

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

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 July 30, 2014, at the
Marquette Park Fieldhouse Auditorium,
6734 South Kedzie Avenue, Chicago, Illinois at the
hour of 6:00 o'clock p.m.

BOARD MEMBERS PRESENT:

HEARING OFFICER COURTNEY AVERY
PHILIP BRADLEY
CATHERINE CLARKE, Administrative Assistant

1 HEARING OFFICER AVERY: Good evening. I am
2 Courtney Avery, Administrator for the Illinois
3 Health Facilities and Services Review Board acting
4 as the Hearing Officer for today's proceedings.

5 Present with me today is our Board member
6 Phillip Bradley, and Cathy Clarke, the
7 administrator for the Health Board.

8 On behalf of HFSRB, thank you for
9 attending this public meeting for Holy Cross
10 Hospital.

11 At this point I will welcome our Board
12 member to say a few words.

13 MR. BRADLEY: The Board is a regulatory board
14 of the State of Illinois appointed by the
15 governor, confirmed by the senate, and our task is
16 to approve or disapprove certain proposals coming
17 to us from certain parts of the health care
18 industry. In this case, we have a hospital that's
19 applying for permission to do something.

20 The process is that there are a large
21 number of rules and regulations governing this
22 part of the industry and it is our job to look at
23 the written application that the applicant sends
24 us and see if what they are trying to do goes

1 along with what the rules and regulations require.
2 So our staff reviews their proposal, looks at the
3 regulations, and writes a report telling what
4 criteria they meet and what criteria they might
5 not meet.

6 As part of this process, we occasionally
7 have hearings, concerned people ask for the
8 hearings. This is your opportunity as a citizen
9 to tell your government how you feel about a
10 proposal.

11 What happens here will be recorded by the
12 court reporter. Any written material that you
13 submit will be copied, and the transcript and the
14 written material will be sent to the Board for its
15 review prior to discussion at a Board meeting and
16 voted at a Board meeting.

17 So in essence, you are speaking directly
18 to the Board and this becomes a part of the record
19 on which the decisions are based.

20 Courtney.

21 HEARING OFFICER AVERY: Okay, thank you.

22 As per the rules of the Illinois Health
23 Facilities and Services Review Board, I would like
24 to read the previously-published legal notice into

1 the record.

2 Notice of Public Hearing and Written

3 Comments:

4 In accordance with the requirements of

5 the Illinois Health Facilities Planning Act,

6 notice is given of receipt to establish a category

7 of service at an existing acute care hospital.

8 Project 13-076, Holy Cross Hospital, Chicago.

9 Applicants: Holy Cross Hospital and Sinai Health

10 System. The application is considered a Type A

11 modification and was modified on May 5th, 2014.

12 The modification consists of a reduction in the

13 number of acute mental illness beds from 50 to 24,

14 no discontinuation of the 38 med/surge beds, a

15 decrease in the cost of the project, and a

16 decrease in the gross square footage.

17 A public hearing will take place pursuant

18 to 20 ILCS 3960. The hearing is scheduled for

19 Wednesday, July 30th, 2014, at 6:00 p.m., and

20 sign-in for the hearing will be conducted from

21 5:30 p.m. until six o'clock p.m. It will be held

22 at the Marquette Park Field House located at

23 6734 South Kedzie Avenue, Chicago, Illinois 60629.

24 The public hearing will be conducted by

1 staff of the Health Facilities and Services Review
2 Board pursuant to the Illinois Health Facilities
3 Planning Act. The hearing is open to the public
4 and will afford an opportunity for parties with
5 interest to present oral and -- I am sorry,
6 written and/or verbal comment relevant to the
7 project. All allegations or assertions should be
8 relevant to the need for the proposed project and
9 be supported with two copies of documentation or
10 materials that are printed or typed on paper size
11 8 and-a-half by 11. Consideration by the State
12 Board has been tentatively scheduled for
13 August the 27th, 2014.

14 The application and documents related to
15 this project may be accessed at the website. The
16 deadline for submission of public comments related
17 to this project is August 7, 2014. Comments
18 should be sent to Mike Constantino.

19 As previously stated, this public hearing
20 is conducted by the staff of the Illinois Health
21 Facilities and Services Review Board pursuant to
22 the Illinois Health Facilities Planning Act. The
23 hearing is open to the public and affords an
24 opportunity for parties who are interested in the

1 project to present written and/or verbal comment
2 related to the project.

3 Please note that in order to ensure that
4 the Health Facilities and Services Review Board's
5 public hearings protect the privacy and maintain
6 the confidentiality of an individual's health
7 information, covered entities, as defined by the
8 Health Insurance Portability and Accountability
9 Act of 1996, such as hospital providers, health
10 plans, and health care clearinghouses, submitting
11 oral or written testimony that disclose protected
12 health information of individuals, shall have a
13 valid written authorization from that individual.
14 The authorization shall allow the covered entity
15 to share the individual's protected health
16 information at this hearing.

17 If you have not already done so, please
18 see Miss Clarke for the appropriate sign-in sheet.

19 In addition, those of you who came with
20 prepared text of your testimony, you may submit
21 that testimony as written and it will be entered
22 into today's record and made available for all
23 Board members prior to the August 27th Board
24 meeting.

1 I ask that you please limit your
2 testimony to three minutes. I will call
3 participants in the numerical order that's on your
4 yellow sheets. Prior to beginning your remarks,
5 please clearly state and spell your name for the
6 court reporter. After you have concluded your
7 remark, if you have copies and they are made
8 available for all Board members, I will take them
9 at this table.

10 So today's proceedings will begin with a
11 representative from Holy Cross Hospital.

12 MR. WEIS: Good evening. My name is Chuck
13 Weis. That's C-H-U-C-K. Weis, W-E-I-S. I am an
14 Executive Vice-President with Sinai Health System.

15 The merits of our project have been
16 thoroughly presented in our application,
17 subsequent filings made by Holy Cross Hospital,
18 Sinai Health System and others, and through the
19 first public hearing called on this project.

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

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

3 The project was scheduled to be heard by
4 the Illinois Health Facilities and Services Review
5 Board at its April 22nd, 2014, meeting.
6 Following the public participation testimony by a
7 number of hospitals, representing that the
8 proposed 50-bed acute mental illness, AMI, service
9 was not needed and that they would be harmed by
10 its establishment, we elected to defer Board
11 consideration. Three weeks later we filed a
12 Type A modification, reducing the size of the
13 project in half to 24 beds.

14 Our proposal, as originally submitted,
15 involved the renovation of two medical/surgical
16 units, one which would have become a 26-bed AMI
17 unit, and the other a 24-bed AMI unit. With our
18 proposed Type A modification, we will be limiting
19 the scope of our inpatient AMI program to the
20 single 24-bed unit.

21 Justification was provided in the CON
22 application for the establishment of all of the
23 originally proposed 50 beds based on two sources.
24 Those sources were, first, emergency department

1 patients at Holy Cross Hospital and Mount Sinai
2 Hospital who need admission to an AMI bed, and,
3 second, physicians practicing at Holy Cross
4 Hospital who have documented the number of
5 patients that they would admit to a Holy Cross AMI
6 unit.

7 We elected to downsize the project to
8 allow Holy Cross and Mount Sinai to address the
9 needs of its ED patients who are confronting
10 barriers to admission to an AMI bed, while at the
11 same time responding to the concerns of the
12 opposing hospitals, some of which we collaborate
13 with on other issues.

14 Thank you for the opportunity to address
15 the Type A modification, and we respectfully
16 request that you will approve this application to
17 improve access for these patients.

18 HEARING OFFICER AVERY: I forgot to ask that
19 you also submit your yellow sheets, your sign-in
20 sheets.

21 Mr. Weis, you have 1 right?

22 Number 2 -- I am sorry, Number 1.

23 MS. LAZZARA: Good evening. My name is Patti
24 Lazzara, P-A-T-T-I L-A-Z-Z-A-R-A, Director of

1 Psychiatry at Saint Anthony Hospital. I am here
2 today to oppose the establishment of 24 acute
3 mental illness beds at Holy Cross Hospital for
4 Project 13-076.

5 The 42-bed inpatient behavioral health
6 unit at Saint Anthony Hospital serves the greater
7 South and Southwest Sides of Chicago by providing
8 medication management, stabilization, assessment,
9 group, individual, and family interventions, as
10 well as aftercare referral.

11 I believe that the community need is not
12 to increase the number of acute beds, but rather
13 focus resources on the development of outpatient
14 mental health programs. As stated by other
15 opposing organizations, the market is already
16 oversaturated with acute mental health beds.

17 On May 28th in written comment from Sinai
18 Health System, they indicated that 78.5 percent of
19 patients presenting at their hospitals were either
20 uninsured or Medicaid recipients. At Saint
21 Anthony Hospital we turn no one away regardless of
22 their insurance status or ability to pay. We are
23 a trusted source for treatment and stabilization
24 for our patients in our shared communities.

