community. As you can see
2 from just looking at these pictures, that maybe
3 the money ought to be spent fixing the equipment
4 of Mount Sinai, putting its own house in order.

5 I've written a letter to Mr. Constantino
6 regarding the technical defects in this
7 certificate of application. I am just going to
8 hit the highlights of this, as I can talk 20
9 minutes, but I've only got two.

10 There are multiple technical defects in
11 the application, not the least of which is that
12 there's no financial analysis of the alternatives
13 to this project. There's no discussion on the
14 impact of the five other hospitals in the planning
15 area, which was referred to from some of these
16 hospitals tonight. I find it amazing that Mount
17 Sinai and Holy Cross didn't address that issue in
18 this application.

19 Attachment 22 (b) (1), which is Page 125,
20 I urge the Board to look at that. It says there's
21 a surplus of acute mental illness beds in the
22 planning area. A surplus. The Certificate of
23 Need application should be denied on that basis
24 alone. And we've heard tonight stories from these

1 other hospitals about the surplus and how the
2 surplus beds are not being utilized, they are not
3 getting the referrals to the surplus beds. That's
4 grounds to deny the petition.

5 One of the gentlemen who talked here
6 tonight said that, I am quoting him, he said
7 there's no rational argument that can be made that
8 we don't need --

9 MS. CLARKE: Two minutes.

10 MR. MEYERS: -- mental health care here. I
11 agree with that, there's no rational argument, but
12 there's no rational argument that this Holy Cross
13 application should be allowed. These patients
14 should be referred to the other hospitals in the
15 planning area.

16 Thank you very much.

17 HEARING OFFICER URSO: Thank you.

18 Number 42, please.

19 MS. CLARKE: Forty-two is void.

20 HEARING OFFICER URSO: Forty-two is void.

21 Forty-three. Forty-three.

22 (No Response.)

23 Forty-four.

24 MR. WELLS: Good afternoon. My name is

1 Michael Wells. I am a mental health worker at
2 Mount Sinai Hospital, 19 years experience, I am
3 also a CPI instructor for Mount Sinai and Holy
4 Cross for the de-escalation program. I support
5 this program.

6 HEARING OFFICER URSO: Thank you.

7 MS. CLARKE: Thank you.

8 HEARING OFFICER URSO: Forty-five.

9 MR. LINDSEY: My name is Marvin Lindsey.

10 M-A-R-V-I-N L-I-N-D-S-E-Y. I am a behavioral
11 health associate at the Community Behavioral
12 Healthcare Association of Illinois.

13 CBHA, that's what we call it, is a
14 statewide association of not-for-profit
15 community-based providers of care, treatment, and
16 services for individuals with mental and substance
17 abuse disorders or condition.

18 Over the last 30 years, Sinai Health
19 System's psychiatric programs has provided a broad
20 spectrum of quality, affordable, and assessable
21 inpatient, outpatient, and residential mental
22 health programs to children, youth, adults, and
23 families in neighborhoods on the West Side of
24 Chicago.

1 Sinai Health System's commitment has
2 demonstrated by Sinai's continuous expansion into
3 the West Side community that lacked mental health
4 services and had the greatest need. From 2009 to
5 2012, community mental health in Illinois
6 experienced \$113 million in cuts from the state.
7 In addition, the state also closed Tinley Park
8 Mental Health Hospital, a state-operated
9 inpatient psychiatric hospital. The cuts and
10 closings open up additional gaps in a continuum of
11 care, treatment, and services in need of an array
12 of psychiatric services.

13 Last year the Department of Mental Health
14 reported care is available to only 16 percent of
15 those in need. Current reports substantiate there
16 are overflowing hospital emergency rooms and
17 crowded jails due to individuals with mental
18 health disorders and conditions who do not have
19 timely access to appropriate care when they are in
20 need of that care, treatment or service.

21 It is our pleasure to support this
22 project that will help fill in the gaps and the
23 continuum of care needed for healthy and safe
24 communities.

1 Thank you.

2 HEARING OFFICER URSO: Thank you.

3 Forty-six. Forty-six.

4 (No Response.)

