

ORIGINAL

12-060

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER ROCKFORD ILLINOIS

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
This Section must be completed for all projects.

HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <b>H Douglas Singer Mental Health Center</b>		
Street Address: 4402 N Main Street		
City and Zip Code: Rockford, 61103		
County: Winnebago	Health Service Area: 001	Health Planning Area: 201

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <b>H. Douglas Singer Mental Health Center</b>
Address: 4402 N. Main Street Rockford Illinois 61103
Name of Registered Agent: <b>Michelle R. B. Saddler</b> Secretary, Illinois Department of Human Services (DHS)
Name of Chief Executive Officer: <b>Alfreda Kibby</b> , Interim Hospital Administrator
CEO Address: 4402 N. Main Street, Rockford, Illinois 31103-1278
Telephone Number: 815-987-7778

Exact Legal Name: <b>H. Douglas Singer Mental Health Center</b>
Address: 4402 N. Main Street Rockford Illinois 61103
Name of Registered Agent: <b>Lorrie Rickman Jones, Ph.D.</b> , Director, Illinois Department of Human Services, Division of Mental Health (DMH)
Name of Chief Executive Officer: <b>Alfreda Kibby</b> , Interim Hospital Administrator
CEO Address: 4402 N. Main Street, Rockford, Illinois 31103-1278
Telephone Number: 815-987-7778

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: <b>Michael S. Pelletier, M.A.</b>
Title: Special Assistant to the Director, Division of Mental Health (DMH)
Company Name: State of Illinois Department of Human Services (DHS), Division of Mental Health (DMH)
Address: 160 N. LaSalle Street, 10 <sup>th</sup> floor
Telephone Number: 847-894-9877
E-mail Address: <a href="mailto:Michael.pelletier@illinois.gov">Michael.pelletier@illinois.gov</a>
Fax Number: 312-814-2964

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: <b>Patrick Knepler</b>
Title: Legal and Legislative Liaison, Division of Mental Health (DMH)
Company Name: Illinois Department of Human Services, Division of Mental Health
Address: 319 E. Madison Street, Springfield Illinois, 62701
Telephone Number: 217-782-0046
E-mail Address: <a href="mailto:pat.knepler@illinois.gov">pat.knepler@illinois.gov</a>
Fax Number: 217-785-3066

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name: <b>Brian Dunn</b>
Title: General Counsel
Company Name: Illinois Department of Human Services, Office of the General Counsel
Address: 100 W Randolph Street, Suite 6-400, Chicago Illinois, 60601
Telephone Number: 312-814-2747
E-mail Address: <a href="mailto:brian.dunn@illinois.gov">brian.dunn@illinois.gov</a>
Fax Number: 312-814-8154

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name: <b>Robert John Connor</b>
Title: Deputy General Counsel
Company Name: Illinois Department of Human Services, Office of the General Counsel
Address: 100 W Randolph Street, Suite 6-400, Chicago Illinois, 60601
Telephone Number: 312-814-2774
E-mail Address: <a href="mailto:rob.connor@illinois.gov">rob.connor@illinois.gov</a>
Fax Number: 312-814-1443

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: <b>Alfreda Kibby</b>
Title: Interim Hospital Administrator
Company Name: H. Douglas Singer Mental Health Center
Address: 4402 N Main Street, Rockford Illinois 61103-1278
Telephone Number: 815-987-7778
E-mail Address: <a href="mailto:Alfreda.Kibby@illinois.gov">Alfreda.Kibby@illinois.gov</a>
Fax Number: 815-987-7581

**IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**DESCRIPTION OF PROJECT**

**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
<input type="checkbox"/> Substantive	<b>X Part 1120 Not Applicable</b>
<b>X Non-substantive</b>	<input type="checkbox"/> Category A Project
	<input type="checkbox"/> Category B Project
	<input type="checkbox"/> DHS or DVA Project

**Project Classification**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**2. Narrative Description**

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The project is the closure of the H. Douglas Singer Mental Health Center, located at 4402 North Main Street in Rockford, Illinois which is operated by the State of Illinois/ Department of Human Services.

This will result in the discontinuation of all beds at the facility.

At the site are 76 Chronic Mental Illness (CMI) beds. The average length of stay is 23 days. It is anticipated that the overwhelming majority of patients will be discharged by September 31, 2012. For any patient requiring continued hospitalization after this date, the patient's treatment team will carefully evaluate the individual needs and in conjunction with an identified community provider develop a comprehensive plan for continued treatment in another setting.

With the discharge of the last patient, the Department of Human Services will transition employees to other job sites and positions and dispose of property in accord with Department policy and state law.

The property is located at the H. Douglas Singer Mental Health Center, 4402 North Main Street, Rockford, Illinois 61103.

As set forth in 77 Illinois Administrative Code 1110.40 this is a non-substantive project.

**REASONS FOR DISCONTINUATION**

**The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.**

The project is the closure of the H. Douglas Singer Mental Health Center.

On May 30, 2011 the General Assembly passed an appropriations bill (HB 3717) for the operations of the nine (9) State-Operated Mental Health Centers (Mental Health Centers (MHC) or Hospitals) operated by State of Illinois, Department of Human Services (DHS), Division of Mental Health (DMH). The legislation provided \$194.9 million against the Governor's requested budget of \$253.7 million for the operations of the nine (9) Hospitals.

As a result of this significant shortfall in appropriations, the Governor's office, upon the recommendation of the Department of Human Services and its Division of Mental Health, proposed the closure of three State Operated Hospitals, including the H. Douglas Singer Mental Health Center (Singer MHC).

In accordance with statutory requirements, filings were made in September 2011 and a public hearing was held by the Commission on Government Forecasting and Accountability (CGFA). Subsequent to these actions significant negotiations between the Governor's office and the General Assembly resulted in an agreement in December 2011 which re-appropriated sufficient funding to allow the Singer MHC to remain open for the remainder of the state's fiscal year ending in June 2012 along with the two other state operated hospitals.

**Narrative Description**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
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ROCKFORD ILLINOIS**

Also in December, 2011, the administration created a bipartisan and bicameral working group, with members appointed by the four legislative leaders, to seek input on the rebalancing and closure process. Incorporating their input, the administration developed a series of objective criteria to determine the facilities that will transition to closure, including ability to recruit staff, economic impact, certification status and physical condition. Eighteen (18) criteria were developed for the Division of Mental Health.

However, significant budgetary shortfalls were projected for Fiscal Year 13, beginning July 2012. Because of this projection, on January 19, 2012 the Governor announced a plan to rebalance the state's approach to care for individuals with mental health conditions. The Governor's Re-Balancing Advisory Group plan will increase the number of people with mental health conditions living in community care settings across Illinois. This action highlights the Governor's commitment to providing community-based alternatives to institutional care that is consistent with current patient-focused standards of care as well as the Supreme Court's Olmstead ruling, mandating that persons in institutional settings be afforded greater opportunities for community living.

Subsequently in his annual budget address on February 22, 2012, the Governor announced the plan to close the Singer Mental Health Center. The targeted projection date for closure is October 31, 2012.

DHS and DMH have spent considerable time and energy in an effort to determine a way that we can continue to provide the level of services which we have historically delivered and which we are statutorily mandated to deliver while doing so within the parameters of the appropriations as received. Regrettably, and after much reflection, we have determined that the closure of Singer MHC is the one course of a series of actions which will satisfy our fiduciary, statutory and clinical obligations.

In subsequent hearings before CGFA on February 7, 2012, individual meetings with CGFA members on February 28 and 29, 2012, the Senate Appropriations committee on March 21, 2012 and the House Human Services Appropriations committee on April 19 2012, DHS' DMH has presented its FY13 budgetary plan for the Singer MHC. This plan commits \$5,031,900 for the operations of the Singer MHC through October 31, 2012, \$614,100 for the continued maintenance of the Singer property for the remainder of FY13 and also an additional allocation of \$4,800,000 obligated for reinvestment to the purchase of alternative community-based services to replace the capacity loss by the closure of the Singer MHC. The final appropriations FY13 budget is, of course, a legislative process that will likely be finalized after the submission of this application.

The array of services under consideration is informed by the regional Governor's Re-Balancing Advisory Workgroup. The Advisory committees are facilitated by DMH but chaired by leaders from community mental health provider agencies. The Re-Balancing Advisory plan will be discussed in detail below under Attachment 43.

Therefore, in FY13, on or about October 1, 2012 and after securing a discontinuation permit from Health Facilities and Services Review Board (HFSRB), the Division of Mental Health will close the seventy-six (76) Chronic Mental Illness (CMI) beds at the Singer Mental Health Center.

**Narrative Description**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
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ROCKFORD ILLINOIS

**State Agency Submittals**

Are the following submittals up to date as applicable:

Cancer Registry

APORS

All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

**State Agency Submittals**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME: H. Douglas Singer MHC</b>		<b>CITY: Rockford</b>			
<b>REPORTING PERIOD DATES: From: July 1, 2010 to: June 30, 2011</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	<b>76</b>	<b>485</b>	<b>25,910</b>	<b>-76</b>	<b>0</b>
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>	<b>76</b>	<b>485</b>	<b>25,910</b>	<b>-76</b>	<b>0</b>

**This permit application proposes to close all seventy-six (76) Chronic Mental Illness (CMI) beds.**

**Facility Bed Capacity and Utilization**

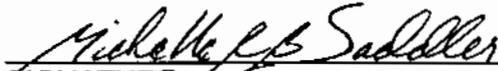
APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of the **Illinois Department of Human Services, Division of Mental Health d/b/a the H. Douglas Singer Mental Health Center** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

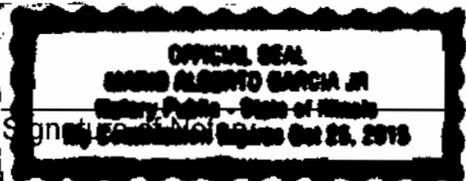
  
SIGNATURE

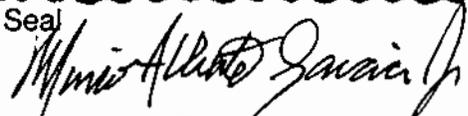
Michelle R.B. Saddler  
PRINTED NAME

Secretary, Illinois Department of Human Services  
PRINTED TITLE

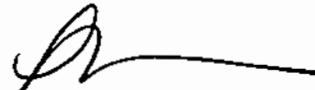
Notarization:

Subscribed and sworn to before me  
this 6 day of JUNE



Seal  


\*Insert EXACT legal name of the applicant

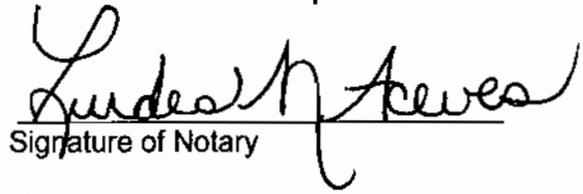
  
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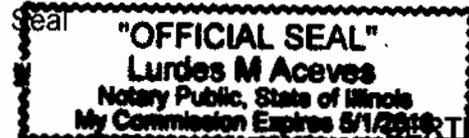
Lorrie Rickman Jones, Ph.D.  
PRINTED NAME

