

**ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)
PROJECT HEARING REPORT**

Applicant: Holy Cross Hospital
Project Number: 13-076
Hearing Date: Tuesday, July 30, 2014
Location: 6734 South Kedzie Avenue Chicago, Illinois
Time: 6:00 PM-8:00 PM

Hearing Officer: Courtney Avery, Administrator
Staff Support: Catherine Clarke, Administrator Assistant
HFSRB Representative: Philip Bradley, Board Member

Hearing Requested by: Mercy Hospital and Medical Center

The following summarizes the attendance figures:

Oral/Written Presentations:

Support: 3
Oppose: 9

Registered Attendance Only

Support: 2
Oppose: 33
Neutral: 0

Total individuals registered: 47



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Patti Lazzara

City Chicago State Illinois Zip 60623

Signature Patti Lazzara

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Anthony Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) SCOTT LOGAN RN

City ~~DAK RA~~ CHICAGO State IL Zip 60623

Signature *[Handwritten Signature]*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SAINT ANTHONY HOSPITAL
CHICAGO

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print)

Bob Cerco

City

Chicago

State

IL

Zip

60616

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Hospital of Mount Carmel,
Chicago IL

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION
Name (Please Print) Leslie M. Rogers
City 8012 S. Crandon State ILL Zip 60617
Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) South Shore Hospital, Administration

III. POSITION (please circle appropriate position)
Support Oppose

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) ROLAND ABELLERA

City CHICAGO State IL Zip 60621

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ST. BERNARD HOSPITAL
326. W. 64th St. (CHICAGO, IL 60621)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print)

Ferry Browley

City

Chicago

State

IL

Zip

60618

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Tumbling For Success Inc.

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION
Name (Please Print) MADELINE TOVAR
City CHICAGO State IL Zip 60608
Signature Madeline Tovar

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ST ANTHONY - RESIDENT

III. POSITION (please circle appropriate position)
Support Oppose

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) CHUCK WEST

City DEERFIELD State IL Zip 60015

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

STAIR HEALTH SYSTEM

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I.

IDENTIFICATION

Name (Please Print)

JACK AXER

City

Palatine

State

IL

Zip

60067

Signature

[Handwritten Signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Axer & Associates

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Danielle Anderson

City Chicago State IL Zip 60637

Signature *[Handwritten Signature]*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) LORETTA FLANAGAN

City CHICAGO State ILL Zip 60628

Signature Loretta M. Flanagan

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Roseland Community Hospital

III. POSITION (please circle appropriate position)

~~Support~~

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Clare Anelli

City Chicago State IL Zip 60606

Signature Clare Anelli

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Sinai Health System - legal
Counsel

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

PUBLIC HEARING TESTIMONY

CHUCK WEIS

JULY 30, 2014

*Chuck Weis
10/2*

Good evening. My name is Chuck Weis and I am an Executive Vice President with Sinai Health System.

The merits of our project have been thoroughly presented in our application, subsequent filings made by Holy Cross Hospital, Sinai Health System and others, and through the first Public Hearing called on this project.

The hearing being conducted today was requested by a hospital that has elected to oppose this project, and their ability to request a second public hearing is the result of our decision to reduce the scope of the project.

My comments will therefore be limited to the change we made.

This project was scheduled to be heard by the IHFSRB at its April 22, 2014 meeting. Following Public Participation testimony by a number of hospitals, representing that the proposed 50-bed AMI service was not needed and that they would be harmed by its establishment, we elected to defer Board consideration. Three weeks later we filed a Type A modification, cutting the size of the project in half, to 24 beds.

Our proposal, as originally submitted involved the renovation of two Medical/Surgical units, one which would have become a 26-bed AMI unit, and the other a 24-bed AMI unit. With our proposed Type A Modification, we will be limiting the scope of our inpatient AMI program to the single 24-bed unit.

Chuck
Weiss
2/27

Justification was provided in the CON application for the establishment of all of the originally-proposed 50 beds, based on two sources. Those sources were, first, Emergency Department patients of Holy Cross and Mount Sinai who need admission to an AMI bed, and second, physicians practicing at Holy Cross who have documented the number of patients that they would admit to a Holy Cross AMI unit.

We elected to down-size the project to allow Holy Cross and Mount Sinai to address the needs of ED patients who are confronting barriers to admission to an AMI bed, while at the same time responding to the concerns of the opposing hospitals, some of which we collaborate with on other issues.