5 MS. CLARKE: That's it.

6 HEARING OFFICER URSO: Is there anybody else
7 who wishes to testify that hasn't testified?

8 Yes, ma'am. Did you sign a sheet? You
9 can come forward and state your name.

10 Do you want to testify, too, ma'am?

11 AUDIENCE MEMBER: Yes.

12 HEARING OFFICER URSO: You can wait until
13 after she's done.

14 DR. MIRKIN: My name is Elizabeth Mirkin.

15 M-I-R-K-I-N. I am a psychiatrist in the

16 Department of Psychiatry and Behavioral Health at
17 Mount Sinai Hospital. My practice is inpatient
18 and outpatient adult psychiatry.

19 I've been at Mount Sinai for more than 14
20 years. I received all my post-graduate medical
21 training at Mount Sinai. During this time I have
22 come to recognize the decrease in available
23 inpatient adult psychiatric beds that are
24 available to the persons that live in our

1 communities.

2 Mount Sinai inpatient psychiatric unit is
3 very busy, and with regularity we have no
4 available beds, causing a backup in the emergency
5 room or the attempt to transfer patients
6 elsewhere. There's constant pressure to discharge
7 patients to make room for the patients that are
8 waiting in the emergency room.

9 There's a tremendous need for more
10 psychiatric beds on the West Side of Chicago. I
11 fully intend to practice actively at the Holy
12 Cross unit and look forward to its opening. This
13 is something our community needs.

14 HEARING OFFICER URSO: Thank you.

15 Ma'am, start by stating your name,
16 please.

17 MS. HOYOS: Good evening. My name is Patricia
18 Hoyos. H-O-Y-O-S. I am a licensed clinical
19 psychologist in the Under the Rainbow Program, an
20 outpatient mental health program for children at
21 Mount Sinai Hospital.

22 I support this project.

23 HEARING OFFICER URSO: Thank you.

24 Is there anyone else who wishes to

1 testify? Anyone who wants to provide additional
2 testimony?

3 Ma'am, did you want to testify?

4 AUDIENCE MEMBER: No.

5 HEARING OFFICER URSO: Please note if there's
6 no one else to testify, that this project is
7 tentatively scheduled for Board consideration at
8 the April 22nd, 2014 meeting. This meeting will
9 be held in Chicago, Illinois at the Holiday Inn
10 Mart Plaza located in downtown Chicago at
11 350 West Mart Center Drive. Please refer to the
12 Board's website at WWW.HFSRB.ILLINOIS.GOV for more
13 details and possible agenda changes.

14 The public has until 9:00 a.m. on
15 Wednesday, April 2nd, 2014, to submit signed
16 written comments pertaining to this project. The
17 comments should be sent to the attention of
18 Courtney Avery, who is the administrator, at
19 525 West Jefferson Street, Second Floor,
20 Springfield, Illinois 62761-0001.

21 The State Board will post its findings in
22 the State Board staff report. The report will be
23 made available on Wednesday, April 8. The public
24 may submit written responses to these findings

1 until 9:00 a.m. on May -- 9:00 a.m. Monday,
2 April 14th, 2014.

3 The aforementioned reported additional
4 information can also be accessed at the Board's
5 website. Responses should also be brought to the
6 attention of Courtney Avery.

7 Are there any questions?

8 Hearing that there are no additional
9 questions or comments, I deem this public hearing
10 adjourned.

11 I want to thank you for your patience and
12 participation, and your silence during this
13 proceeding since we didn't have any audiovisual or
14 audio microphones or anything. So thank you very
15 much for coming.

16 This concludes the hearing.

17 (The hearing concluded at 6:30 p.m.)

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1 I, PAMELA S. MORGAN, Certified Shorthand
2 Reporter in the State of Illinois, do hereby
3 certify that public hearing of Project 13-076 was
4 recorded stenographically by me and was reduced to
5 typewritten form by means of Computer-Aided
6 Transcription.

7 I further certify that the foregoing
8 transcript is a true, correct and complete record
9 of all proceedings had before me.

10 I further certify that I am not a
11 relative, employee, attorney or counsel of any of
12 the parties, nor financially interested directly
13 or indirectly in this action.

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PAMELA S. MORGAN, C.S.R. 084-001687

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