1 I would like to offer Saint Anthony
2 Hospital's available acute mental health beds for
3 patients presenting at Holy Cross and Mount Sinai
4 for psychiatric care. We are located six-tenths
5 of a mile from Mount Sinai and six miles from Holy
6 Cross Hospital.

7 Thank you for your time and consideration
8 on the matter.

9 HEARING OFFICER AVERY: Number 2, please.

10 MR. LOGAN: Hello. My name is Scott Logan,
11 S-C-O-T-T L-O-G-A-N, I am an RN, I am the clinical
12 manager of Inpatient Psychiatry and the Partial
13 Hospitalization Program at Saint Anthony Hospital.
14 I've served in this role for the last two years
15 and have extensive background in psychiatric care.

16 Our focus is to be a referral source for
17 patients who are in need of inpatient psychiatric
18 care, as well as focusing on the long-term care
19 needs once a patient is discharged from the
20 hospital.

21 The addition of these 24 acute mental
22 health beds is not needed. There are several
23 hospitals, including ours, in the community that
24 also serve inpatient psychiatric hospitalization.

1 Considering the 45-minute drive time as defined by
2 the Board, there are 290 beds available below the
3 85 percent occupancy threshold. Additional beds
4 do not serve the community or the patient. The
5 emphasis should be placed on enhancing outpatient
6 services.

7 Patients presented at Saint Anthony
8 Hospital are primarily diagnosed with acute
9 psychosis, schizophrenia, major depression, and
10 suicidal ideation, all very serious mental
11 illnesses.

12 Due to the high cost of inpatient
13 admissions, financial penalties exist for having
14 patients admitted for longer than their targeted
15 stay. Hospitals, such as ours, have been focusing
16 our resources on keeping patients out of beds by
17 providing robust discharge planning and medication
18 compliance.

19 Treatment emphasis is no longer on
20 inpatient beds, rather on outpatient management.
21 We are addressing newly-diagnosed psychiatric
22 patients or those patients who have exacerbation
23 of symptoms or require medication adjustments,
24 creating more open beds. Presumably that can be

1 said for other hospitals providing psychiatric
2 care.

3 For the reasons I've stated, Saint
4 Anthony Hospital opposes the CON Application
5 13-076, Holy Cross Hospital establishment of
6 24 acute mental illness beds.

7 Thank you.

8 HEARING OFFICER AVERY: Number 3, please.

9 MR. CERCEO: Good evening. Thank you for the
10 opportunity to appear before you today.

11 My name is Richard Cerceo, C-E-R-C-E-O, I
12 am the Chief Operating Officer for Mercy Hospital
13 and Medical Center in Chicago.

14 I am testifying today in opposition of
15 CON Number 13-076, the establishment of a 24-bed
16 acute mental illness service at Holy Cross
17 Hospital.

18 In the area of behavioral health
19 services, we maintain two inpatient psychiatric
20 units, general and substance abuse. In addition,
21 we provide intensive outpatient programs,
22 including partial hospitalization, as well as
23 outpatient mental health clinics. From our
24 experience, we have seen our outpatient programs

1 grow significantly at a rate of about four
2 and-a-half percent per year. We believe this
3 general trend will continue in clinical practice,
4 whereby there's a shift occurring from inpatient
5 to outpatient treatment for behavioral disorders.

6 Mercy remains committed to its inpatient
7 psychiatric programs. Our programs are resource
8 intensive, including psychiatry, group
9 psychotherapy, social work, occupational therapy,
10 wellness group, recreational group, and exercise
11 group therapies. We have worked quite diligently
12 and successfully at increasing our referral base.
13 We are now the referral center for the University
14 of Chicago Medicine since it closed its inpatient
15 services in 2007.

16 Additionally, we are a referral site for
17 Stroger Hospital, Loyola Medicine, Gottlieb
18 Hospital, and others. Still, we do not find a
19 growing demand for inpatient AMI service and have
20 an average daily census of 16.4 on a 39-bed unit.

21 The safety net hospitals in our immediate
22 area have 158 available AMI beds. If one
23 considers a broader area of a 45 minute drive time
24 as defined by the Board, there are over 300 beds

1 available below the 85 percent occupancy rate
2 threshold. This number has increased since the
3 last Board consideration of this application.

4 As a safety net hospital, fulfillment of
5 our mission has also been a financial challenge.
6 If the Board were to approve a new inpatient
7 psychiatric unit in our area, I do not believe
8 that it will have a profound -- I do believe it
9 will have a profound negative impact on our
10 admissions and inpatient revenue that helps
11 support the programs as well as our outpatient
12 services. We are conservatively estimating that
13 the immediate effect of such a unit costing Mercy
14 over a half a million dollars in revenue annually,
15 enough to impact the services to our community as
16 currently provided.

17 Again, thank you for the opportunity to
18 express our concerns.

19 HEARING OFFICER AVERY: Number 4.

20 MR. ROGERS: Good evening, Board members and
21 community. Leslie Rogers, L-E-S-L-I-E
22 R-O-G-E-R-S, I am the Assistant Administrator of
23 the South Shore Hospital Geriatric Psych Unit. We
24 have a 15-bed geriatric psych unit.

1 We are opposed to the project. We
2 believe that the project will dilute the beds that
3 we presently have in the system and have a
4 negative financial impact on us and other
5 hospitals in the system.

6 We believe that adding an intensive
7 outpatient care unit would be more advantageous
8 than adding additional beds.

9 Thank you for allowing me to speak.

10 HEARING OFFICER AVERY: Number 5.

11 MR. ABELLERA: Hello. My name is Roland,
12 that's R-O-L-A-N-D, last name is A-B-E-L-L-E-R-A.

13 I also want to thank you for the
14 opportunity to speak on this very important matter
15 at Saint Bernard Hospital.

16 I am the Chief Quality Officer and
17 Vice-President of Clinical Operations at the
18 Organization.

19 Saint Bernard Hospital is a safety net
20 hospital, just located within 11 minutes of Holy
21 Cross Hospital, and that's about three and-a-half
22 miles, to put it another way. With over 900
23 available inpatient psych beds in the Mount Sinai
24 and Holy Cross planning area, this area is over

1 bedded by nearly 200 beds. Of these excess beds,
2 76 are in our immediate service area.

3 In its CON application, Holy Cross cites
4 high utilization of Mount Sinai's AMI unit and
5 difficulty in placing patients at other local area
6 hospitals as the reasons for wanting and needing
7 this proposed AMI unit. However, Holy Cross,
8 again being a short distance from Saint Bernard
9 Hospital, we are in the same primary service area
10 and have some overlap. We have a 40-bed inpatient
11 mental health unit with average availability of
12 seven patient beds per day, and we are very
13 willing to accept patients at our organization and
14 have that capacity. Despite our close proximity
15 and availability, we've never received any
16 requests from Holy Cross to have patients
17 transferred to our hospital, again within three
18 and-a-half miles, and we have that capability for
19 mental health services.

20 The proposed addition of 24 inpatient
21 psych beds at Holy Cross Hospital also runs
22 counter to the state's initiatives to reduce
23 readmissions for mental health diagnoses. If we
24 are to achieve the state's goals and provide

1 better care to patients, the focus should be on
2 community-based outpatient mental health services,
3 which are really desperately needed in this
4 region, not more inpatient beds, more outpatient
5 services need to be available.

6 Because it duplicates existing services
7 and fails to address the deficits in services,
8 Saint Bernard Hospital remains opposed to the Holy
9 Cross CON.

10 The reduction in beds offered in the
11 revised CON doesn't do anything to address the
12 fact that there is an excess of beds in our
13 planning area. This proposal also comes at an
14 expense to our safety net providers which are
15 already struggling to make sure that we can
16 provide appropriate staffing ratios, appropriate
17 levels of services. As the CON Board has
18 concluded previously, nearly all Chicago hospitals
19 providing inpatient behavioral health services
20 have capacity and are underutilized.

21 So in conclusion, we need to reduce
22 reliance on settings that were never intended to
23 enable long-term recovery and focus more on
24 community-based outpatient services. Creating

1 more inpatient beds is not only a poor use of
2 resources, it will actually diminish the efficacy
3 of our current systems. As such, we oppose the
4 Holy Cross CON.

5 Thank you for your attention.

6 HEARING OFFICER AVERY: Number 6

7 MR. BROWLEY: Hello and good evening. My name
8 is Perry Browley. P-E-R-R-Y. Last name
9 B-R-O-W-L-E-Y. I run an activity program called
10 Tumbling for Success across the Southwest Side of
11 Chicago.

12 I am here today in opposition of Holy
13 Cross's application for additional psychiatric
14 beds. Saint Anthony's Hospital is also a safety
15 net not-for-profit hospital that provides
16 inpatient and outpatient psychiatric care.

17 As a patient of Saint Anthony, I know
18 they do not turn anyone away and treat everyone
19 who walks through their doors.

20 Establishing these beds at Holy Cross
21 will hurt many of the community hospitals like
22 Saint Anthony, which offers programs and
23 treatments for the mentally ill. It does not
24 start and end with hospitalization. It is an

1 ongoing process of continuing care and support.