Director, DHS/ Division of Mental Health  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 18th day of June, 2012

  
Signature of Notary



Seal  
"OFFICIAL SEAL"  
Lurdes M Aceves  
Notary Public, State of Illinois  
My Commission Expires 5/1/2014  
CERTIFICATION

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

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12	Purpose of the Project	N/A
13	Alternatives to the Project	N/A
14	Size of the Project	N/A
15	Project Service Utilization	N/A
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	N/A
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	General Long Term Care	N/A
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30	Selected Organ Transplantation	N/A
31	Kidney Transplantation	N/A
32	Subacute Care Hospital Model	N/A
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37	Clinical Service Areas Other than Categories of Service	N/A
38	Freestanding Emergency Center Medical Services	N/A
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**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**ATTACHMENT 1:**

**Applicant/Co-applicant Identification including Certificate of Good Standing**

**Not applicable as facility under consideration is owned and operated by the State of Illinois**

**ATTACHMENT 1:  
Applicant/Co-applicant Identification  
including Certificate of Good Standing**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
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**ATTACHMENT 2:  
Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <b>State of Illinois, Department of Human Services (DHS)</b>
Address of Site Owner: <b>100 S Grand Avenue East, Springfield, Illinois 62762</b>
Street Address or Legal Description of Site: <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.</b>

**Proof of ownership or control of the site is attachment below in this Attachment 2.** Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

The Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705)

(20 ILCS 1705/2) (from Ch. 91 1/2, par. 100-2)

Sec. 2. Definitions; administrative subdivisions.

(a) For the purposes of this Act, unless the context otherwise requires:

"Department" means the Department of Human Services, successor to the former Department of Mental Health and Developmental Disabilities.

"Secretary" means the Secretary of Human Services.

(b) Unless the context otherwise requires:

(1) References in this Act to the programs or facilities of the Department shall be construed to refer only to those programs or facilities of the Department that pertain to mental health or developmental disabilities.

(2) References in this Act to the Department's service providers or service recipients shall be construed to refer only to providers or recipients of services that pertain to the Department's mental health and developmental disabilities functions.

(3) References in this Act to employees of the Department shall be construed to refer only to employees whose duties pertain to the Department's mental health and developmental disabilities functions.

(c) The Secretary shall establish such subdivisions of the Department as shall be desirable and shall assign to the various subdivisions the responsibilities and duties placed upon the Department by the Laws of the State of Illinois.

(d) There is established a coordinator of services to mentally disabled deaf and hearing impaired persons. In hiring this coordinator, every consideration shall be given to qualified deaf or hearing impaired individuals.

(e) Whenever the administrative director of the subdivision for mental health services is not a board-certified psychiatrist, the Secretary shall appoint a Chief for Clinical Services who shall be a board-certified psychiatrist with both clinical and administrative experience. The Chief for Clinical Services shall be responsible for all clinical and medical decisions for mental health services.

(Source: P.A. 91-536, eff. 1-1-00.)

(20 ILCS 1705/4) (from Ch. 91 1/2, par. 100-4)

**ATTACHMENT 2:  
Site Ownership**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
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ROCKFORD ILLINOIS**

Sec. 4. Supervision of facilities and services; quarterly reports.

(a) To exercise executive and administrative supervision over all facilities, divisions, programs and services now existing or hereafter acquired or created under the jurisdiction of the Department, including, but not limited to, the following:

- The Alton Mental Health Center, at Alton
- The Clyde L. Choate Mental Health and Developmental Center, at Anna
- The Chester Mental Health Center, at Chester
- The Chicago-Read Mental Health Center, at Chicago
- The Elgin Mental Health Center, at Elgin
- The Metropolitan Children and Adolescents Center, at Chicago
- The Jacksonville Developmental Center, at Jacksonville
- The Governor Samuel H. Shapiro Developmental Center, at Kankakee
- The Tinley Park Mental Health Center, at Tinley Park
- The Warren G. Murray Developmental Center, at Centralia
- The Jack Mabley Developmental Center, at Dixon
- The Lincoln Developmental Center, at Lincoln
- The H. Douglas Singer Mental Health and Developmental Center, at Rockford
- The John J. Madden Mental Health Center, at Chicago
- The George A. Zeller Mental Health Center, at Peoria
- The Andrew McFarland Mental Health Center, at Springfield
- The Adolf Meyer Mental Health Center, at Decatur
- The William W. Fox Developmental Center, at Dwight
- The Elisabeth Ludeman Developmental Center, at Park Forest
- The William A. Howe Developmental Center, at Tinley Park
- The Ann M. Kiley Developmental Center at Waukegan.

(b) Beginning not later than July 1, 1977, the Department shall cause each of the facilities under its jurisdiction which provide in-patient care to comply with standards, rules and regulations of the Department of Public Health prescribed under Section 6.05 of the Hospital Licensing Act.

(b-5) The Department shall cause each of the facilities under its jurisdiction that provide in-patient care to comply with Section 6.25 of the Hospital Licensing Act.

(c) The Department shall issue quarterly reports on admissions, deflections, discharges, bed closures, staff-resident ratios, census, average length of stay, and any adverse federal certification or accreditation findings, if any, for each State-operated facility for the mentally ill and developmentally disabled.

(Source: P.A. 96-389, eff. 1-1-10.)

**ATTACHMENT 2:  
Site Ownership**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

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Document No. 1012952 filed for Record in Recorder's office of Winnebago County, Illinois  
July 27 - 1962 at 3:31 o'clock P. M.  
**WARRANTY DEED** William M. Glenny Recorder of Deeds

**This Indenture Witnesseth,** That the Grantor s, **WARREN S. GLENNY,**  
a bachelor, of the Town of Owen, County of Winnebago, and State of  
Illinois; and **THOMAS D. GLENNY** and **KAY G. GLENNY,** his wife,  
of the Town of Rockford, in the County of Winnebago, and State of Illinois,  
for and in consideration of the sum of One Dollar and other good and valuable considerations  
in hand paid, CONVEY and WARRANT to THE STATE OF ILLINOIS, for the use  
of the Department of Mental Health,

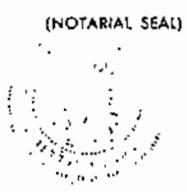
the following described real estate, to-wit: Part of the Southeast Quarter of Section 35,  
Township 45 North, Range 1 East of the Third Principal Meridian; and a  
part of Lot 6 as designated upon the Plat of North Main Acres A Subdivi-  
sion in the Southeast Quarter of Section 35 Township 45 North, Range One  
East of the 3rd P. . ., Winnebago County, Illinois, the Plat of which Sub-  
division is recorded in Book 21 of Plats on page 353 in the Recorder's  
Office of Winnebago County, Illinois, all bounded and described as follows,  
to-wit: Beginning on the South line of said Section 35 at a point 42.9  
feet East of the Southeast corner of said Southeast Quarter; thence North-  
erly, along a straight line that intersects the West line of said South-  
east quarter at the point of intersection of aforesaid West line and the  
South line of premises conveyed by Emily H. Cohoon and E. H. Cohoon, her  
husband to Louis Ravetta by Warranty Deed dated June 18, 1920 and record-  
ed in Book 276 of Deeds on page 299 in the Recorder's Office of Winnebago  
County, Illinois, a distance of 594.5 feet; thence East, parallel with  
the South line of said Section, to the East line of said Section; thence  
South, along the East line of said Section, to the Southeast corner there-  
of; thence West, along the South line of said Section, to the place of  
beginning, excepting therefrom that part thereof falling in North Main  
Street, in Winnebago County, Illinois; and subject to the rights of the  
public and the State of Illinois in and to those portions thereof taken,  
used or dedicated for public road purposes; and containing 35 acres more or  
less in the County of Winnebago, in the State of Illinois, hereby releasing and waiving all rights under  
and by virtue of the Homestead Exemption Laws of the State of Illinois.

WSG WSG WSG  
TDG TDG TDG  
KGG KGG KGG  
7-26-62 7-26-62 7-26-62

Dated this 26th day of July, A. D. 19 62.  
Thomas D. Glenny (Seal) Warren S. Glenny (Seal)  
Kay G. Glenny (Seal)

STATE OF ILLINOIS, I, the undersigned, a Notary Public, in and for said County and State aforesaid, DO HEREBY CERTIFY THAT WARREN S. GLENNY, a bachelor,  
Winnebago County) and THOMAS D. GLENNY and KAY G. GLENNY, his wife,

personally known to me to be the same persons whose names are  
subscribed to the foregoing instrument, appeared before me this day in person  
and acknowledged that they signed, sealed and delivered said instrument as  
their free and voluntary act, for the uses and purposes therein set  
forth, including the release and waiver of the right of homestead. Given under  
my hand and notarial seal this 26th day of July, A. D. 19 62.  
Nellie M. Kjellgren Notary Public



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**ATTACHMENT 2:  
Site Ownership**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

BOOK 1339 PAGE 141

14

STATE OF ILLINOIS  
COUNTY OF WINNEBAGO

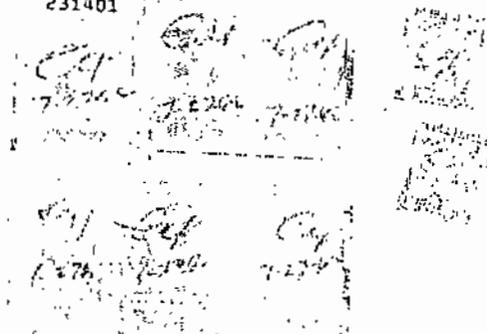
a Notary Public  
in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Stanley B. Valiulis personally known to me to be the President of the VAL INDUSTRIES, INC., a corporation, and Julia M. Valiulis personally known to me to be the Secretary of said corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed and delivered the said instrument as President and Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority, given by the Board of Directors of said corporation as their free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Witness my hand and seal this 23rd day of July A. D. 19 62.



*Florence E. Olson*  
(Florence E. Olson)  
Notary Public

231401



1042955  
Warranty Deed  
Corporation to Individual  
VAL INDUSTRIES, INC.  
TO  
STATE OF ILLINOIS, for the use of the Department of  
MERRILL W. COUNTY  
STATE OF ILLINOIS  
Filed for Record on the 20 day of July A. D. 19 62 at 10 o'clock A. M. Recorded in Book 1339 of Page 141  
William M. Tison  
RECORDER  
20th July 1962  
400  
Example - Notary Public  
Merrill W. County

ATTACHMENT 2:  
Site Ownership









APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**ATTACHMENT 3:  
Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: <b>H. Douglas Singer Mental Health Center</b>			
Address: 4402 N. Main Street , Rockford Illinois			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input checked="" type="checkbox"/>	<b>Governmental</b>
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"><li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li><li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>			

**Not Applicable as facility under consideration is owned and operated by the Illinois Department of Human Services**

The Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705)

(20 ILCS 1705/2) (from Ch. 91 1/2, par. 100-2)

Sec. 2. Definitions; administrative subdivisions.