Thank you for the opportunity to address the Type A Modification, and we respectfully request that you approve this application to improve access to care for these patients..

Public Hearing Testimony, July 30, 2014

Re: In Opposition to CON No. 13-076, Holy Cross Hospital

By: Patti Lazzara, Director of Psychiatry

Good Evening, My name is Patti Lazzara, Director of Psychiatry Care at Saint Anthony Hospital. I am here today to oppose the establishment of 24 acute mental health beds at Holy Cross Hospital for Project 13-076.

The 42 bed inpatient behavioral health unit at Saint Anthony Hospital serves the greater South and Southwest sides of Chicago by providing medication management, stabilization, assessment, group, individual, and family interventions as well as aftercare referral. I believe that the community need is not to increase the number of acute beds but rather focus resources on the development of outpatient mental health programs. As stated by other opposing organizations the market is already oversaturated with acute mental health beds.

On May 28th, in written comment from Sinai Health System, they indicated that 78.5% of patients presenting at their hospitals were either uninsured or Medicaid recipients. At Saint Anthony Hospital we turn no one away regardless of their insurance status or ability to pay. We are a trusted source for treatment and stabilization for our patients in our shared communities. I would like to offer Saint Anthony Hospital's available acute mental health beds for patients presenting at Holy Cross and Mt. Sinai for psychiatric care. We can and our willing to help with their stated capacity needs with relative ease and comfort for the patients. We are located 0.6 miles from Mt. Sinai and 6.0 miles from Holy Cross Hospital.

Thank you for your time and consideration on the matter.

Public Hearing Testimony, July 30, 2014

Re: In Opposition to CON No. 13-076, Holy Cross Hospital

By: Scott Logan, Clinical Manager of Psychiatry and PHP

Hello, my name is Scott Logan MM, BSN, RN the Clinical Manager of Inpatient Psychiatry and the Partial Hospitalization Program at Saint Anthony Hospital. I have served in this role for the last 2 years and have extensive background in psychiatric care.

Our focus is to be a referring source for patients who are in the need of inpatient psychiatric care as well as focus on the long-term care needed once a patient is discharged from the hospital. The addition of these 24 acute mental health beds is not needed. There are several hospitals including ours in the community that also serve inpatient psychiatric hospitalization. Considering a 45 minute drive time as defined by the board there are 290 beds available below the 85% occupancy threshold. Additional beds do not better serve the community or the patient. The emphasis should be placed on enhancing outpatient services. Patients presenting at Saint Anthony are primarily diagnosed with Acute Psychosis, Schizophrenia, Major depression and suicidal ideation – all very serious mental diagnosis. Due to the high cost of inpatient admissions financial penalties exist for having patients admitted for longer than their targeted rate. Hospitals, like ours, have been focusing our resources on keeping patients out of beds by providing robust discharge plan and medication compliance. By addressing the target rate the shift is no longer on inpatient beds rather on outpatient management. We are addressing newly diagnosed psychiatric patients or those patients who have exaggerated symptoms or medication adjustments needed thus creating open beds. Assumedly the same can be said for other hospitals providing psychiatric care. For the reason I have stated, Saint Anthony Hospital opposes the CON Application # 13-076, Holy Cross Hospital establishment of 24 acute mental illness beds.

Richard
Cerceo
py. 1/22

Public Hearing Testimony, July 30, 2014

Re: In Opposition to CON # No. 13-076 for Holy Cross Hospital
By: Richard Cerceo, Chief Operating Officer,
Mercy Hospital and Medical Center, Chicago

Thank you for this opportunity to appear before you today. I am Richard Cerceo, Chief Operating Officer for Mercy Hospital and Medical Center in Chicago. I am testifying today in opposition to CON # No. 13-076, the establishment of a 24 bed AMI service at Holy Cross Hospital.

In the area of behavioral health services we maintain 2 inpatient psychiatric units - general and substance abuse. In addition we provide intensive outpatient programs including partial hospitalization, as well as outpatient mental health clinics. From our experience we have seen our outpatient programs grow significantly, at the rate of about 4.5% per year. We believe the general trend will continue in clinical practice whereby there is the shift occurring from inpatient to outpatient treatment for behavioral disorders.

Mercy remains committed to its inpatient psychiatric programs. Our programs are resource intensive including psychiatry, group psychotherapy, social work, occupational therapy, wellness group, recreation group and exercise group therapies. We have worked quite diligently and, successfully at increasing or referral base. We are now THE referral center for the University of Chicago Medicine since it closed its inpatient service in 2007. Additionally we are a referral site for Stroger Hospital, Loyola Medicine, Gottlieb Hospital and others. Still we do not find a growing demand for inpatient AMI service and have an average daily census of 16.4 on a 39 bed unit.