2 Thank you.

3 HEARING OFFICER AVERY: Number 7.

4 MS. TOVAR: Hello. My name is Madeline Tovar.

5 I am from Pilsen. I am here today in opposition

6 of Holy Cross's application for additional psych

7 beds.

8 Hospitalization for psychological

9 disorders is not the answer. It is important to

10 corroborate with the existing mental health

11 organizations, which are the best way to treat a

12 patient. Outpatient treatment is key to helping

13 those with psychological disorders. They need to

14 be helped to learn how to live in our community,

15 not just placed in a hospital bed.

16 Please consider the patients and the

17 community when deciding the fate of this

18 application. Thank you.

19 HEARING OFFICER AVERY: Number 9, please.

20 MR. AXEL: Good evening. My name is Jack

21 Axel, A-X-E-L, and I am with Axel & Associates.

22 I've been privileged to work with Holy

23 Cross Hospital and Sinai Health System on the

24 planning for the development of an inpatient acute

1 mental illness unit at Holy Cross Hospital.

2 As you are aware, this is the second
3 public hearing held on this project, the first
4 being held on March 4th of this year. At that
5 hearing tremendous support for this project was
6 demonstrated not only by clinical staff and
7 leadership of the applicants, as one would expect,
8 but from the not-for-profit community groups and
9 agencies that interact on a daily basis with area
10 residents in need of inpatient psychiatric
11 services. The applicants have elected not to
12 impose on these individuals again to appear for a
13 second time, rather I will very briefly summarize
14 some of their testimony.

15 One, Laurie Seido, S-E-I-D-O, the
16 Executive Director of Metropolitan Family
17 Services, Midway Center and Southeast Chicago
18 Centers, discussed the difficulties associated
19 with holding patients in ER's while arranging
20 placement on an inpatient psychiatric unit. I
21 will be providing a copy of her testimony.

22 Two, Jeff, Barto, B-A-R-T-O, the
23 Executive Director of Southwest Organizing
24 Project, which represents 30 Southwest Side

1 institutions, discussed Sinai's commitment to care
2 for the uninsured and underinsured, and SWOP's
3 position that a shortage of mental illness
4 hospital beds exist on the Southwest Side. I will
5 be submitting a copy of his testimony.

6 Three, Marvin Lindsey, L-I-N-D-S-E-Y,
7 spoke on behalf of the Community Behavioral Health
8 Association, which is a statewide association of
9 not-for-profit community-based mental health and
10 substance abuse providers. Mr. Lindsey discussed
11 Sinai's continued expansion of its outpatient and
12 residential mental health programming, the gaps
13 created by the state's closure of Tinley Park
14 Mental Health Center, and the difficulties
15 associated with the holding of mental health
16 patients in need of treatment in ER's and jails.
17 I will be providing a copy of his testimony.

18 Four, Commander David McNaughton,
19 M-c-N-A-U-G-H-T-O-N, of the Eighth District of the
20 Chicago Police Department discussed the CPD's
21 reliance on the services provided by Holy Cross
22 Hospital, the CPD's daily interaction with
23 individuals in need of immediate mental health
24 illness care, and the need for his officers to

1 transport these patients from Holy Cross
2 neighborhood to Mount Sinai Hospital. He went on
3 to explain that an AMI unit at Holy Cross would
4 benefit area patients, their families, and law
5 enforcement. I will be submitting a copy of his
6 testimony.

7 Five, Dr. Yogi Ahluwalia, who has
8 practiced psychiatry for 34 years at Mount Sinai,
9 discussed the growth that he has seen in the
10 number of patients needing inpatient psychiatric
11 care, the decrease in the number of beds to serve
12 the patient population addressed by Mount Sinai,
13 and the need to regularly hold patients in the ER
14 for lengthy periods of time until a bed becomes
15 available. I will be submitting a copy of his
16 testimony.

17 MS. CLARKE: Two minutes. Please conclude.

18 MR. AXEL: And last, David Wilson, Sinai
19 Health System's Assistant Vice-President for
20 Behavioral Health Service, discussed the
21 community-based mental health needs assessment
22 that was conducted in the Holy Cross neighborhood,
23 the broad scope of outpatient mental health
24 programming offered by Sinai Health System, and

1 the high utilization of its outpatient programs,
2 as well as the high utilization of Mount Sinai's
3 AMI unit. I will be providing a copy of his
4 testimony.

5 Thank you very much.

6 HEARING OFFICER AVERY: Thank you.

7 Number 10, please.

8 DR. ANDERSON: My name is Dr. Danielle
9 Anderson. D-A-N-I-E-L-L-E. Anderson,
10 A-N-D-E-R-S-O-N. I currently serve as the Acting
11 Chair of Psychiatry at Mercy Hospital and am an
12 Assistant Professor of Psychiatry at the
13 University of Chicago Medicine.

14 I am speaking today in opposition to the
15 proposal for Holy Cross Hospital to establish a
16 24-bed AMI service. I am opposing this
17 application due to the excessive number of
18 psychiatric beds in the area and to what I believe
19 is a misplaced allocation of resources.

20 The behavioral service is robust at Mercy
21 Hospital and Medical Center, serving the area
22 throughout Chicago's South, Southwest and West
23 Side. We have a 39-bed inpatient AMI service
24 servicing both generally and psychiatrically ill

1 population and substance abuse patients. Our
2 busiest service is our least acute level of care
3 or our outpatient mental health clinic which
4 operates five days a week.

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

16 The establishment of the unit would
17 potentially deflect additional referrals that
18 would normally come to Mercy, potentially
19 compromising our ability to sustain our programs
20 at Mercy Hospital.

21 Our growth rate and outpatient treatment
22 has been approximately 4.5 percent annually. This
23 illustrates the need for more resources into
24 outpatient treatment facilities as a way to

1 improve mental health care. That is where the
2 true need exists, a need that will continue to
3 grow.

4 Our experience is not unique in the area.
5 There's significant excess bed capacity in the
6 area in the region of over 290 beds. The true
7 community need lies with better access to
8 outpatient programs and services, including
9 intensive outpatient, clinics, and substance abuse
10 treatment programs.

11 For the above reasons, I am opposed to
12 this application to establish a new AMI inpatient
13 psychiatric service in the area.

14 Thank you.

15 HEARING OFFICER AVERY: Number 11, please.

16 MS. FLANAGAN: My name is Loretta Flanagan.
17 L-O-R-E-T-T-A. F, like Frank, L-A-N-A-G-A-N. I
18 am speaking on behalf of Tim, T-I-M, Egan,
19 E-G-A-N, CEO of Roseland Community Hospital.

20 Good evening, my name is, and I am
21 reading verbatim, my name is Tim Egan, and I am
22 the CEO of Roseland Community Hospital. I am here
23 today to oppose the Holy Cross proposal project
24 13-76.

1 I came to Roseland Hospital last June,
2 and since that time I have been working to control
3 expenses and to, quote, right-size the
4 organization to live within our means to help
5 ensure that the facility continues to serve our
6 communities for years to come. We are living
7 within our means, but as I've said we are still
8 living on peanut butter and jelly. Despite that,
9 every year we expend more than \$20 million on
10 unreimbursed care.

11 We opened 90 years ago with a mission to
12 provide care to area residents. And despite our
13 challenges, we have maintained this deliberate
14 focus. Core services we provide includes
15 preventive and educational services directed at
16 combatting diseases that disproportionately affect
17 our community, such as asthma, obesity, cancer,
18 diabetes and, of course, mental illness.

19 Within our hospital in the community,
20 Roseland would be a health care desert, that is
21 without our hospital.

22 We oppose the Holy Cross proposal because
23 it was not well thought out from a broader
24 community perspective and because it jeopardizes

1 many of Chicago's safety net hospitals.

2 In Chicago, there are 20 such hospitals
3 and among them 15 have inpatient psych units.
4 Based upon the 2012 CON Board data, average
5 utilization of these units was 67 percent, well
6 below the state's occupancy standard. Based on
7 this excess capacity, collectively, these
8 hospitals have 250 open psych beds on average at
9 any given time.

10 Based on the last census, the patient
11 base in the urban Chicago market continues to
12 shrink by 7 percent in 10 years, but this is a
13 decline that began decades ago. Areas of greatest
14 decline, some in double digits, were on the South
15 and Southwest Sides, and Holy Cross and Mount
16 Sinai service areas are among those with
17 significant population losses. The current
18 scenario clearly demand the proposed services will
19 only decrease.

20 Between 2009 and 2012, the state cut more
21 than 1.6 billion for mental health services.
22 These cuts have created gaps in the mental health
23 safety net, resulting in insufficient resources
24 and fragmented care.

1 MS. CLARKE: Please wrap up.

2 MS. FLANAGAN: This project will do nothing
3 for the many indigent individuals living with
4 severe mental illness who repeatedly cycle through
5 hospitals and jails without receiving essential
6 services to allow them to manage their mental
7 illness. Not only that, raising the costs of
8 inpatient care will distract our state government
9 the task of a funding plan for less intensive
10 outpatient care which is more cost effective.