(a) For the purposes of this Act, unless the context otherwise requires:

"Department" means the Department of Human Services, successor to the former Department of Mental Health and Developmental Disabilities.

"Secretary" means the Secretary of Human Services.

(b) Unless the context otherwise requires:

(1) References in this Act to the programs or facilities of the Department shall be construed to refer only to those programs or facilities of the Department that pertain to mental health or developmental disabilities.

(2) References in this Act to the Department's service providers or service recipients shall be construed to refer only to providers or recipients of services that pertain to the Department's mental health and developmental disabilities functions.

(3) References in this Act to employees of the Department shall be construed to refer only to employees whose duties pertain to the Department's mental health and developmental disabilities functions.

(c) The Secretary shall establish such subdivisions of the Department as shall be desirable and shall assign to the various subdivisions the responsibilities and duties placed upon the Department by the Laws of the State of Illinois.

(d) There is established a coordinator of services to mentally disabled deaf and hearing impaired persons. In hiring this coordinator, every consideration shall be given to qualified deaf or hearing impaired individuals.

**ATTACHMENT 3:  
Operating Identity/Licensee**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

(e) Whenever the administrative director of the subdivision for mental health services is not a board-certified psychiatrist, the Secretary shall appoint a Chief for Clinical Services who shall be a board-certified psychiatrist with both clinical and administrative experience. The Chief for Clinical Services shall be responsible for all clinical and medical decisions for mental health services.

(Source: P.A. 91-536, eff. 1-1-00.)

(20 ILCS 1705/4) (from Ch. 91 1/2, par. 100-4)

Sec. 4. Supervision of facilities and services; quarterly reports.

(a) To exercise executive and administrative supervision over all facilities, divisions, programs and services now existing or hereafter acquired or created under the jurisdiction of the Department, including, but not limited to, the following:

The Alton Mental Health Center, at Alton

The Clyde L. Choate Mental Health and Developmental Center, at Anna

The Chester Mental Health Center, at Chester

The Chicago-Read Mental Health Center, at Chicago

The Elgin Mental Health Center, at Elgin

The Metropolitan Children and Adolescents Center, at Chicago

The Jacksonville Developmental Center, at Jacksonville

The Governor Samuel H. Shapiro Developmental Center, at Kankakee

The Tinley Park Mental Health Center, at Tinley Park

The Warren G. Murray Developmental Center, at Centralia

The Jack Mabley Developmental Center, at Dixon

The Lincoln Developmental Center, at Lincoln

The H. Douglas Singer Mental Health and Developmental Center, at Rockford

The John J. Madden Mental Health Center, at Chicago

The George A. Zeller Mental Health Center, at Peoria

The Andrew McFarland Mental Health Center, at Springfield

The Adolf Meyer Mental Health Center, at Decatur

The William W. Fox Developmental Center, at Dwight

The Elisabeth Ludeman Developmental Center, at Park Forest

The William A. Howe Developmental Center, at Tinley Park

The Ann M. Kiley Developmental Center at Waukegan.

(b) Beginning not later than July 1, 1977, the Department shall cause each of the facilities under its jurisdiction which provide in-patient care to comply with standards, rules and regulations of the Department of Public Health prescribed under Section 6.05 of the Hospital Licensing Act.

(b-5) The Department shall cause each of the facilities under its jurisdiction that provide in-patient care to comply with Section 6.25 of the Hospital Licensing Act.

(c) The Department shall issue quarterly reports on admissions, deflections, discharges, bed closures, staff-resident ratios, census, average length of stay, and any adverse federal certification or accreditation findings, if any, for each State-operated facility for the mentally ill and developmentally disabled.

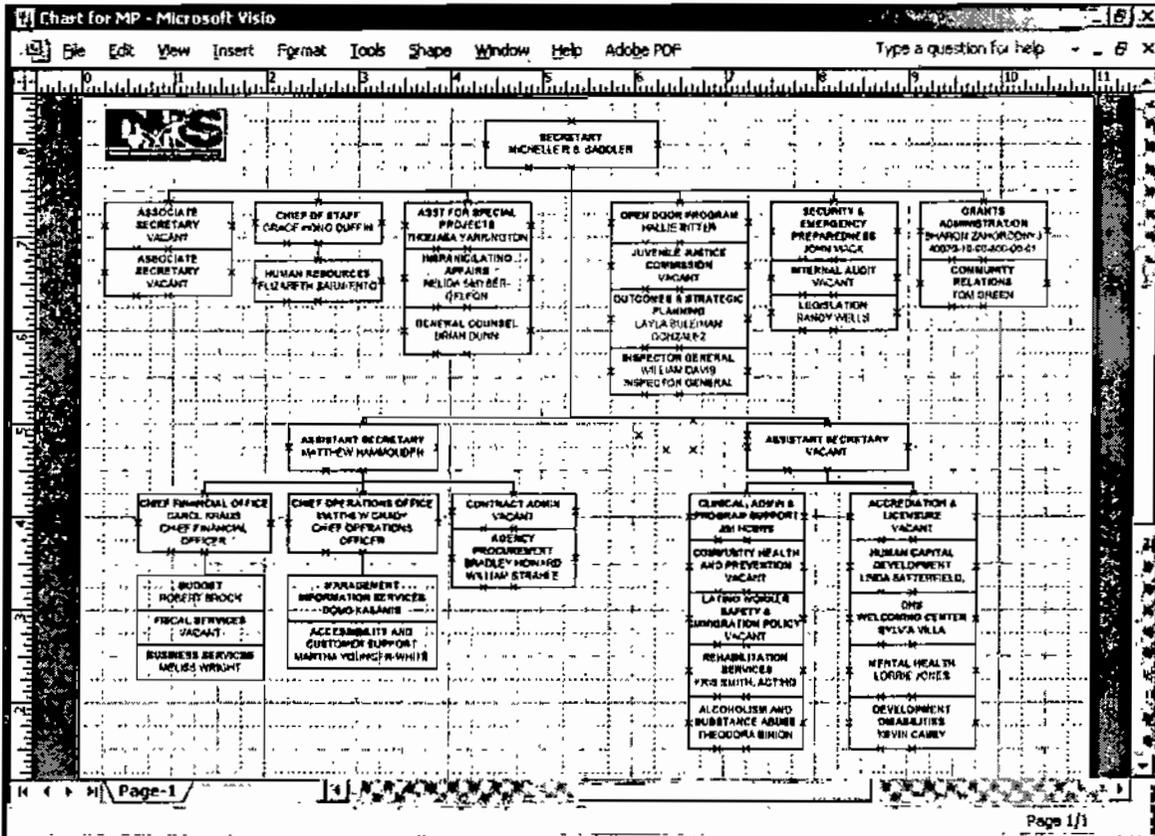
(Source: P.A. 96-389, eff. 1-1-10.)

**ATTACHMENT 3:  
Operating  
Identity/Licensee**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**ATTACHMENT 4:  
Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and the type of any financial contribution.



**ATTACHMENT 4:  
Organizational  
Relationships**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**ATTACHMENT 5:  
Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

**Not Applicable** There is no demolition, construction or modernization associated with this project.

**ATTACHMENT 5:  
Flood Plain  
Requirements**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**ATTACHMENT 6:  
Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.
--

**Not applicable. There is no demolition, construction or modernization associated with this project.**

**ATTACHMENT 6:  
Historic Resources  
Preservation Act Requirements**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**ATTACHMENT 7:**

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 0.00</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**ATTACHMENT 7:  
Project Costs and Sources of Funds**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**ATTACHMENT 8:**  
**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:  <input checked="" type="checkbox"/> <b>None or not applicable</b> <input type="checkbox"/> Preliminary  <input type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <b>October 1, 2012 Upon permit approval by the HFSRB</b>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):  <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> <b>Project obligation will occur after permit issuance.</b>

**ATTACHMENT 8:**  
**Project Status and**  
**Completion Schedules**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**ATTACHMENT 9:  
Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>	<b>0.00</b>						

**Not Applicable: The permit request is for the discontinuation of the services and the entire facility. Upon closure the facility will be deemed surplus by the DHS and turned over to the Department of Central Management (CMS) for disposition to the best benefit of the State of Illinois.**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**ATTACHMENT – 10**  
**Criterion 1110.130 - Discontinuation**

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is to be discontinued.

**Seventy-six (76) Chronic Mental Illness CMI category of service beds**

2. Identify all of the other clinical services that are to be discontinued.

**None**

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

**October 1, 2012**

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

**Land and buildings will be deemed surplus by the Department of Human Services (DHS) and turned over to the Illinois Department of Central Management Services (CMS) per Administrative Directive attached below.**

**Administrative Directive: 01.05.06.030 Disposition of State-Owned Property During Closures**

**Policy Statement**

It is the policy of the Department of Human Services (DHS) that all State-owned or controlled equipment and commodities (both subsequently referred to as "property") shall be disposed of and accounted for in an orderly and responsible manner. All applicable State and Federal regulations, as well as CMS and DHS policies and procedures governing such property, remain in force during closure of a DHS unit and must be strictly adhered to per the Illinois Administrative Code.

**Definitions**

"Closure Coordinator." Designated staff person responsible for coordinating the preparation, execution and final distribution of all equipment and commodities. Responsible for coordinating the transfer of property to authorized entity and coordinating the final fiscal issues.

"Closure Team." Assigned staff responsible for carrying out assignments from the Closure Coordinator in the preparation, execution and final distribution of all equipment and commodities.

"Property Controller." For purposes of this Directive, the assigned staff person responsible for ensuring all property lists are true and accurate before transfer to other entities. Ensures all necessary paperwork is completed upon transfer and receipt.

"Unit." A DHS operated facility, center, school, program, or office. This includes State-Operated Developmental Centers, State-Operated Mental Health Facilities, Division of Rehabilitation Services-operated Schools, and Family and Children Resource Centers.

"Unit Administrator." The person in charge of a unit. This includes facility directors, Center Administrators, school principals, and local office administrators.

**ATTACHMENT – 10**  
**Criterion 1110.130**  
**- Discontinuation**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**Procedures**

**I. Disposition Plan**

- A. When the closure of a unit has been announced, the unit administrator shall promptly ensure that the inventory housed in the DHS Warehouse Control System (WCS), Equipment Inventory System (EIS), Real Property System, and the Commodity Control System (CCS) balance and are accurate.
- B. Central Office management staff shall promptly advise the unit administrator, in writing, of the plans for the disposition of the property, and the proposed time schedule.
- C. The unit administrator shall execute the disposition plans as soon as possible and account for closure transactions in a consistent and timely manner.