Richard
Crew
Pg. 2 of 2

Just the Safety Net Hospitals in the immediate area have 158 available AMI beds. If one considers a broader area, a 45 minute drive time as defined by the Board, there are over 300 beds available below the 85% occupancy rate threshold. This number has increased since the last Board consideration of this application.

As a Safety Net Hospital, fulfillment of our mission has often been a financial challenge. If the Board were to approve a new inpatient psychiatric unit in our area I do believe that it will have a profound negative impact on our admissions and inpatient revenue that helps support that program as well as our outpatient services. We are conservatively estimating the immediate effect of such a unit costing Mercy \$500,000 in revenue annually, enough to impact the services to our community as currently provided.

Again thank you for this opportunity to express our concerns.

Holy Cross Hospital Inpatient Behavioral Health Public Hearing

July 30, 2014

Good Evening, my name is Leslie Rogers; I am the Administrator over the Geriatric Psychiatric Unit at South Shore Hospital. Our planning area is already over bedded for AMI by 76 inpatient mental health beds. The proposed addition of 24 inpatient beds at Holy Cross Hospital runs counter to the state's initiatives to reduce readmissions for mental health diagnoses. If we are to achieve the state's goals and provide better care to patients, community-based outpatient mental health services are desperately needed in the region—not more inpatient beds.

Community-based outpatient mental health services are more likely to ensure patients' long-term mental health needs are met. The addition of 24 inpatient beds at Holy Cross Hospital will have little impact on resolving these critical issues and will jeopardize the financial viability of current programs. If we are to interrupt the vicious cycle of readmissions, facilitate recovery and improve patients' ability to function in society and be employable, providers need to invest their resources in delivering outpatient support.

There is a dire need to address psycho-social issues such as drug and alcohol abuse, homelessness, joblessness and physical and sexual abuse that create triggers for relapse. The addition of 24 inpatient beds will not support the delivery of vital services and will only weaken established networks.

Creating more inpatient beds is not only a poor use of resources; it will actually diminish the efficacy of current systems. As such, we oppose the Holy Cross CON. Thank you.

Holy Cross Hospital Inpatient Behavioral Health Public Hearing

July 30, 2014

Hello, my name is Roland Abellera. Thank you for the opportunity to speak to you on this important matter. I am the Chief Quality Officer for St. Bernard Hospital, a safety-net hospital located just 11 minutes east of Holy Cross Hospital. With over 900 available inpatient psychiatric beds in the Mt. Sinai and Holy Cross planning areas, this area is already over bedded by nearly 200 beds. Of these excess beds, 76 are in our immediate service area.

In its CON application, Holy Cross cites high utilization of Mount Sinai's AMI unit and difficulty in placing patients at other area hospitals as the reasons for the proposed AMI unit. However, Holy Cross is only a short distance from St. Bernard. Its primary service area is comparable to and to a significant degree overlaps with St. Bernard's primary service area. St. Bernard operates a 40-bed AMI unit and has on average seven AMI beds available on a daily basis. We are willing and able to accept AMI patient transfers from Holy Cross. Yet despite our close proximity and availability, we have not received any requests from Holy Cross for transfers of patients needing mental health services.

The proposed addition of 24 inpatient psych beds at Holy Cross Hospital runs counter to the state's initiatives to reduce readmissions for mental health diagnoses. If we are to achieve the state's goals and provide better care to patients, community-based outpatient mental health services are desperately needed in the region — not more inpatient beds. Because it duplicates existing services and fails to address the deficits in services, St. Bernard remains opposed to the Holy Cross Hospital CON.

The reduction in beds offered in the revised CON does nothing to address the fact that there is already an excess of beds in the planning area. This proposal comes at the expense of safety-net providers which are already struggling to make ends meet and manage staffing ratios to provide an appropriate level of service. As the CON Board staff has concluded previously, nearly all Chicago hospitals providing inpatient behavioral health services have capacity and are underutilized.

In conclusion: We need to reduce reliance on settings that were never intended to enable long-term recovery and focus on community-based outpatient services. Creating more inpatient beds is not only a poor use of resources; it will actually diminish the efficacy of current systems. As such, we oppose the Holy Cross CON. Thank you.