11 I thank you for your time and
12 respectfully request this Board reject the Holy
13 Cross proposal.

14 Thank you and good evening.

15 HEARING OFFICER AVERY: That concludes the
16 number of people that have signed in for today's
17 proceedings.

18 Is there anyone who wishes to testify who
19 has not had an opportunity to do so?

20 You will be the last.

21 MS. RANALLI: Thank you.

22 HEARING OFFICER AVERY: You are welcome.

23 MS. RANALLI: Thank you very much. I had not
24 intended to speak, but did want to respond to a

1 few things that I heard here tonight.

2 In the spirit of full disclosure, I do
3 represent the Applicant, Sinai Health System and
4 Holy Cross Hospital. My name is Clare, C-L-A-R-E,
5 Ranalli, R-A-N-A-L-L-I.

6 We heard from Mr. Weis, who first spoke
7 at the hearing, about the project modification,
8 and he explained that the modification reduced the
9 number of beds significantly by more than half, in
10 response to opposition from the hospitals that
11 were at prior public hearings as well as who are
12 here today.

13 Today, those hospitals have said nothing
14 at all that they've not said previously. What
15 they have not done is, they've not addressed the
16 fact that the project now is primarily designed to
17 serve patients who come to the emergency
18 department at Holy Cross Hospital.

19 Those patients do not need outpatient
20 mental health services at the time they are
21 brought typically by EMS service providers and by
22 police to the emergency department for inpatient
23 crisis care. They cannot be discharged from the
24 emergency department and told to seek outpatient

1 mental health services. They must be treated in
2 an inpatient bed.

3 We've heard from the hospitals who have
4 testified that there's excess capacity. That
5 completely belies the reality of what the patients
6 at the Holy Cross Emergency Department face on a
7 regular basis, hundreds and hundreds of them who
8 are transferred from the emergency department to
9 other area hospitals every year.

10 Those patients primarily wait on an
11 average of approximately 10 hours, many, many,
12 many more hours in the emergency department after
13 being treated for their crisis situation. That
14 time frame is only after they've received
15 immediate crisis care and then they are ready to
16 be transferred. Those patients wait for hours and
17 hours, and then they are loaded, and they are in
18 crisis, they are behavioral health patients, they
19 are in an agitated situation in the emergency
20 department, they are then loaded yet into another
21 ambulance to be transferred to another hospital
22 where they are brought into another emergency
23 department before they ever hit an inpatient bed
24 where they can get the care they so badly deserve

1 and need. That has not been addressed by any of
2 the opposition hospitals.

3 The issue is access to care for these
4 fragile patients at the time when they need it.

5 We have not heard about that. We also
6 have no opposition from any community health
7 organizations, but we have a great deal of
8 support, including from the Chicago Police
9 Department, who again frequently brings patients
10 to our ED for care.

11 Holy Cross and Sinai Health System's
12 tried to balance the concerns hospitals have
13 expressed about excess capacity. Other safety net
14 hospitals, we recognize the issues that safety net
15 hospitals confront. Both Holy Cross and Mount
16 Sinai are safety net hospitals. We want to work
17 collaboratively with hospitals, but we need your
18 assistance in addressing the access issues that
19 patients brought to the emergency department face.

20 We appreciate your time, Board Members,
21 and Miss Avery, and Court Reporter, who's been
22 dealing with us. Thank you.

23 HEARING OFFICER AVERY: Thank you.

24 Again, is there anyone who wishes to

1 testify who has not had an opportunity?

2 Hearing none, is there anyone who has
3 testified who wishes to provide additional
4 testimony?

5 Please note that this project is
6 tentatively scheduled for consideration by the
7 Board at its August 27th meeting. The meeting
8 will be held in Normal, Illinois at the
9 Bloomington-Normal Hotel and Conference Center
10 located at 201 Broadway Street.

11 Please refer to the HFSRB website at
12 www.hfsrb.illinois.gov for more details and
13 possible agenda changes.

14 I ask that you please be prepared to take
15 note of the following dates and times: The
16 deadline to submit written comments pertaining to
17 this project is August 7th at 9:00 a.m.
18 August 7th, 9:00 a.m. The State Board Staff
19 Report will be posted on the website on August 13.
20 The deadline to submit written responses to the
21 State Board Staff Report is May 19 at 9:00 a.m.

22 Any questions regarding the dates and
23 times or location of the meeting? Great.

24 Written comments and responses should be

1 sent to the Illinois Health Facilities Services
2 Review Board to the attention of Courtney Avery,
3 the Administrator, 525 West Jefferson Street,
4 Second Floor, Springfield, Illinois 62761.

5 Are there any questions regarding today's
6 proceedings?

7 Hearing that there are no additional
8 questions or comments, I deem this public hearing
9 adjourned and I thank you for participating.

10 Have a good evening.

11 (The hearing concluded at 6:45 p.m.)

12

13

14

15

16

17

18

19

20

21

22

23

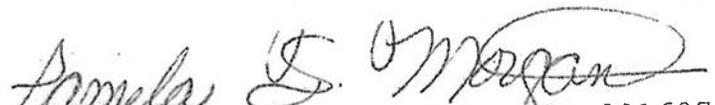
24

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.

14
15
16
17
18
19
20
21
22
23
24


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

PUBLIC HEARING REQUEST 7/30/2014

A				
ABELLERA 16:11	admission 9:2,10	4:9 21:7,11	authorization 6:13,14	11:2,22 12:2,3
ability 7:22	admissions 12:13	application 2:23	availability 17:11,15	12:16,20,24
10:22 25:19	15:10 25:6	4:10 5:14 7:16	available 6:22	13:6 14:22,24
abuse 13:20	admit 9:5	8:22 9:16 13:4	7:8 11:2 12:2	16:2,8,23 17:1
22:10 25:1 26:9	admitted 12:14	15:3 17:3 19:13	14:22 15:1	17:1,12,21 18:4
accept 17:13	adult 25:5	20:6,18 24:17	16:23 18:5	18:10,12 19:1
access 9:17 26:7	advantageous 16:7	26:12	23:15	19:14,20 20:7
32:3,18	affect 27:16	applying 2:19	Avenue 1:14 4:23	22:4 23:11
accessed 5:15	afford 5:4	appointed 2:14	average 14:20	24:18 26:6 28:8
Accountability 6:8	affords 5:23	appropriate 32:20	17:11 28:4,8	30:9
achieve 17:24	aftercare 10:10	18:16,16	31:11	began 28:13
Act 1:5 4:5 5:3	agencies 21:9	approve 2:16	Avery 1:19 2:1,2	beginning 7:4
5:22 6:9	agenda 33:13	9:16 15:6	3:21 9:18 11:9	behalf 2:8 22:7
acting 2:3 24:10	agitated 31:19	approximately 25:22 31:11	13:8 15:19	26:18
action 35:13	ago 27:11 28:13	April 8:5	16:10 19:6 20:3	behavioral 10:5
activity 19:9	Ahluwalia 23:7	area 13:18 14:22	20:19 24:6	13:18 14:5
acute 4:7,13 8:8	allegations 5:7	14:23 15:7	26:15 29:15,22	18:19 22:7
10:2,12,16 11:2	allocation 24:19	16:24,24 17:2,5	32:21,23 34:2	23:20 24:20
11:21 12:8 13:6	allow 6:14 9:8	17:9 18:13 21:9	aware 21:2	31:18
13:16 20:24	29:6	23:4 24:18,21	Axel 20:20,21,21	belies 31:5
25:2	allowing 16:9	26:4,6,13 27:12	23:18	believe 10:11
adding 16:6,8	ambulance 31:21	31:9	A-B-E-L-L-E-... 16:12	14:2 15:7,8
addition 6:19	AMI 8:8,16,17	areas 28:13,16	A-N-D-E-R-S-... 24:10	16:2,6 24:18
11:21 13:20	8:19 9:2,5,10	arranging 21:19	A-X-E-L 20:21	benefit 23:4
17:20	14:19,22 17:4,7	assertions 5:7	a.m 33:17,18,21	Bernard 16:15
additional 12:3	23:3 24:3,16,23	assessment 10:8		16:19 17:8 18:8
16:8 19:13 20:6	25:11 26:12	23:21	B	best 20:11
25:17 33:3 34:7	Anderson 24:8,9	assistance 32:18	background 11:15	better 18:1 26:7
Additionally 14:16	24:9	Assistant 1:21	badly 31:24	billion 28:21
address 9:8,14	and-a-half 5:11	15:22 23:19	balance 32:12	Bloomington-... 33:9
18:7,11	14:2 16:21	24:12	barriers 9:10	board 1:2,17 2:3
addressed 23:12	17:18	associated 21:18	Barto 21:22	2:5,7,11,13,13
30:15 32:1	and/or 5:6 6:1	22:15	base 14:12 28:11	3:14,15,16,18
addressing 12:21	annually 15:14	Associates 20:21	based 3:19 8:23	3:23 5:2,12,21
32:18	25:22	association 22:8	28:4,6,10	6:23,23 7:8 8:5
adjourned 34:9	answer 20:9	asthma 27:17	basis 21:9 31:7	8:10 12:2 14:24
adjustments 12:23	Anthony 10:1,6	attending 2:9	bed 9:2,10 20:15	15:3,6,20 18:17
Administrative 1:21	10:21 11:1,13	attention 19:5	23:14 26:5 31:2	28:4 29:12
administrator 2:2,7 15:22	12:7 13:4 19:17	34:2	31:23	32:20 33:7,18
34:3	19:22	attorney 35:11	bedded 17:1	33:21 34:2
	Anthony's 19:14	Auditorium 1:13	beds 4:13,14 8:13	Board's 6:4
	appear 13:10	August 5:13,17	8:23 10:3,12,16	Bradley 1:20 2:6
	21:12	6:23 33:7,17,18		2:13
	applicant 2:23	33:19		briefly 21:13
	30:3			brings 32:9
	applicants 1:7			broad 23:23