**II. Execution of Disposition Plan**

**A. Appointment of a Central Office Closure Coordinator**

- 1. On announcing the forthcoming closure, the DHS Secretary, or designee, will appoint a Central Office Closure Coordinator who will function as the liaison between the unit management and Central Office staff who have responsibility related to any aspect of the unit's closure. The Central Office Closure Coordinator shall be responsible for inter-facility and inter-agency coordination.
- 2. The Central Office Closure Coordinator shall effect a formal, written agreement with the receiver(s) of any planned residual inventory. This agreement must detail the transfer process, including the precise point in that process when the receiving agency will accept physical control and accounting responsibility for the property. (The Central Office Closure Coordinator must at no time allow physical control of and accounting responsibility for, any property to reside in different organizations).

**B. Appointment of a Property Controller**

- 1. As accountability for property up to the acceptance of the residual inventory by receiver(s) requires continuity of control, closure plans may require the DHS Secretary, or designee, to appoint a Property Controller who will be personally responsible to the Central Office Closure Coordinator for the disposition of the property. If this appointment is necessary, the unit administrator will be notified in writing and advised that the Property Controller's requirements for the security, movement, physical counting of inventory, etc., must be fully met. Staff working full time on handling and accounting for property (e.g. storekeepers, property control clerks, laborers) shall be placed under the Property Controller's direction.
- 2. The appointed Property Controller is responsible for contacting the DHS Property Control Unit in order to request a listing of the inventory at least six (6) months in advance of the targeted date for closure to ensure that no inventory housed on the EIS, WCS, CCS or Real Property System is transferred without the proper paperwork.
- 3. The appointed Property Controller shall assure that inventory, including non-inventoried items, is accurately reflected on the applicable DHS property and equipment transfer forms. The Furniture Transfer/Receiver's Report form (IL 444-0701) is used for furniture and telecommunication equipment and the Equipment Installation Relocation Form (IL 444-4290) is used for all computer equipment that is transferred with the required DHS Property Control forms. All forms shall be signed, dated and submitted to the DHS Property Control Unit in order to accurately reflect the physical nature of these moves in the applicable DHS inventory control system. The DHS Property Control Unit must receive the required signed and dated documentation in order to secure the move in the applicable systems.

**C. Unit Responsibilities**

- 1. Since increased physical security and appropriate storage are essential during a closure, the unit administrator or designee shall promptly develop and execute a plan to protect property,

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
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ROCKFORD ILLINOIS**

including property not on the WCS, EIS, CCS (e.g., equipment costing less than \$100 and forward stocks of commodities) and Real Property System.

2. Unit management staff shall continue their responsibility for the physical control and accountability for all property, unless they are notified otherwise by the Central Office Closure Coordinator.

3. Unit management staff shall promptly ensure that all adjustments needed to the WCS, EIS, CCS and the Real Property System, resulting from prior physical inventory counts, have been entered into these systems.

4. Within six (6) months in advance of the targeted date for closure, unit management staff shall promptly take a physical inventory count of all property not having a reliable count and of any other property that staff has reason to believe may not be accurately reflected by a perpetual inventory system. The necessary adjustments resulting from these counts shall be promptly made to the WCS, EIS, CCS and the Real Property System in accordance with current procedures. Counts of any property not accounted for by these systems (such as equipment costing less than \$100, etc.), must be reconciled to any perpetual inventory system for that property, or used to establish accounting and/or quantity control over such property.

5. Unit management staff shall advise the Central Office Closure Coordinator, as soon as possible after the closure announcement, of the types of property on hand that are not on the WCS, EIS, CCS and the Real Property System and recommend an appropriate disposition.

6. The Central Office Closure Coordinator shall promptly advise the unit administrator, in writing, of the following information:

- a. The disposition that will be made of property prior to evacuation of the premises;
- b. The disposition of any residual inventory at the time of the evacuation; and
- c. Items going to surplus or disposed of must be accurately reflected on a CMS Surplus Property Delivery form (IL 401-1354) or the CMS Request for Deletion from Inventory form (IL 401-1353) and submitted to the DHS Property Control Unit.

7. So that the disposition of property can be handled in an orderly manner and can be currently accounted for, the planned disposition of property should proceed as soon as possible without interfering with or adversely affecting individuals served by the unit.

8. Since responsibility for the physical control and accounting for property must always be in the same organization, physical control of property must not be transferred to other facilities or agencies. Receipt of documentation providing all of the information and authorization necessary to relieve the closing unit's WCS, EIS, CCS, and Real Property System, or any other perpetual inventory accounting system, of the property being transferred must be received. Unit management staff shall ensure that property transferred from the closing facility in the system must be simultaneously received by the receiving agency in the system.

9. Regardless of the receiving agency's plans for the property, the Property Controller or staff of the closing unit must, unilaterally or in conjunction with the receiving agency, take physical inventory counts when substantially only the residual inventory remains. Unit staff will use these inventory counts to ensure the availability of an accurate and complete inventory listing of the residual property. Inventory counts and the resultant reconciliations to the WCS, EIS, CCS, Real Property System, and other perpetual inventory systems shall take place to certify the correctness of the residual inventories through the DHS Property Control Unit. This certification may state that it is subject to any unauthorized reductions in inventory subsequent to the final physical count.

10. The unit's listing(s) of the residual inventories must include at least the items' descriptions, tag numbers (equipment), stock numbers (commodities), costs, and physical locations (including "location codes" as well as "location names."). The physical location shall be adequate for reasonable subsequent identification of each item. DHS staff shall ensure that antiques, or items believed to be antiques, are tagged and tracked as required by the Illinois

**ATTACHMENT – 10  
Criterion 1110.130 - Discontinuation**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

Department of Central Management Services (CMS) and the Illinois State Museum.

**Authorized by:(Signature on File)**

**Michelle R.B. Saddler**

**Secretary**

**End of 01.05.06.030 Disposition of State-Owned Property During Closures**

**FINANCE**

**(30 ILCS 605/) State Property Control Act.**

(30 ILCS 605/1) (from Ch. 127, par. 133b1)

Sec. 1.

The following words and phrases as used in this Act, unless a different meaning is required by the context, have the meanings as set forth in Sections 1.01 to 1.06, inclusive.

(Source: P.A. 77-2466.)

(30 ILCS 605/1.01) (from Ch. 127, par. 133b2)

Sec. 1.01. "Responsible officer" means and includes all elective State officers; directors of the executive code departments; presidents of universities and colleges; chairmen of executive boards, bureaus, and commissions; and all other officers in charge of the property of the State of Illinois, including subordinates of responsible officers deputized by them to carry out some or all of their duties under this Act.

(Source: P.A. 82-1047.)

(30 ILCS 605/1.02) (from Ch. 127, par. 133b3)

Sec. 1.02. "Property" means State owned property and includes all real estate, with the exception of rights of way for State water resource and highway improvements, traffic signs and traffic signals, and with the exception of common school property; and all tangible personal property with the exception of properties specifically exempted by the administrator, provided that any property originally classified as real property which has been detached from its structure shall be classified as personal property.

"Property" does not include property owned by the Illinois Medical District Commission and leased or occupied by others for purposes permitted under the Illinois Medical District Act. "Property" also does not include property owned and held by the Illinois Medical District Commission for redevelopment.

"Property" does not include property described under Section 5 of Public Act 92-371 with respect to depositing the net proceeds from the sale or exchange of the property as provided in Section 10 of that Act.

"Property" does not include that property described under Section 5 of Public Act 94-405.

"Property" does not include real property owned or operated by the Illinois Power Agency or any electricity generated on that real property or by the Agency. For purposes of this subsection only, "real property" includes any interest in land, all buildings and improvements located thereon, and all fixtures and equipment used or designed for the production and transmission of electricity located thereon.

(Source: P.A. 94-405, eff. 8-2-05; 95-331, eff. 8-21-07; 95-481, eff. 8-28-07.)

(30 ILCS 605/1.03) (from Ch. 127, par. 133b4)

Sec. 1.03. "Administrator" means the Director of the Department of Central Management Services.

(Source: P.A. 82-789.)

(30 ILCS 605/1.04) (from Ch. 127, par. 133b4.1)

Sec. 1.04. "Transferable property" means and includes all tangible personal property belonging to

**ATTACHMENT – 10**  
**Criterion 1110.130 - Discontinuation**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

the State of Illinois in the possession, custody or control of any responsible officer or agency, which is not needed or usable by said officer or agency, including all excess, surplus, or scrap materials; provided, however, that "textbooks" as defined in Section 18-17 of the School Code shall not constitute transferable property after those textbooks have been on loan pursuant to that Section for a period of 5 years or more.

(Source: P.A. 86-1288.)

(30 ILCS 605/1.05) (from Ch. 127, par. 133b4.2)

Sec. 1.05. "Agency" means and includes any State officer, executive code department, institution, university, college, board, bureau, commission, or other administrative unit of the State government or any State Constitutional Convention.

(Source: P.A. 82-1047.)

(30 ILCS 605/1.06) (from Ch. 127, par. 133b4.3)

Sec. 1.06.

"Local governmental unit" means any unit of local government as defined in Section 1 of Article VII of the Illinois Constitution and includes school districts.

(Source: P.A. 77-2466.)

(30 ILCS 605/2) (from Ch. 127, par. 133b5)

Sec. 2. This Act shall be known and may be cited as the "State Property Control Act".

(Source: Laws 1955, p. 34.)

(30 ILCS 605/3) (from Ch. 127, par. 133b6)

Sec. 3. The administrator shall have full responsibility and authority for the administration of this Act.

(Source: Laws 1949, p. 1582.)

(30 ILCS 605/4) (from Ch. 127, par. 133b7)

Sec. 4. Every responsible officer of the State government shall be accountable to the administrator for the supervision, control and inventory of all property under his jurisdiction, provided that each responsible officer may, with the consent of the administrator, deputize one or more subordinates to carry out some or all of said responsible officer's duties under this Act.

(Source: Laws 1955, p. 34.)

(30 ILCS 605/5) (from Ch. 127, par. 133b8)

Sec. 5. The administrator may adopt and cause to be published a standard code concerning the classification, description and identification marking of all properties.

(Source: Laws 1955, p. 34.)

(30 ILCS 605/6) (from Ch. 127, par. 133b9)

Sec. 6. The administrator is authorized to make such reasonable rules and regulations as may be necessary for the enforcement of this Act and the purposes sought to be obtained therein. All such rules and regulations shall be certified, published and filed with the Secretary of State as provided by the Administrative Rules Act and shall include the provisions as set forth in Sections 6.01 to 6.10 inclusive.

(Source: Laws 1955, p. 34.)

(30 ILCS 605/6.01) (from Ch. 127, par. 133b9.1)

Sec. 6.01. A master record of all items of real property, including a description of buildings and improvements thereon, shall be maintained by the administrator. Each responsible officer shall each

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month report to the administrator on forms furnished by the latter on all changes, additions, deletions and other transactions affecting the master record of real property maintained by the administrator. The reports shall include all fixtures which have become personal property because of detachment from buildings or structures during the month preceding, and any other information required by the administrator. The reports required by this Section may, in the discretion of the administrator and the responsible officer, be destroyed after the items listed therein have been recorded on the master record required in this Section.