I
Hello, my name is Perry Browley. Run an activity program called Tumbling for Success across the southwest side of Chicago. I'm here today in opposition of Holy Cross' application for additional psych beds. Saint Anthony Hospital is also a safety net not-for-profit hospital that provides inpatient and outpatient psychiatric care. As a patient of Saint Anthony, I know they do not turn anyone away and treat anyone who walks through their doors. Establishing these beds at Holy Cross will hurt many of the community hospitals like Saint Anthony which offers programs and treatments for the mentally ill. It does not start and end with hospitalization. It is an ongoing process of continual care and support.

Hello, my name is **Madeline Tovar**. I'm from Pilsen. I'm here today in opposition of Holy Cross' application for additional psych beds. Hospitalization for psychological disorders is not the answer. It is important to collaborate with the existing mental health organizations which are the best way to treat a patient. Outpatient treatment is key to helping those with psychological disorders. They need to be helped to learn how to live in our community, not just placed in a hospital bed. Please consider the patients and the community when deciding the fate of this application, thank you.

Good evening. My name is Jack Axel, and I am with Axel & Associates, Inc.. I have been privileged to work with Holy Cross Hospital and Sinai Health System on the planning for the development of an inpatient acute mental health service at Holy Cross Hospital.

As you are aware, this is the second Public Hearing held on this project, the first being held on March 4, 2014. At that hearing, tremendous support for this project was demonstrated not only by clinical staff and leadership of the applicants—as one would expect—but from the not-for-profit community groups and agencies that interact on a daily basis with area residents in need of inpatient psychiatry services.

The applicants elected not to impose on these individuals again to appear for a second time. Rather, I will very briefly summarize some of their testimony.

1. Laurie Seido, the Executive Director of Metropolitan Family Services, Midway Center and Southeast Chicago Centers discussed the difficulties associated with holding patients in ERs while arranging placement on an inpatient psychiatric unit. I will be submitting a copy of Ms. Seido's testimony.
2. Jeff Bartow, the Executive Director of the Southwest Organizing Project, which represents 30 southwest side institutions, discussed Sinai's commitment to care for the uninsured and underinsured, and SWOP's position that a shortage of mental illness hospital beds exists on the southwest side. I will be submitting a copy of Mr. Bartow's testimony.

3. Marvin Lindsey spoke on behalf of the Community Behavioral Health Association, which is a state-wide association of not-for-profit community-based mental health and substance abuse providers. Mr. Lindsey discussed Sinai's continued expansion of its outpatient and residential mental health programming, the gaps created by the State's closure of the Tinley Park Mental Health Center, and the difficulties associated with the holding of mental health patients in need of treatment in ERs and jails. I will be submitting a copy of Mr. Lindsey's testimony.

4. Commander David McNaughton the 8th District Commander for the Chicago Police Department discussed the CPD's reliance on the services provided by Holy Cross Hospital, the CPD's daily interaction with individuals in need of immediate mental illness care, and the need for his officers to transport these patients from the Holy Cross neighborhood to Mount Sinai Hospital. He went on to explain that an AMI unit at Holy Cross would benefit area patients, their families and law enforcement. I will be submitting a copy of Commander McNaughton's testimony.

5. Dr. Yogi Ahluwalia, who has practiced psychiatry for 34 years at Mount Sinai, discussed the growth that he has seen in the number of patients needing inpatient psychiatric care, the decrease in the number of beds to serve the patient population addressed by Mount Sinai, and the need to regularly hold patients in the ER for lengthy periods of time until a bed becomes available. I will be submitting a copy of Dr. Ahluwalia's testimony.

Public Hearing Testimony, July 30, 2014

Re: In Opposition to CON # No. 13-076 for Holy Cross Hospital
By: Danielle Anderson, M.D, Acting Chair, Department of Behavior Health
Mercy Hospital and Medical Center, Chicago

*Danielle
Anderson
Pg. 1 of 2*

My name is Dr Danielle Anderson. I currently serve as the Acting Chair of the Department of Behavioral Health at the Mercy Hospital and Medical Center and an Assistant Professor of Psychiatry and Behavioral Neuroscience at the University of Chicago Pritzker School of Medicine. I am speaking today in opposition to CON # No. 13-076 for Holy Cross Hospital, to establish a 24 bed AMI service. I am opposing this application due to the excessive number of psychiatric beds in the area and to what I believe is a misplaced allocation of resources.