broader 14:23 27:23	Certified 35:1	10:17	confronting 9:9	criteria 3:4,4
Broadway 33:10	certify 35:3,7,10	comments 4:3	conservatively	Cross 1:6,7,11
brought 30:21	Chair 24:11	5:16,17 8:1	15:12	2:9 4:8,9 7:11
31:22 32:19	challenge 15:5	33:16,24 34:8	consider 20:16	7:17 9:1,3,5,8
Browley 19:7,8	challenges 27:13	commitment	consideration	10:3 11:3,6
busiest 25:2	change 8:2	22:1	5:11 8:11 11:7	13:5,16 16:21
butter 27:8	changes 33:13	committed 14:6	15:3 33:6	16:24 17:3,7,16
B-A-R-T-O	Chicago 1:12,14	communities	considered 4:10	17:21 18:9 19:4
21:22	4:8,23 10:7	10:24 27:6	Considering 12:1	19:20 20:23
B-R-O-W-L-E-Y	13:13 14:14	community	considers 14:23	21:1 22:21 23:1
19:9	18:18 19:11	10:11 11:23	consists 4:12	23:3,22 24:15
	21:17 22:20	12:4 15:15,21	Constantino 5:18	26:23 27:22
	24:13 25:9 28:2	19:21 20:14,17	continue 14:3	28:15 29:13
	28:11 32:8	21:8 22:7 26:7	26:2	30:4,18 31:6
C	Chicago's 24:22	26:19,22 27:17	continued 22:11	32:11,15
call 7:2	28:1	27:19,24 32:6	continues 27:5	Cross's 19:13
called 7:19 19:9	Chief 13:12	community-ba...	28:11	20:6
cancer 27:17	16:16	18:2,24 22:9	continuing 20:1	current 19:3
capability 17:18	Chuck 7:12	23:21	control 27:2	28:17
capacity 17:14	cites 17:3	complete 35:8	copied 3:13	currently 15:16
18:20 25:15	citizen 3:8	completely 31:5	copies 5:9 7:7	24:10
26:5 28:7 31:4	Clare 30:4	compliance	copy 21:21 22:5	cut 28:20
32:13	Clarke 1:21 2:6	12:18	22:17 23:5,15	cuts 28:22
care 2:17 4:7	6:18 23:17 29:1	compromising	24:3	cycle 29:4
6:10 11:4,15,18	clearinghouses	25:19	Core 27:14	C-E-R-C-E-O
11:18 13:2 16:7	6:10	Computer-Aid...	correct 35:8	13:11
18:1 19:16 20:1	clearly 7:5 28:18	35:5	corroborate	C-H-U-C-K 7:13
22:1,24 23:11	clinic 25:3	CON 8:21 13:4	20:10	C-L-A-R-E 30:4
25:2 26:1 27:10	clinical 11:11	13:15 17:3 18:9	cost 4:15 12:12	C.S.R 35:17
27:12,20 28:24	14:3 16:17 21:6	18:11,17 19:4	29:10	
29:8,10 30:23	clinics 13:23 26:9	28:4	costing 15:13	D
31:15,24 32:3	close 17:14	concerned 3:7	costs 29:7	daily 14:20 21:9
32:10	closed 14:14 25:9	concerns 9:11	counsel 35:11	22:22
case 2:18	closure 22:13	15:18 32:12	counter 17:22	Danielle 24:8
category 4:6	collaborate 9:12	conclude 23:17	course 27:18	data 28:4
CATHERINE	collaboratively	concluded 7:6	court 3:12 7:6	dates 33:15,22
1:21	32:17	18:18 34:11	32:21	David 22:18
Cathy 2:6	collectively 28:7	concludes 29:15	Courtney 1:19	23:18
census 14:20	combatting	conclusion 18:21	2:2 3:20 34:2	day 17:12
28:10	27:16	conducted 4:20	covered 6:7,14	days 25:4
center 13:13	come 25:18 27:6	4:24 5:20 7:20	CPD's 22:20,22	deadline 5:16
14:13 21:17	30:17	23:22	created 22:13	33:16,20
22:14 24:21	comes 18:13	Conference 33:9	28:22	deal 32:7
25:8,13 33:9	coming 2:16	confidentiality	creating 12:24	dealing 32:22
Centers 21:18	Commander	6:6	18:24	decades 28:13
CEO 26:19,22	22:18	confirmed 2:15	crisis 30:23 31:13	deciding 20:17
Cerceo 13:9,11	comment 5:6 6:1	confront 32:15	31:15,18	decision 7:24
certain 2:16,17				

<p>decisions 3:19 decline 28:13,14 decrease 4:15,16 23:11 28:19 deem 34:8 defer 8:10 deficits 18:7 defined 6:7 12:1 14:24 deflect 25:17 deliberate 27:13 demand 14:19 28:18 demonstrated 21:6 department 8:24 22:20 25:7 30:18,22,24 31:6,8,12,20,23 32:9,19 depression 12:9 desert 27:20 deserve 31:24 designed 30:16 desperately 18:3 despite 17:14 27:8,12 details 33:12 development 10:13 20:24 diabetes 27:18 diagnosed 12:8 diagnoses 17:23 difficulties 21:18 22:14 difficulty 17:5 digits 28:14 diligently 14:11 dilute 16:2 diminish 19:2 directed 27:15 directly 3:17 35:12 Director 9:24 21:16,23 disapprove 2:16 discharge 12:17</p>	<p>discharged 11:19 30:23 disclose 6:11 disclosure 30:2 discontinuation 4:14 discussed 21:18 22:1,10,20 23:9 23:20 discussion 3:15 diseases 27:16 disorders 14:5 20:9,13 disproportiona... 27:16 distance 17:8 distract 29:8 District 22:19 documentation 5:9 documented 9:4 documents 5:14 dollars 15:14 doors 19:19 double 28:14 downsize 9:7 Dr 23:7 24:8,8 drive 12:1 14:23 due 12:12 24:17 duplicates 18:6 D-A-N-I-E-L-... 24:9</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>ED 9:9 32:10 educational 27:15 effect 15:13 effective 29:10 efficacy 19:2 Egan 26:18,21 Eighth 22:19 either 10:19 elected 7:21 8:10 9:7 21:11 emergency 8:24 25:6 30:17,22</p>	<p>30:24 31:6,8,12 31:19,22 32:19 emphasis 12:5,19 employee 35:11 EMS 30:21 enable 18:23 enforcement 23:5 enhancing 12:5 ensure 6:3 27:5 entered 6:21 entities 6:7 entity 6:14 ER 23:13 ER's 21:19 22:16 essence 3:17 essential 29:5 establish 4:6 24:15 26:12 Establishing 19:20 establishment 8:10,22 10:2 13:5,15 25:16 estimating 15:12 evening 2:1 7:12 9:23 13:9 15:20 19:7 20:20 26:20 29:14 34:10 exacerbation 12:22 excess 17:1 18:12 25:15 26:5 28:7 31:4 32:13 excessive 24:17 Executive 7:14 21:16,23 exercise 14:10 exist 12:13 22:4 existing 4:7 18:6 20:10 exists 26:2 expansion 22:11 expect 21:7 expend 27:9 expense 18:14</p>	<p>expenses 27:3 experience 13:24 26:4 explain 23:3 explained 30:8 express 15:18 expressed 32:13 extensive 11:15 E-G-A-N 26:19</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>F 26:17 face 31:6 32:19 facilities 1:1,5 2:3 3:23 4:5 5:1 5:2,21,22 6:4 8:4 25:24 34:1 facility 27:5 fact 18:12 30:16 fails 18:7 families 23:4 family 10:9 21:16 fate 20:17 feel 3:9 Field 4:22 Fieldhouse 1:13 filed 8:11 filings 7:17 financial 12:13 15:5 16:4 financially 35:12 find 14:18 first 7:19 8:24 21:3 30:6 five 23:7 25:4 Flanagan 26:16 26:16 29:2 Floor 34:4 focus 10:13 11:16 18:1,23 27:14 focusing 11:18 12:15 following 8:6 33:15 footage 4:16 foregoing 35:7</p>	<p>forgot 9:18 form 35:5 four 14:1 22:18 fragile 32:4 fragmented 28:24 frame 31:14 Frank 26:17 frequently 32:9 fulfillment 15:4 full 30:2 funding 29:9 further 35:7,10</p> <hr/> <p style="text-align: center;">G</p> <hr/> <p>gaps 22:12 28:22 general 13:20 14:3 generally 24:24 geriatric 15:23 15:24 given 4:6 28:9 goals 17:24 goes 2:24 good 2:1 7:12 9:23 13:9 15:20 19:7 20:20 26:20 29:14 34:10 gotten 25:12 Gottlieb 14:17 25:13 governing 2:21 government 3:9 29:8 governor 2:15 great 32:7 33:23 greater 10:6 greatest 28:13 gross 4:16 group 10:9 14:8 14:10,10,11 groups 21:8 grow 14:1 26:3 growing 14:19 growth 23:9 25:21</p>
--	---	--	--	--