(Source: P.A. 84-349.)

(30 ILCS 605/6.02) (from Ch. 127, par. 133b9.2)

Sec. 6.02. Each responsible officer shall maintain a permanent record of all items of property under his jurisdiction and control, provided the administrator may exempt tangible personal property of nominal value or in the nature of consumable supplies, or both; and provided further that "textbooks" as defined in Section 18-17 of The School Code shall be exempted by the administrator after those textbooks have been on loan pursuant to that Section for a period of 5 years or more. The listing shall include all property being acquired under agreements which are required by the State Comptroller to be capitalized for inclusion in the statewide financial statements. Each responsible officer shall submit a listing of the permanent record at least annually to the administrator in such format as the administrator shall require. The record may be submitted in either hard copy or computer readable form. The administrator may require more frequent submissions when in the opinion of the administrator the agency records are not sufficiently reliable to justify annual submissions.

(Source: P.A. 85-432; 86-1288.)

(30 ILCS 605/6.03) (from Ch. 127, par. 133b9.3)

Sec. 6.03. The record for each item of property shall contain such information as will in the discretion of the administrator provide for the proper identification thereof.

(Source: Laws 1955, p. 34.)

(30 ILCS 605/6.04) (from Ch. 127, par. 133b9.4)

Sec. 6.04. Annually, and upon at least 30 days notice, the administrator may require each responsible officer to make, or cause to be made, an actual physical inventory check of all items of property under his jurisdiction and control and said inventory shall be certified to the administrator with a full accounting of all errors or exceptions reported therein.

(Source: Laws 1955, p. 34.)

(30 ILCS 605/7) (from Ch. 127, par. 133b10)

Sec. 7. Disposition of transferable property.

(a) Except as provided in subsection (c), whenever a responsible officer considers it advantageous to the State to dispose of transferable property by trading it in for credit on a replacement of like nature, the responsible officer shall report the trade-in and replacement to the administrator on forms furnished by the latter. The exchange, trade or transfer of "textbooks" as defined in Section 18-17 of the School Code between schools or school districts pursuant to regulations adopted by the State Board of Education under that Section shall not constitute a disposition of transferable property within the meaning of this Section, even though such exchange, trade or transfer occurs within 5 years after the textbooks are first provided for loan pursuant to Section 18-17 of the School Code.

(b) Except as provided in subsection (c), whenever it is deemed necessary to dispose of any item of transferable property, the administrator shall proceed to dispose of the property by sale or scrapping as the case may be, in whatever manner he considers most advantageous and most profitable to the State. Items of transferable property which would ordinarily be scrapped and disposed of by burning or by burial in a landfill may be examined and a determination made whether the property should be

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recycled. This determination and any sale of recyclable property shall be in accordance with rules promulgated by the Administrator.

When the administrator determines that property is to be disposed of by sale, he shall offer it first to the municipalities, counties, and school districts of the State and to charitable, not-for-profit educational and public health organizations, including but not limited to medical institutions, clinics, hospitals, health centers, schools, colleges, universities, child care centers, museums, nursing homes, programs for the elderly, food banks, State Use Sheltered Workshops and the Boy and Girl Scouts of America, for purchase at an appraised value. Notice of inspection or viewing dates and property lists shall be distributed in the manner provided in rules and regulations promulgated by the Administrator for that purpose.

Electronic data processing equipment purchased and charged to appropriations may, at the discretion of the administrator, be sold, pursuant to contracts entered into by the Director of Central Management Services or the heads of agencies exempt from "The Illinois Purchasing Act". However such equipment shall not be sold at prices less than the purchase cost thereof or depreciated value as determined by the administrator. No sale of the electronic data processing equipment and lease to the State by the purchaser of such equipment shall be made under this Act unless the Director of Central Management Services finds that such contracts are financially advantageous to the State.

Disposition of other transferable property by sale, except sales directly to local governmental units, school districts, and not-for-profit educational, charitable and public health organizations, shall be subject to the following minimum conditions:

(1) The administrator shall cause the property to be advertised for sale to the highest responsible bidder, stating time, place, and terms of such sale at least 7 days prior to the time of sale and at least once in a newspaper having a general circulation in the county where the property is to be sold.

(2) If no acceptable bids are received, the administrator may then sell the property in whatever manner he considers most advantageous and most profitable to the State.

(c) Notwithstanding any other provision of this Act, an agency covered by this Act may transfer books, serial publications, or other library materials that are transferable property, or that have been withdrawn from the agency's library collection through a regular collection evaluation process, to any of the following entities :

(1) Another agency covered by this Act located in Illinois.

(2) A State supported university library located in Illinois.

(3) A tax-supported public library located in Illinois, including a library established by a public library district.

(4) A library system organized under the Illinois Library System Act or any library located in Illinois that is a member of such a system.

(5) A non-profit agency, located in or outside Illinois.

A transfer of property under this subsection is not subject to the requirements of subsection (a) or (b).

In addition, an agency covered by this Act may sell or exchange books, serial publications, and other library materials that have been withdrawn from its library collection through a regular collection evaluation process. Those items may be sold to the public at library book sales or to book dealers or

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may be offered through exchange to book dealers or other organizations. Revenues generated from the sale of withdrawn items shall be retained by the agency in a separate account to be used solely for the purchase of library materials; except that in the case of the State Library, revenues from the sale of withdrawn items shall be deposited into the State Library Fund to be used for the purposes stated in Section 25 of the State Library Act.

For purposes of this subsection (c), "library materials" means physical entities of any substance that serve as carriers of information, including, without limitation, books, serial publications, periodicals, microforms, graphics, audio or video recordings, and machine readable data files.

(Source: P.A. 96-498, eff. 8-14-09.)

(30 ILCS 605/7a)

Sec. 7a. Surplus furniture. It is declared to be the public policy of this State, and the General Assembly determines, that it is in the best interest of the people of this State to expend the least amount of funds possible on the purchase of furniture.

Agencies that desire to purchase new furniture shall first check with the administrator if any of the surplus furniture under the administrator's control can be used in place of new furniture. If an agency finds that it is unable to use the surplus property, the agency shall file an affidavit with the administrator prior to any purchase, specifying the types of new furniture to be bought, the quantities of each type of new furniture, the cost per type, and the total cost per category. The affidavit shall also clearly state why the furniture must be purchased new as opposed to obtained from the administrator's surplus. The affidavits shall be made available by the administrator for public inspection and copying.

This Section applies only to the purchase of an item of furniture with a purchase price of \$500 or more.

(Source: P.A. 88-515; 88-656, eff. 9-16-94.)

(30 ILCS 605/7b)

Sec. 7b. Maintenance and operation of State Police vehicles. All proceeds received by the Department of Central Management Services under this Act from the sale of vehicles operated by the Department of State Police, except for a \$500 handling fee to be retained by the Department of Central Management Services for each vehicle sold, shall be deposited into the State Police Vehicle Maintenance Fund. However, in lieu of the \$500 handling fee as provided by this paragraph, the Department of Central Management Services shall retain all proceeds from the sale of any vehicle for which \$500 or a lesser amount is collected.

The State Police Vehicle Maintenance Fund is created as a special fund in the State treasury. All moneys in the State Police Vehicle Maintenance Fund, subject to appropriation, shall be used by the Department of State Police for the maintenance and operation of vehicles for that Department.

(Source: P.A. 94-839, eff. 6-6-06.)

(30 ILCS 605/7c)

Sec. 7c. Acquisition of State Police vehicles. The State Police Vehicle Fund is created as a special fund in the State treasury. The Fund shall consist of fees received pursuant to Section 16-104c of the Illinois Vehicle Code. All moneys in the Fund, subject to appropriation, shall be used by the Department of State Police:

- (1) for the acquisition of vehicles for that Department; or
- (2) for debt service on bonds issued to finance the acquisition of vehicles for that Department.

(Source: P.A. 94-839, eff. 6-6-06.)

(30 ILCS 605/7d)

Sec. 7d. Donated property. Notwithstanding any other provision of this Act, the Department of

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Veterans' Affairs may transfer any property under \$100 in value that was donated to the Department for the explicit benefit of the residents of facilities operated by the Department under the Nursing Home Care Act to any civic organization.

(Source: P.A. 97-398, eff. 8-16-11.)

(30 ILCS 605/7.1) (from Ch. 127, par. 133b10.1)

Sec. 7.1. (a) Except as otherwise provided by law, all surplus real property held by the State of Illinois shall be disposed of by the administrator as provided in this Section. "Surplus real property," as used in this Section, means any real property to which the State holds fee simple title or lesser interest, and is vacant, unoccupied or unused and which has no foreseeable use by the owning agency.

(b) All responsible officers shall submit an Annual Real Property Utilization Report to the Administrator, or annual update of such report, on forms required by the Administrator, by July 31 of each year. The Administrator may require such documentation as he deems reasonably necessary in connection with this Report, and shall require that such Report include the following information:

(1) A legal description of all real property owned by the State under the control of the responsible officer.

(2) A description of the use of the real property listed under (1).

(3) A list of any improvements made to such real property during the previous year.

(4) The dates on which the State first acquired its interest in such real property, and the purchase price and source of the funds used to acquire the property.

(5) Plans for the future use of currently unused real property.

(6) A declaration of any surplus real property. On or before October 31 of each year the Administrator shall furnish copies of each responsible officer's report along with a list of surplus property indexed by legislative district to the General Assembly.

This report shall be filed with the Speaker, the Minority Leader and the Clerk of the House of Representatives and the President, the Minority Leader and the Secretary of the Senate and shall be duplicated and made available to the members of the General Assembly for evaluation by such members for possible liquidation of unused public property at public sale.

(c) Following receipt of the Annual Real Property Utilization Report required under paragraph (b), the Administrator shall notify all State agencies by October 31 of all declared surplus real property. Any State agency may submit a written request to the Administrator, within 60 days of the date of such notification, to have control of surplus real property transferred to that agency. Such request must indicate the reason for the transfer and the intended use to be made of such surplus real property. The Administrator may deny any or all such requests by a State agency or agencies if the Administrator determines that it is more advantageous to the State to dispose of the surplus real property under paragraph (d). In case requests for the same surplus real property are received from more than one State agency, the Administrator shall weigh the benefits to the State and determine to which agency, if any, to transfer control of such property. The Administrator shall coordinate the use and disposal of State surplus real property with any State space utilization program.