The Behavioral Health Service is robust at Mercy Hospital and Medical Center, serving the area throughout Chicago's south, southwest and west sides. We have a 39 bed inpatient AMI service servicing both the general psychiatrically ill population and substance abuse patients. Our busiest service is our least acute level of care or our NOP Mental Health Clinic which operates 5 days per week.

A vast majority of adult psychiatric admissions are made through the hospital emergency department. Mercy Hospital has been THE referral center for inpatient psychiatry for University of Chicago Medicine since it closed its inpatient service in 2007. We get referrals from Stroger Hospital which lacks an AMI service and have regularly gotten referrals from Loyola Medical Center, Gottlieb Hospital, and others. In spite of those referrals, we have significant excess capacity.

Danielle
Anderson
pg. 2022

The establishment of the unit would potentially deflect additional referrals that would normally come to Mercy, potentially compromising our ability to sustain our programs at Mercy.

Our growth rate in outpatient treatment has been approximately 4.5 percent annually. This illustrates the need for more resources into outpatient treatment facilities as a way to improve mental health care. That is where the true need exists, a need that will continue to grow.

Our experience is not unique in the area. There is significant excess bed capacity in the area in the region of over 290 beds. The true community need lies with better access to outpatient programs and services including intensive outpatient, clinics, and substance abuse treatment programs. For the above reasons, I am opposed to this application to establish a new AMI inpatient psychiatric service in the area.

Thank you.

Clare Connor Ranalli Testimony / Public Hearing / July 30, 2014

We heard from Mr. Weis at the beginning of this hearing that the project modification, which allowed for this second public hearing, was designed to address excess capacity concerns raised by certain opposing hospitals. The unit is now sized to primarily provide access for individuals brought to its ED who are in need of inpatient behavioral health services. This seems reasonable and will address access to care barriers HCH patients face. At today's hearing we have heard nothing more from the project's opponents than what was said previously – that they believe the proposed unit is unnecessary because area hospitals have capacity. This belies the difficulty HCH ED staff has placing patients on a regular basis. It also does not address that these patients are for the most part brought to Holy Cross by EMS or police, and all are in crisis situations. These patients should be treated immediately in a unit designed for their needs, as opposed to lingering in an agitating situation in the emergency department only to be loaded into an ambulance and transported somewhere else.

Holy Cross and Sinai Health System tried to balance the concerns of opposing hospitals about excess capacity. However, these hospitals have generally made vague references to negative impact without offering any specific information.

In sum, we are disappointed that the opposition has not said anything, other than in lip service, that recognizes the significant change in the proposed project.

*Agencies
Roseland*

Tim Egan
10/2

Tim Egan
Opposition to Holy Cross Hospital (Proj. No. 13-076)
April 22, 2014 HFSRB Meeting

Good morning, my name is Tim Egan, and I am the CEO of Roseland Community Hospital. I am here today to oppose the Holy Cross Hospital proposal, project 13-76. I came to Roseland Hospital last June and since that time I have been working to control expenses and to "right-size" the organization to live within our means to help ensure that the facility continues to serve our communities for years to come. We are living within our means but as I've said, we are still living on peanut butter and jelly. Despite ~~that~~ every year we expend more than \$20 million on unreimbursed care.

the fact that

We opened 90 years ago with a mission to provide care to area residents and despite our challenges we have maintained ^a ~~this~~ deliberate focus. Core services we provide include preventive and educational services directing at combatting diseases that disproportionately affect our community: asthma, obesity, cancer, diabetes and, of course, mental illness.

Without our hospital in the community, Roseland would be a health care desert.

We oppose the Holy Cross proposal because it was not well thought out from a broader community perspective and because it jeopardizes many of Chicago's safety net hospitals.

In Chicago, there are 20 such hospitals and among them 15 have inpatient psych units. Based upon the 2012 CON Board data, average utilization of these units was 67%

Tim Eger
2 of 2

well below the State's occupancy standard. Based on this excess capacity, collectively, these hospitals have 250 open psych beds on average at any given time.

Based on the last census, the patient base in the urban Chicago market continues to shrink - by 7% in 10 years but this is a decline that began decades ago. Areas of greatest decline, some in double digits, were on the south and southwest sides and Holy Cross and Mount Sinai service areas are among those with significant population losses. In the current scenario, clearly demand the proposed services will only decrease.

Between 2009 and 2012, the State cut more than \$1.6 billion for mental health services. These cuts have created gaps in the mental health safety net, resulting in insufficient resources and fragmented care. This project will do nothing for the many indigent individuals living with severe mental illness who repeatedly cycle through hospitals and jails without receiving essential services to allow them to manage their mental illness. Not only that, raising the costs of inpatient care will distract our state government the task of a funding plan for less intensive outpatient care which is much more cost effective.