H	33:11	19:21 28:1,2,8	indirectly 35:13	Jack 20:20
half 8:13 15:14	high 12:12 17:4	29:5 30:10,13	individual 6:13	jails 22:16 29:5
30:9	24:1,2	31:3,9 32:2,12	10:9	Jeff 21:22
happens 3:11	hit 31:23	32:14,15,16,17	individuals 6:12	Jefferson 34:3
harmed 8:9	hold 23:13	Hospital's 11:2	21:12 22:23	jelly 27:8
health 1:1,5,8 2:3	holding 21:19	Hotel 33:9	29:3	jeopardizes
2:7,17 3:22 4:5	22:15	hour 1:15	individual's 6:6	27:24
4:9 5:1,2,20,22	Holy 1:6,7,11 2:9	hours 31:11,12	6:15	job 2:22
6:4,6,8,9,10,12	4:8,9 7:11,17	31:16,17	industry 2:18,22	July 1:12 4:19
6:15 7:14,18	9:1,3,5,8 10:3	House 4:22	information 6:7	June 27:1
8:4 10:5,14,16	11:3,5 13:5,16	hundreds 31:7,7	6:12,16	Justification
10:18 11:2,22	16:20,24 17:3,7	hurt 19:21	initiatives 17:22	8:21
13:18,23 17:11	17:16,21 18:8	I	inpatient 8:19	K
17:19,23 18:2	19:4,12,20 20:6	ideation 12:10	10:5 11:12,17	Kedzie 1:14 4:23
18:19 20:10,23	20:22 21:1	ILCS 4:18	11:24 12:12,20	keeping 12:16
22:7,9,12,14,15	22:21 23:1,3,22	ill 19:23 24:24	13:19 14:4,6,14	key 20:12
22:23 23:19,20	24:15 26:23	Illinois 1:1,14 2:2	14:19 15:6,10	know 19:17
23:21,23,24	27:22 28:15	2:14 3:22 4:5	16:23 17:10,20	L
25:3 26:1 27:20	29:12 30:4,18	4:23 5:2,20,22	18:4,19 19:1,16	lacks 25:11
28:21,22 30:3	31:6 32:11,15	8:4 33:8 34:1,4	20:24 21:10,20	large 2:20
30:20 31:1,18	hospital 1:6,7,12	35:2	23:10 24:23	Laurie 21:15
32:6,11 34:1	2:10,18 4:7,8,9	illness 4:13 8:8	25:8,9 26:12	law 23:4
heard 8:3 30:1,6	6:9 7:11,17,21	10:3 13:6,16	28:3 29:8 30:22	Lazzara 9:23,24
31:3 32:5	9:1,2,4 10:1,3,6	21:1 22:3,24	31:2,23	leadership 21:7
hearing 1:4,11	10:21 11:6,13	27:18 29:4,7	institutions 22:1	learn 20:14
1:19 2:1,4 3:21	11:20 12:8 13:4	illnesses 12:11	insufficient	legal 3:24
4:2,17,18,20,24	13:5,12,17	illustrates 25:23	28:23	lengthy 23:14
5:3,19,23 6:16	14:17,18 15:4	immediate 14:21	insurance 6:8	Leslie 15:21
7:19,20,23 9:18	15:23 16:15,19	15:13 17:2	10:22	level 25:2
11:9 13:8 15:19	16:20,21 17:9	22:23 31:15	intended 18:22	levels 18:17
16:10 19:6 20:3	17:17,21 18:8	impact 15:9,15	29:24	lies 26:7
20:19 21:3,5	19:14,15 20:15	16:4	intensive 13:21	limit 7:1
24:6 26:15	20:23 21:1 22:4	important 16:14	14:8 16:6 26:9	limited 8:1
29:15,22 30:7	22:22 23:2	20:9	29:9	limiting 8:18
32:23 33:2 34:7	24:11,15,21	impose 21:12	interact 21:9	Lindsey 22:6,10
34:8,11 35:3	25:6,7,11,13,20	improve 9:17	interaction 22:22	live 20:14 27:4
hearings 3:7,8	26:19,22 27:1	26:1	interest 5:5	living 27:6,8 29:3
6:5 30:11	27:19,21 30:4	includes 27:14	interested 5:24	loaded 31:17,20
held 1:12 4:21	30:18 31:21	including 11:23	35:12	local 17:5
21:3,4 33:8	hospitalization	13:22 14:8 26:8	interventions	located 4:22 11:4
Hello 11:10	11:13,24 13:22	32:8	10:9	16:20 33:10
16:11 19:7 20:4	19:24 20:8	increase 10:12	involved 8:15	location 33:23
help 27:4	hospitals 8:7	increased 15:2	issue 32:3	Logan 11:10,10
helped 20:14	9:12 10:19	increasing 14:12	issues 9:13 32:14	longer 12:14,19
helping 20:12	11:23 12:15	indicated 10:18	32:18	long-term 11:18
helps 15:10	13:1 14:21 16:5	indigent 29:3	J	
HFSRB 2:8	17:6 18:18			

<p>18:23 look 2:22 looks 3:2 Loretta 26:16 losses 28:17 Loyola 14:17 25:12 L-A-N-A-G-A-N 26:17 L-A-Z-Z-A-R-A 9:24 L-E-S-L-I-E 15:21 L-I-N-D-S-E-Y 22:6 L-O-G-A-N 11:11 L-O-R-E-T-T-A 26:17</p> <hr/> <p style="text-align: center;">M</p> <p>Madeline 20:4 maintain 6:5 13:19 maintained 27:13 major 12:9 majority 25:5 manage 29:6 management 10:8 12:20 manager 11:12 March 21:4 market 10:15 28:11 Marquette 1:13 4:22 Marvin 22:6 material 3:12,14 materials 5:10 matter 11:8 16:14 McNaughton 22:18 means 27:4,7 35:5 Medicaid 10:20</p>	<p>Medical 13:13 24:21 25:12 medical/surgical 8:15 medication 10:8 12:17,23 Medicine 14:14 14:17 24:13 25:9 med/surge 4:14 meet 3:4,5 meeting 2:9 3:15 3:16 6:24 8:5 33:7,7,23 member 2:5,12 members 1:17 6:23 7:8 15:20 32:20 mental 4:13 8:8 10:3,14,16 11:2 11:21 12:10 13:6,16,23 17:11,19,23 18:2 20:10 21:1 22:3,9,12,14,15 22:23 23:21,23 25:3 26:1 27:18 28:21,22 29:4,6 30:20 31:1 mentally 19:23 Mercy 13:12 14:6 15:13 24:11,20 25:7 25:18,20 merits 7:15 Metropolitan 21:16 Midway 21:17 Mike 5:18 mile 11:5 miles 11:5 16:22 17:18 million 15:14 27:9 minute 14:23 minutes 7:2 16:20 23:17</p>	<p>misplaced 24:19 mission 15:5 27:11 modification 4:11,12 8:12,18 9:15 30:7,8 modified 4:11 MORGAN 35:1 35:17 Mount 9:1,8 11:3 11:5 16:23 17:4 23:2,8,12 24:2 28:15 32:15 M-c-N-A-U-G-... 22:19</p> <hr/> <p style="text-align: center;">N</p> <p>name 7:5,12 9:23 11:10 13:11 16:11,12 19:7,8 20:4,20 24:8 26:16,20,21 30:4 nearly 17:1 18:18 need 5:8 9:2 10:11 11:17 18:5,21 20:13 21:10 22:16,23 22:24 23:13 25:23 26:2,2,7 30:19 32:1,4,17 needed 8:9 11:22 18:3 needing 17:6 23:10 needs 9:9 11:19 23:21 negative 15:9 16:4 neighborhood 23:2,22 net 14:21 15:4 16:19 18:14 19:15 28:1,23 32:13,14,16 never 17:15 18:22</p>	<p>new 15:6 26:12 newly-diagnosed 12:21 Normal 33:8 normally 25:18 note 6:3 33:5,15 notice 3:24 4:2,6 not-for-profit 19:15 21:8 22:9 number 2:21 4:13 8:7 9:4,22 9:22 10:12 11:9 13:8,15 15:2,19 16:10 19:6 20:3 20:19 23:10,11 24:7,17 26:15 29:16 30:9 numerical 7:3</p> <hr/> <p style="text-align: center;">O</p> <p>obesity 27:17 occasionally 3:6 occupancy 12:3 15:1 28:6 occupational 14:9 occurring 14:4 offer 11:1 offered 18:10 23:24 offers 19:22 Officer 1:19 2:1 2:4 3:21 9:18 11:9 13:8,12 15:19 16:10,16 19:6 20:3,19 24:6 26:15 29:15,22 32:23 officers 22:24 Okay 3:21 once 11:19 ongoing 20:1 open 5:3,23 12:24 28:8 opened 27:11 operates 25:4 Operating 13:12</p>	<p>Operations 16:17 opportunity 3:8 5:4,24 9:14 13:10 15:17 16:14 29:19 33:1 oppose 7:21 10:2 19:3 26:23 27:22 opposed 16:1 18:8 26:11 opposes 13:4 opposing 9:12 10:15 24:16 opposition 13:14 19:12 20:5 24:14 30:10 32:2,6 oral 5:5 6:11 order 6:3 7:3 organization 16:18 17:13 27:4 organizations 10:15 20:11 32:7 Organizing 21:23 originally 8:14 8:23 outpatient 10:13 12:5,20 13:21 13:23,24 14:5 15:11 16:7 18:2 18:4,24 19:16 20:12 22:11 23:23 24:1 25:3 25:21,24 26:8,9 29:10 30:19,24 overlap 17:10 oversaturated 10:16 o'clock 1:15 4:21</p> <hr/> <p style="text-align: center;">P</p> <p>PAMELA 35:1</p>
--	--	---	--	---