(d) Any surplus real property which is not transferred to the control of another State agency under paragraph (c) shall be disposed of by the Administrator. No appraisal is required if during his initial survey of surplus real property the Administrator determines such property has a fair market value of less than \$5,000. If the value of such property is determined by the Administrator in his initial survey to be \$5,000 or more, then the Administrator shall obtain 3 appraisals of such real property, one of which shall be performed by an appraiser residing in the county in which said surplus real property is located. The average of these 3 appraisals, plus the costs of obtaining the appraisals, shall represent the fair market value of the surplus real property. No surplus real property may be conveyed by the Administrator for less than the fair market value. Prior to offering the surplus real property for sale to the public the Administrator shall give notice in writing of the existence and fair market value of the

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surplus real property to the governing bodies of the county and of all cities, villages and incorporated towns in the county in which such real property is located. Any such governing body may exercise its option to acquire the surplus real property for the fair market value within 60 days of the notice. After the 60 day period has passed, the Administrator may sell the surplus real property by public auction following notice of such sale by publication on 3 separate days not less than 15 nor more than 30 days prior to the sale in the State newspaper and in a newspaper having general circulation in the county in which the surplus real property is located. The Administrator shall post "For Sale" signs of a conspicuous nature on such surplus real property offered for sale to the public. If no acceptable offers for the surplus real property are received, the Administrator may have new appraisals of such property made. The Administrator shall have all power necessary to convey surplus real property under this Section. All moneys received for the sale of surplus real property shall be deposited in the General Revenue Fund, except that:

(1) Where moneys expended for the acquisition of such real property were from a special fund which is still a special fund in the State treasury, this special fund shall be reimbursed in the amount of the original expenditure and any amount in excess thereof shall be deposited in the General Revenue Fund.

(2) Whenever a State mental health facility operated by the Department of Human Services is closed and the real estate on which the facility is located is sold by the State, the net proceeds of the sale of the real estate shall be deposited into the Community Mental Health Medicaid Trust Fund.

(3) Whenever a State developmental disabilities facility operated by the Department of Human Services is closed and the real estate on which the facility is located is sold by the State, the net proceeds of the sale of the real estate shall be deposited into the Community Developmental Disability Services Medicaid Trust Fund.

The Administrator shall have authority to order such surveys, abstracts of title, or commitments for title insurance as may, in his reasonable discretion, be deemed necessary to demonstrate to prospective purchasers or bidders good and marketable title in any property offered for sale pursuant to this Section. Unless otherwise specifically authorized by the General Assembly, all conveyances of property made by the Administrator shall be by quit claim deed.

(e) The Administrator shall submit an annual report on or before February 1 to the Governor and the General Assembly containing a detailed statement of surplus real property either transferred or conveyed under this Section.

(Source: P.A. 96-527, eff. 1-1-10; 96-660, eff. 8-25-09; 96-1000, eff. 7-2-10.)

(30 ILCS 605/7.2) (from Ch. 127, par. 133b10.2)

Sec. 7.2. The Administrator, subject to the following conditions, shall have the authority to grant easements to public utilities.

For purposes of this Act "public utility" means and includes every corporation, company, association, joint stock company or association, firm, partnership, individual, or other organization, their levees, trustees, or receiver appointed by any court whatsoever that owns, controls, operates, or manages, within this State, directly or indirectly, for public use, any plant, equipment, or property used or to be used for or in connection with, or owns or controls any franchise, license, permit, or right to engage in:

- a. the transportation of persons or property;
- b. the transmission of telegraph or telephone messages between points within this State;
- c. the production, storage, transmission, role, delivery, or furnishing of heat, cold, light, power,

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electricity, or water;

- d. the disposal of sewerage; or
- e. the conveyance of oil or gas by pipe line.

A. Whenever any public utility makes an application for a grant of an easement in, over, or upon real property of the State of Illinois for purposes of locating and maintaining such utility, the Administrator, with the consent of the agency having jurisdiction over the real property, may grant such easement. The Administrator shall determine whether or not such is adverse to the interests of the State of Illinois and shall impose such limitations on the grant as may be deemed necessary to protect the interests of the State of Illinois. Such grant may be made with or without consideration.

B. The instrument granting the easement shall provide for termination upon:

- 1. A failure to comply with any term or condition of the grant; or
- 2. A nonuse of the easement for a consecutive 2 year period for the purpose granted; or
- 3. An abandonment of the easement.

Written notice of such termination shall be given to the grantee effective on the date of such notice.

C. The authority granted by this Section shall be in addition to, and shall not affect or be subject to any law regarding granting of easements on State lands.

(Source: P.A. 82-1047.)

(30 ILCS 605/7.3) (from Ch. 127, par. 133b10.3)

Sec. 7.3. The Administrator shall have charge of all transferable property and shall have authority to take possession and control of such property in order to transfer or assign any such property to any other State agency that has need or use for such property or to dispose of said property in accordance with Section 7 of this Act.

The Administrator may not dispose of a transferable airplane by sale until he or she determines that (i) the agency no longer has a need for the airplane, (ii) the airplane will not be used as a trade-in on another aircraft, and (iii) no public university or college in Illinois that offers courses in aviation, flight training, or other subjects involving knowledge of the workings of an airplane has listed the need for an airplane as provided in this Section.

Responsible officers shall periodically report all transferable property at locations under their jurisdictions to the Administrator. The Administrator shall review such reports and arrange for physical examination of said property if necessary to determine if said items of transferable property should be transferred to another State agency, transferred to a central warehouse, or disposed of. The Administrator shall advise responsible officers of the results of these reviews as necessary.

The staff under the jurisdiction of the Administrator shall review as necessary State agencies' inventories for potential items of transferable property. If in the opinion of the Administrator's staff, any property appears to be transferable, the Administrator shall notify the responsible officer of his determination. The executive head of the agency holding the property in question may appeal the determination in writing to the Administrator.

The Administrator will review the determination in accordance with rules and procedures established pursuant to Section 5 of this Act.

The Administrator shall maintain lists of transferable property and of State agency needs for such property and will transfer where appropriate listed transferable property to agencies listing their needs for such property as detailed by their responsible officers. The Administrator must give priority for transfer of an airplane, that is not to be used as a trade-in, to a public university or college in Illinois that offers courses in aviation, flight training, or other subjects involving knowledge of the workings of an airplane and that has listed the need for an airplane.

(Source: P.A. 91-432, eff. 1-1-00.)

(30 ILCS 605/7.4)

Sec. 7.4. James R. Thompson Center; Elgin Mental Health Center.

(a) Notwithstanding any other provision of this Act or any other law to the contrary, the administrator

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is authorized under this Section to dispose of or mortgage (i) the James R. Thompson Center located in Chicago, Illinois and (ii) the Elgin Mental Health Center and surrounding land located at 750 S. State Street, Elgin, Illinois in any of the following ways:

(1) The administrator may sell the property as provided in subsection (b).

(2) The administrator may sell the property as

provided in subsection (b), and the administrator may immediately thereafter enter into a leaseback or other agreement that directly or indirectly gives the State a right to use, control, and possess the property. Notwithstanding any other provision of law, a lease entered into by the administrator under this subdivision (a)(2) may last for any period not exceeding 99 years.

(3) The administrator may enter into a mortgage agreement, using the property as collateral, to receive a loan or a line of credit based on the equity available in the property. Any loan obtained or line of credit established under this subdivision (a)(3) must require repayment in full in 20 years or less.

(b) The administrator shall obtain 3 appraisals of the real property transferred under subdivision (a)(1) or (a)(2) of this Section, one of which shall be performed by an appraiser residing in the county in which the real property is located. The average of these 3 appraisals, plus the costs of obtaining the appraisals, shall represent the fair market value of the real property. No property may be conveyed under subdivision (a)(1) or (a)(2) of this Section by the administrator for less than the fair market value. The administrator may sell the real property by public auction following notice of the sale by publication on 3 separate days not less than 15 nor more than 30 days prior to the sale in a daily newspaper having general circulation in the county in which the real property is located. If no acceptable offers for the real property are received, the administrator may have new appraisals of the property made. The administrator shall have all power necessary to convey real property under subdivision (a)(1) or (a)(2) of this Section.

The administrator shall have authority to order such surveys, abstracts of title, or commitments for title insurance as may, in his or her reasonable discretion, be deemed necessary to demonstrate to prospective purchasers, bidders, or mortgagees good and marketable title in any property offered for sale or mortgage under this Section. Unless otherwise specifically authorized by the General Assembly, all conveyances of property made by the administrator under subdivision (a)(1) or (a)(2) of this Section shall be by quit claim deed.

(c) All moneys received from the sale or mortgage of real property under this Section shall be deposited into the General Revenue Fund.

(d) The administrator is authorized to enter into any agreements and execute any documents necessary to exercise the authority granted by this Section.

(e) Any agreement to dispose of or mortgage (i) the James R. Thompson Center located in Chicago, Illinois or (ii) the Elgin Mental Health Center and surrounding land located at 750 S. State Street, Elgin, Illinois pursuant to the authority granted by this Section must be entered into no later than one year after the effective date of this amendatory Act of the 93rd General Assembly.

(Source: P.A. 93-19, eff. 6-20-03.)

(30 ILCS 605/7.5)

Sec. 7.5. Illinois State Toll Highway Authority headquarters.

(a) Notwithstanding any other provision of this Act or any other law to the contrary, the Illinois State Toll Highway Authority, as set forth in items (1) through (3), is authorized under this Section to dispose of or mortgage the Illinois State Toll Highway Authority headquarters building and surrounding land, located at 2700 Ogden Avenue, Downers Grove, Illinois in any of the following ways:

(1) The Authority may sell the property as provided in subsection (b).

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(2) The Authority may sell the property as provided in subsection (b) and may immediately thereafter enter into a leaseback or other agreement that directly or indirectly gives the State or the Authority a right to use, control, and possess the property. Notwithstanding any other provision of law, a lease entered into under this subdivision (a)(2) may last for any period not exceeding 99 years.

(3) The Authority may enter into a mortgage agreement, using the property as collateral, to receive a loan or a line of credit based on the equity available in the property. Any loan obtained or line of credit established under this subdivision (a)(3) must require repayment in full in 20 years or less.

(b) The Illinois State Toll Highway Authority shall obtain 3 appraisals of the real property transferred under subdivision (a)(1) or (a)(2) of this Section, one of which shall be performed by an appraiser residing in the county in which the real property is located. The average of these 3 appraisals, plus the costs of obtaining the appraisals, shall represent the fair market value of the real property. No property may be conveyed under subdivision (a)(1) or (a)(2) of this Section by the Authority for less than the fair market value. The Authority may sell the real property by public auction following notice of the sale by publication on 3 separate days not less than 15 nor more than 30 days prior to the sale in a daily newspaper having general circulation in the county in which the real property is located. If no acceptable offers for the real property are received, the Authority may have new appraisals of the property made. The Authority shall have all power necessary to convey real property under subdivision (a)(1) or (a)(2) of this Section.

The Illinois State Toll Highway Authority shall have authority to order such surveys, abstracts of title, or commitments for title insurance as may, in his or her reasonable discretion, be deemed necessary to demonstrate to prospective purchasers, bidders, or mortgagees good and marketable title in any property offered for sale or mortgage under this Section. Unless otherwise specifically authorized by the General Assembly, all conveyances of property made by the Authority under subdivision (a)(1) or (a)(2) of this Section shall be by quit claim deed.