I thank you for your time and respectfully request this Board reject Holy Cross' proposal.

10/2

Public Testimony of Jeff Bartow

March 4, 2014

My name is Jeff Bartow and I am the Executive Director of the Southwest Organizing Project (SWOP). SWOP is a broad-based, multi-issue community organization serving 30 local southwest side institutions, which represent approximately 35,000 people. SWOP's leadership works across racial, religious, and economic differences to build the collective capacity of families to act for the common good in the neighborhoods they serve.

For many years, SWOP has partnered closely with Holy Cross Hospital to address the needs of our struggling community. Holy Cross Hospital and Sinai Health System have demonstrated a very strong commitment to care for the uninsured and underinsured. We believe that there is a shortage of Acute Mental Illness hospital beds near to the people that live in our southwest side neighborhoods. While there may be beds

Jaff
Bartow
2018

available at distant hospitals, relatively few are available to Medicaid or uninsured patients. I must also tell you that public transportation is very limited in our area and this is an extremely important factor for many people. I have personally had to travel over 10 miles to visit community members in need of psychiatric services.

Holy Cross Hospital is a vitally important community institution. One of the most important benefits that the Southwest Organizing Project sees in the recent Sinai Health System partnership, is the addition of a spectrum of behavioral health services.

For these reasons, the Southwest Organizing Project strongly urges the Illinois Health Facilities and Planning Board to approve this needed Acute Mental Illness unit at Holy Cross Hospital.

Thank you.



Community
Behavioral
Healthcare
Association

Frank Anselmo, MPA
Chief Executive Officer
3085 Stevenson Drive, Suite 203
Springfield, Illinois 62703
Phone: 217/585-1600
Fax: 217/585-1601
www.cbha.net

PUBLIC HEARING TESTIMONY OF MARVIN LINDSEY

My name is Marvin Lindsey and I am a Behavioral Health Associate at the Community Behavioral Healthcare Association of Illinois (CBHA), CBHA is a statewide association of not-for-profit community-based providers of care, treatment and services for individuals with mental and substance use disorders or conditions.

Over the last thirty years, Sinai Health System's psychiatric program has provided a broad spectrum of quality, affordable and accessible inpatient, outpatient and residential mental health programs to children, youth, adults and families in neighborhoods on the Westside of Chicago. SHS's commitment has been demonstrated by Sinai's continued expansion into Westside communities that lack mental health services and have the greatest need.

From 2009- 2012, community mental health in Illinois experienced \$113 million dollars in cuts from the state. In addition, the state also closed, Tinley Park Mental Health Center, a state operated inpatient hospital. The cuts and closings opened up additional gaps in a continuum of care treatment and services in need of an array of psychiatric services. Last year DHS-DMH reported care is available to only 16% of those in need.

Current reports substantiate there are overflowing hospital emergency rooms and crowded jails due to individuals with mental health disorders and conditions who do not having timely access to appropriate care when they are in need of that care, treatment or service.

It is our pleasure to support this project. It will help fill in the gaps in the continuum of care needed for Healthy and Safe communities.

Read
by
Jean Xoubi
1/12

Public Hearing Testimony of Laurie Sedio

Metropolitan Family Services

March 4, 2014

Good evening. My Name is Laurie Sedio and I am the Executive Director of Metropolitan Family Services, Midway Center and Southeast Chicago Centers.

Metropolitan Family Services provides out-patient psychiatric and mental health services to over 3500 adults every year. The vast majority of our patients are uninsured or under-insured. They rely heavily on community hospitals like Holy Cross Hospital to meet their needs in times of crisis. Long wait times for placement are exceptionally difficult for patients with mental health problems and their families to manage. Patients may have to wait longer than 24 hours in the emergency room

inpatient 9x

Rec'd
by
Seem
Khalil
2/2

~~to receive a placement.~~ ^{treatment at} This experience has been echoed by many of
our patients for many years.

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

Thank you.

10/3

Public Hearing Testimony of District Commander David McNaughton

March 4, 2014

Good evening,

It is good to have the opportunity to testify on this important matter.

I am David McNaughton, the District Commander for the 8th District of the Chicago Police Department. Our district is one of the busiest Chicago Police Districts and, unfortunately, has significantly higher instances of threats to safety than average. District 8 officers face many challenges in the protection of community residents entrusted to our service. Our Police District has a long and strong cooperative relationship with Holy Cross Hospital and we rely heavily on vital services provided there.