<p>35:17 paper 5:10 Park 1:13 4:22 22:13 part 2:22 3:6,18 partial 11:12 13:22 participants 7:3 participating 34:9 participation 8:6 parties 5:4,24 35:12 parts 2:17 patient 11:19 12:4 17:12 19:17 20:12 23:12 28:10 patients 9:1,5,9 9:17 10:19,24 11:3,17 12:7,14 12:16,22,22 17:5,13,16 18:1 20:16 21:19 22:16 23:1,4,10 23:13 25:1 30:17,19 31:5 31:10,16,18 32:4,9,19 Patti 9:23 pay 10:22 peanut 27:8 penalties 12:13 people 3:7 29:16 percent 10:18 12:3 14:2 15:1 25:22 28:5,12 periods 23:14 permission 2:19 Perry 19:8 perspective 27:24 pertaining 33:16 PHILIP 1:20 Phillip 2:6 physicians 9:3 Pilsen 20:5</p>	<p>place 4:17 placed 12:5 20:15 placement 21:20 placing 17:5 plan 29:9 planning 1:5 4:5 5:3,22 12:17 16:24 18:13 20:24 plans 6:10 please 6:3,17 7:1 7:5 11:9 13:8 20:16,19 23:17 24:7 26:15 29:1 33:5,11,14 point 2:11 police 22:20 30:22 32:8 poor 19:1 population 23:12 25:1 28:17 Portability 6:8 position 22:3 possible 33:13 posted 33:19 potentially 25:17 25:18 practice 14:3 practiced 23:8 practicing 9:3 prepared 6:20 33:14 present 1:17 2:5 5:5 6:1 presented 7:16 12:7 presenting 10:19 11:3 presently 16:3 Presumably 12:24 preventive 27:15 previously 5:19 18:18 30:14 previously-pub... 3:24</p>	<p>primarily 12:8 30:16 31:10 primary 17:9 printed 5:10 prior 3:15 6:23 7:4 30:11 privacy 6:5 privileged 20:22 proceedings 2:4 7:10 29:17 34:6 35:9 process 2:20 3:6 20:1 Professor 24:12 profound 15:8,9 program 8:19 11:13 19:9 programming 22:12 23:24 programs 10:14 13:21,24 14:7,7 15:11 19:22 24:1 25:19 26:8 26:10 project 1:6,11 4:8,15 5:7,8,15 5:17 6:1,2 7:15 7:19,22,24 8:3 8:13 9:7 10:4 16:1,2 21:3,5 21:24 26:23 29:2 30:7,16 33:5,17 35:3 proposal 3:2,10 8:14 18:13 24:15 26:23 27:22 29:13 proposals 2:16 proposed 5:8 8:8 8:18,23 17:7,20 28:18 protect 6:5 protected 6:11 6:15 provide 13:21 17:24 18:16 27:12,14 33:3</p>	<p>provided 8:21 15:16 22:21 providers 6:9 18:14 22:10 30:21 provides 19:15 providing 10:7 12:17 13:1 18:19 21:21 22:17 24:3 proximity 17:14 psych 15:23,24 16:23 17:21 20:6 28:3,8 psychiatric 11:4 11:15,17,24 12:21 13:1,19 14:7 15:7 19:13 19:16 21:10,20 23:10 24:18 25:5 26:13 psychiatrically 24:24 psychiatry 10:1 11:12 14:8 23:8 24:11,12 25:8 psychological 20:8,13 psychosis 12:9 psychotherapy 14:9 public 1:4,11 2:9 4:2,17,24 5:3 5:16,19,23 6:5 7:19,23 8:6 21:3 30:11 34:8 35:3 pursuant 4:17 5:2,21 put 16:22 P-A-T-T-I 9:24 P-E-R-R-Y 19:8 p.m 1:15 4:19,21 4:21 34:11</p> <hr/> <p>Q</p> <p>Quality 16:16</p>	<p>questions 33:22 34:5,8 quite 14:11 quote 27:3</p> <hr/> <p>R</p> <p>raising 29:7 Ranalli 29:21,23 30:5 rate 14:1 15:1 25:21 ratios 18:16 read 3:24 reading 26:21 readmissions 17:23 ready 31:15 reality 31:5 really 18:3 reasons 13:3 17:6 26:11 receipt 4:6 received 17:15 31:14 receiving 29:5 recipients 10:20 recognize 32:14 record 3:18 4:1 6:22 35:8 recorded 3:11 35:4 recovery 18:23 recreational 14:10 reduce 7:24 17:22 18:21 reduced 30:8 35:4 reducing 8:12 reduction 4:12 18:10 refer 33:11 referral 10:10 11:16 14:12,13 14:16 25:7 referrals 25:10 25:12,14,17</p>
--	--	---	--	---

<p>regarding 33:22 34:5 regardless 10:21 region 18:4 26:6 regular 31:7 regularly 23:13 25:12 regulations 2:21 3:1,3 regulatory 2:13 reject 29:12 related 5:14,16 6:2 relative 35:11 relevant 5:6,8 reliance 18:22 22:21 remains 14:6 18:8 remark 7:7 remarks 7:4 renovation 8:15 repeatedly 29:4 report 3:3 33:19 33:21 reporter 3:12 7:6 32:21 35:2 represent 30:3 representative 7:11 representing 8:7 represents 21:24 request 1:4 7:22 9:16 29:12 requested 7:21 requests 17:16 require 3:1 12:23 requirements 4:4 residential 22:12 residents 21:10 27:12 resource 14:7 resources 10:13 12:16 19:2 24:19 25:23 28:23 respectfully 9:15</p>	<p>29:12 respond 29:24 responding 9:11 response 30:10 responses 33:20 33:24 result 7:23 resulting 28:23 revenue 15:10,14 review 1:2 2:3 3:15,23 5:1,21 6:4 8:4 34:2 reviews 3:2 revised 18:11 Richard 13:11 right 9:21 right-size 27:3 RN 11:11 robust 12:17 24:20 Rogers 15:20,21 Roland 16:11 role 11:14 Roseland 26:19 26:22 27:1,20 rules 2:21 3:1,22 run 19:9 runs 17:21 R-A-N-A-L-L-I 30:5 R-O-G-E-R-S 15:22 R-O-L-A-N-D 16:12</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>S 35:1,17 safety 14:21 15:4 16:19 18:14 19:14 28:1,23 32:13,14,16 Saint 10:1,6,20 11:1,13 12:7 13:3 16:15,19 17:8 18:8 19:14 19:17,22 scenario 28:18</p>	<p>scheduled 4:18 5:12 8:3 33:6 schizophrenia 12:9 scope 7:24 8:19 23:23 Scott 11:10 second 7:23 9:3 21:2,13 34:4 see 2:24 6:18 seek 30:24 seen 13:24 23:9 Seido 21:15 senate 2:15 sends 2:23 sent 3:14 5:18 34:1 serious 12:10 serve 11:24 12:4 23:11 24:10 27:5 30:17 served 11:14 serves 10:6 service 4:7 8:8 13:16 14:19 17:2,9 23:20 24:16,20,23 25:2,10,11 26:13 28:16 30:21 services 1:2 2:3 3:23 5:1,21 6:4 8:4 12:6 13:19 14:15 15:12,15 17:19 18:2,5,6 18:7,17,19,24 21:11,17 22:21 26:8 27:14,15 28:18,21 29:6 30:20 31:1 34:1 servicing 24:24 serving 24:21 settings 18:22 seven 17:12 severe 29:4 share 6:15 shared 10:24</p>	<p>sheet 6:18 sheets 7:4 9:19 9:20 shift 14:4 Shore 15:23 short 17:8 shortage 22:3 Shorthand 35:1 shrink 28:12 Side 19:10 21:24 22:4 24:23 Sides 10:7 28:15 signed 29:16 significant 25:14 26:5 28:17 significantly 14:1 30:9 sign-in 4:20 6:18 9:19 Sinai 1:8 4:9 7:14 7:18 9:1,8 10:17 11:3,5 16:23 20:23 23:2,8,12,18,24 28:16 30:3 32:11,16 Sinai's 17:4 22:1 22:11 24:2 single 8:20 site 14:16 situation 31:13 31:19 six 4:21 11:5 six-tenths 11:4 size 5:10 8:12 social 14:9 sorry 5:5 9:22 source 10:23 11:16 sources 8:23,24 South 1:14 4:23 10:7 15:23 24:22 28:14 Southeast 21:17 Southwest 10:7 19:10 21:23,24 22:4 24:22</p>	<p>28:15 speak 16:9,14 29:24 speaking 3:17 24:14 26:18 spell 7:5 spirit 30:2 spite 25:13 spoke 22:7 30:6 Springfield 34:4 square 4:16 stabilization 10:8 10:23 staff 3:2 5:1,20 21:6 33:18,21 staffing 18:16 standard 28:6 start 19:24 state 2:14 5:11 7:5 28:20 29:8 33:18,21 35:2 stated 5:19 10:14 13:3 statewide 22:8 state's 17:22,24 22:13 28:6 status 10:22 stay 12:15 stenographically 35:4 Street 33:10 34:3 Stroger 14:17 25:10 struggling 18:15 submission 5:16 submit 3:13 6:20 9:19 33:16,20 submitted 8:14 submitting 6:10 22:5 23:5,15 subsequent 7:17 substance 13:20 22:10 25:1 26:9 Success 19:10 successfully 14:12 suicidal 12:10</p>
---	--	--	--	---