(c) All moneys received from the sale or mortgage of real property under this Section shall be deposited into the General Revenue Fund.

(d) The Authority is authorized to enter into any agreements and execute any documents necessary to exercise the authority granted by this Section.

(e) Any agreement to dispose of or mortgage the Illinois State Toll Highway Authority headquarters building and surrounding land located at 2700 Ogden Avenue, Downers Grove, Illinois pursuant to the authority granted by this Section must be entered into no later than one year after the effective date of this amendatory Act of the 93rd General Assembly.

(f) The provisions of this Section apply and control notwithstanding any other provision of this Act or any other law to the contrary.

(Source: P.A. 93-19, eff. 6-20-03.)

(30 ILCS 605/7.6)

Sec. 7.6. Illinois Public Safety Agency Network. Notwithstanding any other provision of this Act or any other law to the contrary, the administrator and the Illinois Criminal Justice Information Authority are authorized under this Section to transfer to the Illinois Public Safety Agency Network, from the Illinois Criminal Justice Information Authority, all contractual personnel, books, records, papers, documents, property, both real and personal, and pending business in any way pertaining to the operations of the ALERTS, ALECS, and PIMS systems managed by the Authority including, but not limited to, radio frequencies, licenses, software, hardware, IP addresses, proprietary information, code, and other required information and elements necessary for the successful operation, future development, and transition of the systems.

(Source: P.A. 94-896, eff. 7-1-06.)

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(30 ILCS 605/8) (from Ch. 127, par. 133b11)

Sec. 8. The administrator shall, upon request from a local governmental unit, make available information as provided in Section 7 of this Act. The administrator may transfer or assign transferable property as provided in Section 7.3 of this Act or make direct sales to local governmental units, but no transfer, assignment or sale may be made to a local governmental unit without giving preference to an agency. No local governmental unit receiving property under this Section may dispose of that property except (a) to another local governmental unit, (b) as a trade-in on like property or (c) with the written approval of the administrator.

(Source: P.A. 82-1047.)

(30 ILCS 605/8.1) (from Ch. 127, par. 133b11.1)

Sec. 8.1. Notwithstanding any other provision of this Act, the Administrator shall operate a clearinghouse for the exchange of laboratory equipment. All responsible officers shall, and any other source may, contribute to the clearinghouse any laboratory equipment which is transferable within the meaning of this Act. The Administrator shall supply lists of the contributed equipment to State agencies, State-supported colleges and universities, school districts and community colleges which may, in that order, select such equipment. The Administrator may make such reasonable rules and regulations as are necessary to achieve the purpose of this Section and to coordinate the duties imposed by this Section with those imposed elsewhere in this Act upon him and the responsible officers.

(Source: P.A. 84-389.)

(30 ILCS 605/8.2)

Sec. 8.2. Zeller Mental Health Center.

(a) Notwithstanding any other provision of this Act or any other law to the contrary, the administrator is authorized under this Section to sell the property formerly known as the George A. Zeller Mental Health Center located at 5407 North University Street, Peoria, Illinois to the property's current occupant, Illinois Central College, at a value of not less than the 2002 appraised value as determined by an independent appraiser selected by the Department of Central Management Services, adjusted by any customary amounts in commercial real estate transactions of this type, as negotiated and agreed upon by the Department of Central Management Services.

(b) The first \$1,200,000 of the moneys received from the sale of real property under this Section shall be deposited into the Mental Health Transportation Fund. The balance of the moneys received from the sale of real property under this Section shall be deposited into the General Revenue Fund.

(c) The Mental Health Transportation Fund is created as a special fund in the State treasury. Subject to appropriation, moneys in the Fund shall be used by the Department of Human Services to pay for the costs of appropriately transporting and arranging the transportation of mental health patients to mental health facilities as well as transporting these patients between these facilities.

(d) Any agreement to sell the property formerly known as the George A. Zeller Mental Health Center under this Section shall be entered into no later than one year after the effective date of this amendatory Act of the 93rd General Assembly.

(Source: P.A. 93-1034, eff. 9-3-04.)

(30 ILCS 605/8.3)

Sec. 8.3. John J. Madden Mental Health Center.

(a) Notwithstanding any other provision of this Act or any other law to the contrary, the administrator is authorized under this Section to sell all or any part, from time to time, of the property in Cook County known as the John J. Madden Mental Health Center, if ever it is declared no longer needed by the Secretary of Human Services, to Loyola University Medical Center at its fair market value as determined under subsection (b).

(b) The administrator shall obtain 3 appraisals of property to be sold under subsection (a). Each

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**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
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appraiser must be licensed under the Real Estate Appraiser Licensing Act of 2002, or a successor Act. At least 2 of the appraisals must be performed by appraisers residing in Cook County. The average of these 3 appraisals, plus the cost of obtaining the appraisals, shall represent the fair market value of the property to be sold.

(c) Neither all nor any part of the property may be sold or leased to any other party by the administrator or by any other State officer or agency, at any time, unless it has first been offered for sale to Loyola University Medical Center as provided in this Section.

(Source: P.A. 94-1107, eff. 2-16-07.)

(30 ILCS 605/9) (from Ch. 127, par. 133b12)

Sec. 9.

Any responsible officer, person or employee of the State government who violates any of the provisions, rules, regulations, directions and orders as set forth in this Act shall be guilty of a Class B misdemeanor.

(Source: P.A. 77-2598.)

(30 ILCS 605/12) (from Ch. 127, par. 133b13)

Sec. 12. The provisions of "The Illinois Administrative Procedure Act", as now or hereafter amended, are hereby expressly adopted and incorporated herein as though a part of this Act, and shall apply to all administrative rules and procedures of the administrator under this Act.

(Source: P.A. 80-1168.)

(30 ILCS 605/15)

Sec. 15. Items sold to General Assembly members. This Act does not apply to items sold to General Assembly members under subsections (c-10) and (c-15) of Section 1 of the Legislative Materials Act.

(Source: P.A. 92-11, eff. 6-11-01.)

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

**All Medical Records less than five years for the date of discharge will be located at the Elgin Mental Health Center 750 S. State St. Elgin Illinois 60123. Medical records in excess of five years old will be maintained at the Alton Mental Health Center 4500 College Avenue, Alton Illinois 62002. Records will be maintained in their original forms during the above-noted time-frames. Medical records are never destroyed.**

**All records will be handled as per Administrative Directive 01.05.04.030 (below attached). Hospitals will not be able to destroy any records until they send in a Record Disposal Certificate to the Secretary of State and receive permission to do so.**

**Administrative Directive 01.05.04.030 Records Management, Retention, Disposal and Protection Guidelines**



**Policy Statement**

It is the policy of the Department of Human Services (DHS) to have a program for the economical and

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efficient management, retention, transfer and disposal of its records; both electronic and those records not produced by electronic means. Such a program will provide for:

1. Effective control over records made, produced, executed or received by DHS in the transaction of public business or in pursuance of State and federal law;
2. Cooperation with the Secretary of State in applying standards, procedures, and techniques to improve the management, retention, transfer and electronic transfer of records; in promoting the maintenance and security of records of temporary value;
3. Compliance with provisions of the State Records Act, the Government Electronic Records Act, and with other applicable State and federal laws; and
4. Training, as needed, on the management, retention, transfer, electronic transfer, protection and disposal of records.

DHS employees are encouraged to employ electronic means of managing State records.

**Definitions**

**"BCCS."** The Bureau of Communications and Computer Services within Central Management Services (CMS).

**"Confidential/Personal Information."** Information that contains an individual's first name or first initial and last name in combination with any one (1) or more of the following data elements, when either the name or the data elements are not encrypted or redacted:

1. Social Security number;
2. Driver's license number or State identification card number;
3. Account number or credit/debit card number, or an account number or credit/debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account.

Confidential/personal information does not include publicly available information that is lawfully made available to the general public from federal, State or local government records.

Confidential/Personal information also includes any record covered by the Mental Health and Developmental Disabilities Confidentiality Act, the AIDS Confidentiality Act, the Public Health Services Act, the Genetic Information Privacy Act, or any other State or federal law protecting the confidentiality of customer information.

**"Electronic Transfer."** The transfer of documents or reports by electronic means. Appropriate electronic transfer includes, but is not limited to, transfer by electronic mail, facsimile transmission, or posting downloadable versions on the DHS website, with electronic notice of the posting.

**"Protected Health Information."** Individually identifiable health information that is:

1. Transmitted by electronic media;
2. Maintained in any medium described in the definition of electronic media; or
3. Transmitted or maintained in any other form or medium.

Protected health information (PHI) excludes individually identifiable health information in:

1. Education records covered by the Family Educational Right and Privacy Act, as amended [20 U.S.C. 1232g];

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2. Records described in the Family Educational Right and Privacy Act at [20 U.S.C. 1232g(a)(4)(B)(iv)]; and
3. Employment records held by a covered entity in its role as employer.

**"Records."** All documents, written or electronic, created for conducting business or functions within or for DHS. This includes, but is not limited to, all books, papers, photographs, digitized electronic material, maps, databases or other official documentary materials. A record created in an electronic format is considered the same as and has the same force and effect as those records not produced by electronic means.

### **Procedures**

#### Responsibility

Responsibility for the DHS Records Management Program is assigned to:

DHS Records Administration  
Office of Business Services (OBS)  
5010 Industrial Drive  
Springfield, Illinois 62703  
Telephone: (217) 786-6772  
Fax: (217) 786-0052  
TTY Relay: (800) 526-0844

The Office of Business Services (OBS), DHS Records Administration, shall serve as liaison to the Illinois State Archives Records Management staff and the State Records Commission to ensure that DHS has in place retention periods for the scheduling and retirement of records. DHS shall establish and maintain a program and provide training, as needed, for the economical and efficient management and disposal of records. Until DHS records retention schedules have been developed and approved by the State Records Commission, DHS staff shall comply with the legacy agency records retention schedules appropriate to the record series. The records of one legacy agency cannot be intermingled with the records of another legacy agency. These retention schedules have the force and effect of law.

All employees shall confirm with their supervisor, or his or her designee, that they have received and read this Directive. Please see Administrative Directive 01.01.01.170, Directive Review and Receipt Confirmation.

### **DHS Staff Coordination with DHS Records Administration**

Division Directors, and/or their designees, shall be aware of and responsible for knowing the applicable retention schedule for records created and held within their respective organizational units.

Each DHS organizational unit shall appoint a staff person(s) familiar with the records containing confidential/personal information and protected health information (PHI) created and maintained at the office, school, or facility.

The designated staff person, in the DHS organizational unit, shall receive training on this topic and will coordinate the retention, scheduling, transfer, electronic transfer, and disposal of records with OBS DHS Records Administration. These employees shall also be trained to protect the confidentiality of social security numbers. Training should include instructions on the proper handling of information that contains social security numbers from the time of collection through the destruction of information. Confirmation of this training shall be retained by DHS' Bureau of Training and Development within the employee's training record.