Chicago Police officers assigned to the Chicago Lawn District investigate and assist citizens suffering from mental illness ~~and~~ every day. Many of these people require immediate care. Currently, officers have to

David
McNewington
2/13

transport patients to Mount Sinai Hospital. This hospital is six miles away and is not convenient for patients, their families or law enforcement personnel. A psychiatric inpatient unit at Holy Cross Hospital would provide multi-fold advantages for area safety and law enforcement. Patients would be receiving care in a neighborhood that is nearby and trusted. This would be better for families and their often valuable support as well. Follow-up care would also be more accessible and patients would be more easily able to receive the care that they need.

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

As the District Commander of the District 8 Chicago Police Department, I strongly urge the Illinois Health Facilities and Planning Board to

approve a much needed Acute Mental Illness Unit at Holy Cross
Hospital.

Thank you.

David
McNaughton
3/13

PUBLIC TESTIMONY OF YOGI AHLUWALIA, M.D.

My name is Dr. Yogi Ahluwalia and I am the Chairperson of the Department of Psychiatry and Behavioral Health at Mount Sinai Hospital.

During my 34 years at Mount Sinai, the communities we serve have experienced growth in the number of patients needing inpatient psychiatric care and a decrease in the number of beds accessible by the persons we serve.

Mount Sinai's inpatient psychiatric unit is a extremely busy. We operate at functional capacity. The 220 to 240 per month psychiatric presentations to our Emergency Department, from the community and from our adult outpatient units, drive our inpatient volume. In a normal day, our unit is admitting and discharging 36% of our bed capacity. On very busy days, we have admitted and discharged 71% of our bed capacity.

Our Emergency Department often has psych boarders who can wait 2 or 3 days for a psychiatric bed to become available.

There is a tremendous need for more psychiatric beds on the Westside of Chicago.

10/2

PUBLIC HEARING TESTIMONY OF DAVID WILSON

Good evening. My name is David Wilson, and I am Sinai Health System's Assistant Vice President for Behavioral Health Services. I am here tonight not only to voice my support for the development of an inpatient psychiatric program at Holy Cross Hospital, but to confirm that the proposed program is absolutely consistent with our System's commitment to addressing the mental health needs of those neighborhoods served by Holy Cross and Mount Sinai Hospitals.

Last Spring we completed a mental health needs assessment of the communities served by Holy Cross, and found a general lack of accessibility within the community to both inpatient as well as outpatient mental health programming and services. Since that time we have implemented a program to provide timely psychiatric consultations on Holy Cross' medical units, we have initiated adult psychiatric assessment and medication management services at the hospital, and have increased the community's awareness of the broad scope of outpatient services available through Sinai Health System.

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

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

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

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

David
Wilson
2/2/2

We provide supportive residential services to adult community members suffering from chronic mental illness at Pioneer House. This service helps to keep area residents in their home community and out of Emergency Departments and inpatient psychiatric units.

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

We provide mental health caregivers that are fluent in American Sign Language and versed in Deaf Culture.

These outpatient and residential programs complement Mount Sinai Hospital's 26-bed inpatient unit, which routinely operates at functional capacity. Most patients admitted to that unit originate in the hospital's ED, and during the year ending this past June 30th, 416 patients needed to be transferred to another hospital from our ED because we did not have a bed available for them.

During that same period, we weren't able to accept a single transfer from Holy Cross Hospital. Holy Cross has one of the few EDs that

sees more patients than Mount Sinai. During the same period when Mount Sinai had to transfer 416 psychiatric patients, Holy Cross transferred 513...none of which could receive care in their home community.

These numbers, coupled with the benefits of receiving mental health services close to home, clearly demonstrate the need for additional psychiatric beds that are readily accessible to the neighborhoods served by Sinai Health System.