<p>summarize 21:13 support 15:11 20:1 21:5 32:8 supported 5:9 sure 18:15 sustain 25:19 SWOP's 22:2 symptoms 12:23 system 1:8 4:10 7:14,18 10:18 16:3,5 20:23 23:24 30:3 systems 19:3 System's 23:19 32:11 S-C-O-T-T 11:11 S-E-I-D-O 21:15</p> <hr/> <p style="text-align: center;">T</p> <p>table 7:9 take 4:17 7:8 33:14 targeted 12:14 task 2:15 29:9 tell 3:9 telling 3:3 tentatively 5:12 33:6 testified 31:4 33:3 testify 29:18 33:1 testifying 13:14 testimony 6:11 6:20,21 7:2 8:6 21:14,21 22:5 22:17 23:6,16 24:4 33:4 text 6:20 thank 2:8 3:21 9:14 11:7 13:7 13:9 15:17 16:9 16:13 19:5 20:2 20:18 24:5,6 26:14 29:11,14 29:21,23 32:22 32:23 34:9 therapies 14:11</p>	<p>therapy 14:9 things 30:1 thoroughly 7:16 thought 27:23 three 7:2 8:11 16:21 17:17 22:6 threshold 12:3 15:2 Tim 26:18,21 time 9:11 11:7 12:1 14:23 21:13 23:14 27:2 28:9 29:11 30:20 31:14 32:4,20 times 33:15,23 Tinley 22:13 today 2:5 7:20 10:2 13:10,14 19:12 20:5 24:14 26:23 30:12,13 today's 2:4 6:22 7:10 29:16 34:5 told 30:24 tonight 30:1 Tovar 20:4,4 transcript 3:13 35:8 Transcription 35:6 transferred 17:17 31:8,16 31:21 transport 23:1 treat 19:18 20:11 treated 31:1,13 treatment 10:23 12:19 14:5 20:12 22:16 25:21,24 26:10 treatments 19:23 tremendous 21:5 trend 14:3 tried 32:12 true 26:2,6 35:8</p>	<p>trusted 10:23 trying 2:24 Tumbling 19:10 turn 10:21 19:18 two 5:9 8:15,23 11:14 13:19 21:22 23:17 Type 4:10 8:12 8:18 9:15 typed 5:10 typewritten 35:5 typically 30:21 T-I-M 26:18</p> <hr/> <p style="text-align: center;">U</p> <p>underinsured 22:2 underutilized 18:20 uninsured 10:20 22:2 unique 26:4 unit 8:17,17,20 9:6 10:6 14:20 15:7,13,23,24 16:7 17:4,7,11 21:1,20 23:3 24:3 25:16 units 8:16 13:20 28:3,5 University 14:13 24:13 25:8 unreimbursed 27:10 urban 28:11 use 19:1 utilization 17:4 24:1,2 28:5</p> <hr/> <p style="text-align: center;">V</p> <p>valid 6:13 vast 25:5 verbal 5:6 6:1 verbatim 26:21 Vice-President 7:14 16:17 23:19</p>	<p>voted 3:16</p> <hr/> <p style="text-align: center;">W</p> <p>wait 31:10,16 walks 19:19 want 16:13 29:24 32:16 wanting 17:6 way 16:22 20:11 25:24 website 5:15 33:11,19 Wednesday 4:19 week 25:4 weeks 8:11 Weis 7:12,13,13 9:21 30:6 welcome 2:11 29:22 wellness 14:10 went 23:2 West 24:22 34:3 we've 17:15 31:3 willing 17:13 Wilson 23:18 wishes 29:18 32:24 33:3 words 2:12 work 14:9 20:22 32:16 worked 14:11 working 27:2 wrap 29:1 writes 3:3 written 2:23 3:12 3:14 4:2 5:6 6:1 6:11,13,21 10:17 33:16,20 33:24 www.hfsrb.illi... 33:12 W-E-I-S 7:13</p> <hr/> <p style="text-align: center;">Y</p> <p>year 14:2 21:4 27:9 31:9 years 11:14 23:8</p>	<p>27:6,11 28:12 yellow 7:4 9:19 Yogi 23:7</p> <hr/> <p style="text-align: center;">\$</p> <p>\$20 27:9</p> <hr/> <p style="text-align: center;">0</p> <p>084-001687 35:17</p> <hr/> <p style="text-align: center;">1</p> <p>1 9:21,22 1.6 28:21 10 24:7 28:12 31:11 11 5:11 16:20 26:15 13 33:19 13-076 1:6,11 4:8 10:4 13:5,15 35:3 13-76 26:24 15 28:3 15-bed 15:24 158 14:22 16.4 14:20 19 33:21 1996 6:9</p> <hr/> <p style="text-align: center;">2</p> <p>2 9:22 11:9 20 4:18 28:2 200 17:1 2007 14:15 25:10 2009 28:20 201 33:10 2012 28:4,20 2014 1:12 4:11 4:19 5:13,17 8:5 22nd 8:5 244:13 8:13 10:2 11:21 13:6 17:20 24-bed 8:17,20 13:15 24:16 250 28:8</p>
---	--	--	---	---

PUBLIC HEARING REQUEST 7/30/2014

<p>26-bed 8:16</p> <p>27th 5:13 6:23 33:7</p> <p>28th 10:17</p> <p>290 12:2 26:6</p> <hr/> <p style="text-align: center;">3</p> <hr/> <p>3 13:8</p> <p>30 1:12 21:24</p> <p>30th 4:19</p> <p>300 14:24</p> <p>34 23:8</p> <p>38 4:14</p> <p>39-bed 14:20 24:23</p> <p>3960 4:18</p> <hr/> <p style="text-align: center;">4</p> <hr/> <p>4 15:19</p> <p>4th 21:4</p> <p>4.5 25:22</p> <p>40-bed 17:10</p> <p>42-bed 10:5</p> <p>45 14:23</p> <p>45-minute 12:1</p> <hr/> <p style="text-align: center;">5</p> <hr/> <p>5 16:10</p> <p>5th 4:11</p> <p>5:30 4:21</p> <p>50 4:13 8:23</p> <p>50-bed 8:8</p> <p>525 34:3</p> <hr/> <p style="text-align: center;">6</p> <hr/> <p>6 19:6</p> <p>6:00 1:15 4:19</p> <p>6:45 34:11</p> <p>60629 4:23</p> <p>62761 34:4</p> <p>67 28:5</p> <p>6734 1:14 4:23</p> <hr/> <p style="text-align: center;">7</p> <hr/> <p>7 5:17 20:3 28:12</p> <p>7th 33:17,18</p> <p>76 17:2</p> <p>78.5 10:18</p>	<hr/> <p style="text-align: center;">8</p> <hr/> <p>8 5:11</p> <p>85 12:3 15:1</p> <hr/> <p style="text-align: center;">9</p> <hr/> <p>9 20:19</p> <p>9:00 33:17,18,21</p> <p>90 27:11</p> <p>900 16:22</p>			
--	---	--	--	--