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January 16<sup>th</sup>, 2019

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Administrator Courtney Avery  
Illinois Health Facilities & Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, IL 62761

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Dear Ms. Avery:

I serve as Administrative Director of Psychiatric Services at Blessing Hospital, with administrative oversight of the three inpatient behavioral health units. I am a licensed clinical social worker (LCSW), and have worked in social services and behavioral health for over fifteen years in our community.

Inpatient Behavioral Health services in Quincy have been in existence for over fifty years. These services are provided to patients of the community and surrounding areas. Behavioral Health services are mission driven, and rely on profitable entities of the organization to be sustainable.

Blessing Hospital recognizes what a lifeline these services are for the patients we serve. Proof of this commitment is the investment in the two levels of inpatient care, which was built as part of the Moorman Pavilion expansion and opened in 2015. This addition, with costs of seventy-seven million dollars, designated half of the finished space to inpatient Behavioral Health units. The Blessing Health System made this investment at a time when many hospitals were closing their behavioral health units.

Imagine you or your loved one going through a mental health crisis. You find yourself dealing with an overwhelming situation, and need help. After an assessment, you need inpatient psychiatric services. What if those services aren't available in your community? You now need to go through the time consuming process of being transferred to another community, hours away from home, and your support system. No one on the treatment team is known to you, they don't work with your therapist or physician. Your family and friends cannot visit you easily. These issues would likely worsen the environmental factors that are affecting your mental health. Those communities who don't have local inpatient psychiatric units send patients to hospitals across the state.

As I began my career I worked with the serious mentally ill, as a case worker. Many times in that role, I relied on the ER and psychiatric units to provide care to the patients I served. Most of our patients have needs greater than can be met by our community resources and are admitted when severe behavioral health symptoms exist.

In an effort to minimize the duplication of services in our community, and preserve our ability to provide behavioral health services, I ask the board to deny this request.

Respectfully,

John McDowell, MSW, LCSW  
Administrative Director, Psychiatric Services