Thank you for your attention.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Jeanita Moore

City Chicago State IL Zip 60623

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) LORI PAURA

City CHICAGO State IL Zip 60608

Signature Lori Paura

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Holy Cross Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Dennis Ryan

City Chicago State IL Zip 60660

Signature Dennis Ryan

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Holy Cross Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) CHARLES HOLLAND

City CHICAGO State IL Zip 60621

Signature Charles Holland

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

ST. BERNARD HOSPITAL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) RITA Esquiliano

City Chgo State IL Zip 60608

Signature *Rita Esquiliano*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Cara Goldsberry

City Chicago State IL Zip 60605

Signature Cara Goldsberry

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Luis Mendocza

City Chicago State IL Zip 60629

Signature Luis Mendocza

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Here as an activist

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

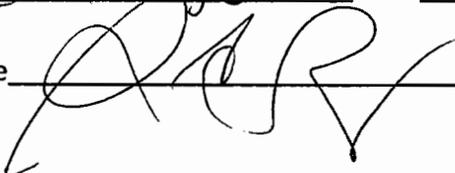
Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Rosa Mendoza

City Chicago State IL Zip 60629

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Citizen care

III. POSITION (Circle appropriate position)

~~Support~~ Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Maria Diaz

City Chicago State IL Zip 60632

Signature Maria Diaz

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) David Gordon

City Chicago State ILLINOIS Zip 60614

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CARREN HOME CARE is here on
behalf of supporting St. Anthony's
concern of a fair treatment in regards
of cancer development.

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Albert Ray Robinson

City Chicago State ILL. Zip 60623

Signature Albert Ray Robinson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Albert Robinson myself

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) ESTHER V. CADENA

City Chicago State IL Zip 60632

Signature Esther V. Cadena

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self.

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION
Name (Please Print) Tontania English
City Chicago State IL Zip 60644
Signature Tontania English

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital

III. POSITION (Circle appropriate position)
Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION
Name (Please Print) Rosa CASTRO
City Chicago State ILLINOIS Zip 60632
Signature Rosa Castro

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Estrella Cuenca

City Chicago State IL Zip 60632

Signature Estrella Cuenca

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Anthony's Hospital

III. POSITION (Circle appropriate position)

~~Support~~ Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) FRANCHIE L. BARNES

City OAK PARK State IL Zip 60302

Signature Franchie L. Barnes

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care).

FRANCHIE L. BARNES (SELF)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) MICHAEL HUNTER

City CHICAGO State IL. Zip 60623

Signature M.C.

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

COMMUNITY RESIDENTS

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Tawanna Calvin

City Chicago State IL Zip 60623

Signature Tawanna Calvin

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen for Health Care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print)

Makeda Coulee

City

Chicago

State

IL

Zip

60623

Signature

Makeda Coulee

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

St. Anthony Hospital

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION
Name (Please Print) Tameeka Christian
City Chicago State IL Zip 60623
Signature Tameeka Christian

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Saint Anthony Hospital

III. POSITION (Circle appropriate position)
Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Linda Shremate

City Chicago State IL Zip 60632

Signature Linda Shremate

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SIPE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) NINA CLARK

City Chicago State IL Zip 60623

Signature Nina Clark

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

None

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Mary J. Johnson

City Chicago State Ill Zip 60608

Signature Mary J. Johnson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) TIFFAWI ELMORE

City Chicago State IL Zip 60608

Signature *Tiffawi Elmore*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) TRILBY Murray

City Calumet State Il. Zip 60409

Signature Trilby Murray

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Resident and
St. Anthony Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Diane Rice

City Chicago State IL Zip 60623

Signature Diane Rice

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Health Care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) OLLIE L. BIRDS

City Chey State IL Zip 60639

Signature OLLIE L. BIRDS

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I.

IDENTIFICATION

Name (Please Print)

Addie Boggs

City

CHICAGO

State

IL

Zip

60623

Signature

Addie Boggs

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CONCERNED CITIZEN

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Martin Sandberg

City Chicago State IL Zip 60629

Signature Martin Sandberg

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I.

IDENTIFICATION

Name (Please Print)

Mae Johnson

City

Chgo.

State

IL

Zip

60644

Signature

Mae E Johnson

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) ANNIE CRUMP

City CHICAGO State IL. Zip 60644

Signature Annie Crump

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Resident

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) MARY E. HERRIS

City CHICAGO State IL Zip 60624

Signature Mary E. Heard

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print)

Vanessa Anzo

City

Chicago

State

IL

Zip

60804

Signature

Vanessa Anzo

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

07/14



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION

Name (Please Print) Mattie Johnson

City Chicago State ILL. Zip 60623-1125

Signature Mattie Johnson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Wellness

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Holy Cross Hospital

Project Number: 13-076

I. IDENTIFICATION
Name (Please Print) MARY SAWYER
City CHICAGO State IL. Zip 60623
Signature Mary Sawyer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Community Resident

III. POSITION (Circle appropriate position)
Support Oppose Neutral