Each office, school, and facility shall continue to retain records on site unless the legacy agency records retention schedule provides for the transfer of specific records to the State Records Center.

The designated staff person shall coordinate the management of records with the DHS Records

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Administration for the State Records Center at:

DHS Records Administration  
5010 Industrial Drive  
Springfield, IL 62703  
Telephone: (217) 786-6772  
Fax: (217) 786-0052  
TTY Relay: (800) 526-0844

The designated staff will make periodic reviews of office records in an effort to determine which records are eligible for transfer to DHS Records Administration for storage at the DHS records storage facility. Only records on an approved retention schedule are eligible for transfer.

Staff may not dispose of any records, written or electronic, created for conducting business or functions within or for DHS, until DHS Records Administration receives a State of Illinois Records Disposal Certificate approved by the State Records Commission [5 ILCS 160/17]. Records not eligible for transfer should be reviewed by the designated staff person to determine the proper disposal method. The Procedures in Section VI. should be followed. Also, please see the Administrative Directive 01.03.01.060, Usage, Management and Disposition of E-mail.

Records eligible for transfer should be handled according to the following guidelines:

Staff should contact DHS Records Administration when preparing records or files for storage. All 1st class mail for DHS Records Administration shall be sent to 5010 Industrial Drive, Springfield, Illinois 62703. A retention schedule, length of storage, and identifying box number will be assigned. Only records with an approved retention schedule can be transferred and stored at the OBS Records Administration and the State Records Center.

Staff should comply with the recommended time periods for retention of records maintained by their office, school, or facility and the OBS DHS Records Administration. In some cases, DHS Records Administration may assign a number to like files if they are properly identified by name, content, and retention schedules.

If staff determines that an existing retention schedule should be revised or a new schedule developed, DHS Records Administration staff shall arrange a meeting with the staff from the Records Management Division, Illinois State Archives, for assistance in revising or developing the schedule. After all appropriate approvals have been obtained, including that of the DHS Secretary, staff from the Records Management Division, Illinois State Archives, will present the proposed retention schedule before the State Records Commission. DHS staff may be asked to appear before the Commission in order to respond to any questions raised by the Commission.

Records subject to audit shall not be transferred until the final audit is completed.

The Office of the General Counsel shall be notified six (6) months in advance, or as soon as possible, regarding the destruction or planned destruction or transfer of any record which is subject to anticipated or pending litigation. Such records shall not be destroyed or transferred until written approval is received from the Office of the General Counsel.

#### **Preparing Records for Transfer to DHS Records Administration**

Records may be transferred to "on-site" boxes when they are no longer used or necessary for DHS business or functions. They must be retained for Commission-authorized periods of time. Records are packed in the same order in which they are maintained in active files. Only records and folders may be

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packed. Binders, guide rings, or similar devices are not to be packed, unless they are of vital reference. Records that contain confidential/personal information or protected health information (PHI) must be handled and stored as required by applicable State and federal law. These records must be sealed closed by taping or tying.

To prepare records for transfer, staff will need to obtain standard records storage boxes, a Records Transfer Sheet (form 9196), and State Records Center box labels. These supplies may be obtained through the Warehouse Control System. For administrative files, a Records Transfer Sheet (form 9196) and an Administrative Office Record Storage Box Contents (IL444-1641) should be used and are available on the DHS OneNet under "Forms." For Human Capital Development, Family Community Resource (FCRC) offices, a Records Transfer Sheet form (IL444-4199) and the FCRC Closed/Denied Case Record Storage Box Contents form (IL444-1640) should be used. These are available on the DHS OneNet.

To prepare records for packing in the records storage boxes, the Records Transfer Sheet, the Administrative Office Storage Box Contents and the FCRC Closed/Denied Case Record Storage Box Contents should be prepared in duplicate, as appropriate. The office should keep one (1) copy and forward the other to OBS DHS Records Administration. The office should document the contents of each box in order to retrieve the correct box in the future, if necessary. The Records Transfer Sheet should contain the following information:

Agency: Department of Human Services and legacy agency pertinent to the retention schedule being followed for this particular transfer;

Division: Name of second level in organizational structure;

Date: When the Records Transfer Sheet is prepared;

Department: Name of third level in organizational structure;

Individuals to Contact: Records Storage Manager and Preparer;

Phone: Number of both Records Storage Manager and Preparer;

Agency Box Number: Box number assigned and sequence number;

Title and Date of Records: The title of record series and date of record; (This must reflect the title of the records series indicated on the legacy agency retention schedule.)

Schedule Number: Retention Schedule Number; (This must be the retention schedule number of the legacy agency retention schedule pertinent to the records being transferred.)

Item Number: This identifies the specific record series in the retention schedule; (This must reflect the legacy agency item number.)

The remaining columns (11-16) are to be left blank in order to be completed by the DHS Records Administration staff.

The State Records Center box label should be prepared by following the Records Transfer Sheet, Administrative Office Records Storage Box Contents, or the FCRC Closed/Denied Case Record Storage Box Contents as guides, including a thorough examination of the contents in the box. The title of the first and last file in the box should be marked in the "Series This Box" section of the label. The remaining entries on the label should correspond with the list on the Records Transfer Sheet,

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Administrative Office Record Storage Box Contents or the FCRC Closed/Denied Case Record Storage Box Contents. The "Disposal Date" and "Records Center Box Number" do not need to be completed.

After the label is completed it should be placed under the handle of the corresponding storage box. The identifying and sequence number should be written on the lid of the storage box above the State Records Center box label.

Once the boxes are packed and labeled, in order to comply with the Health Insurance Portability and Accountability Act (HIPAA) and to protect PHI, the boxes must be sealed closed by taping or tying;

The completed Records Transfer Sheet, Administrative Office Record Storage Box Contents and the FCRC Closed/Denied Case Record Storage Box Contents forms should be faxed or mailed to DHS Records Administration at:

DHS Records Administration  
5010 Industrial Drive  
Springfield, Illinois 62703  
Fax: (217) 786-0052

Arrangement will be made to have the boxed Administrative files from Chicago picked up and delivered to DHS Records Administration. The FCRC Offices in Cook County should contact the

Chicago Warehouse for records transfer at:  
Chicago Warehouse  
5150 W. Roosevelt  
Chicago, IL 60644  
Fax: (773) 854-517

### **Storage of Electronic Records**

The Bureau of Communications and Computer Services (BCCS) within Central Management Services (CMS) is responsible for the maintenance, support and security of the infrastructure and resources established to provide the electronic services defined in this Directive.

E-mail will automatically be moved to the Symantec Enterprise Vault. DHS Business related records must not be deleted to ensure compliance with the State Records Act, unless an approved State of Illinois Records Disposal Certificate is obtained.

Employees who wish to retrieve e-mails to their Exchange server (User Mail Inbox) may do so through the Vault Restore Process.

For individuals that leave a current position or State service, special use requirements must be requested and cleared by the DHS Director of Management Information Services (MIS), or his or her designee, prior to submission of the request to BCCS.

### **Retrieval Request from DHS Records Storage Facility or State Records Center**

Any retrieval request for records must be made in writing. Staff must identify the exact box the requested record is located in by referring to agency box number or column 13 on the Records Transfer Sheet, or provide the subject matter, date and other pertinent information for an electronic record. The following information should be furnished for all requests;

1. Name of the agency, including the legacy agency pertinent to the records being retrieved;
2. Name of the individual requesting the record;

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3. Name of the person to whom the record is to be sent;
4. Address to which the record should be sent;
5. Telephone number of the individual requesting the record;
6. DHS Records Administration Box number (for each record request); and
7. Specific information required to locate each record (i.e., record name, record number, record date in the box or boxes).

A record generally takes no more than 48 hours to arrive at the requesting office, facility or school. If retrieval of a record is urgent, staff may go to the DHS records storage facility or the State Records Center and use the record there. If this is necessary, contact DHS Records Administration to make these arrangements.

### **Disposal of Records Stored**

#### **Disposal of Records Stored at the OBS DHS Records Administration**

Once the retention period at DHS Records Administration expires, records are eligible for disposal. Unless otherwise instructed, the records will be disposed of.

#### **Disposal of Records Stored in Department Offices, Facilities, or Schools**

Records kept at offices, facilities, or schools which are eligible for destruction may be destroyed in accordance with approved applications, only after the State Records Commission approves the disposal.

Records containing confidential/personal information or PHI must be shredded onsite. Some areas within DHS shall be allowed to utilize a bonded disposal company due to the volume of information produced.

Each DHS worksite shall have a shredder or access to a shredder to destroy records or reports which contain confidential/personal information or PHI.

The destruction of confidential/personal information or PHI must be witnessed by DHS staff or a person authorized to witness shredding or other disposal procedures.

Confidential/personal information or PHI provided by DHS to a Business Associate/contractor or information created or received by the Business Associate/contractor on behalf of DHS shall be destroyed or returned to DHS. Prior to destruction, the Business Associate/contractor shall notify DHS of the intent to destroy confidential/personal information or PHI at least 60 days in advance. When the confidential/personal information or PHI has been destroyed, the Business Associate/contractor shall notify DHS in writing.

A contractor used in the destruction of confidential/personal information or PHI must provide a certification of destruction insuring that the records have been destroyed and must send a copy of the certificate of destruction to the DHS Records Administration.

Records not containing confidential/personal information or PHI may be recycled or baled, and sold as scrap.

Staff must send a State of Illinois Records Disposal Certificate indicating intent to dispose of records, written or electronic, to DHS Records Administration. DHS Records Administration will forward the State of Illinois Records Disposal Certificate to the State Records Commission at least 30 days prior to

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the intended disposal date. Staff may not dispose of any records until after receiving the approved State of Illinois Records Disposal Certificate from the State Records Commission.

Records converted from hard copy to electronic media must be reflected in the State of Illinois Records Disposal Certificate before destruction.

All removable media, including but not limited to, diskettes, CDs, DVDs, cassettes, videos, and flash drives that may contain confidential/personal information or PHI shall be destroyed or sanitized in a manner consistent with requirements established by DHS. Any electronic media, that holds records, including but not limited to the media listed, must follow the record retention, transfer and destruction approval procedures outlined in this Directive. After the appropriate approvals have been received, DHS Management Information Services (MIS) may be contacted regarding the destruction of electronic media. Please see Administrative Directive 01.03.04.010, Updating, Recycling and Destruction of Magnetic Media.

#### Microfilming

Offices, schools, and facilities are encouraged to microfilm inactive clinical records. Microfilming must be accomplished in accordance with State law and regulations, one of which requires that security microfilm be deposited with the State Archives. DHS Records Administration may be contacted for information regarding microfilming.

#### Protection Guidelines

Each DHS worksite shall ensure that confidential/personal information or PHI is handled, stored and destroyed in an appropriate manner after the retention time period. Managers or supervisors are responsible for monitoring security practices within their worksite. Please see Administrative Directive 01.02.03.140, Protection of Confidential and Personal Information.

The use of full social security numbers shall be regularly assessed and truncated, using the last four (4) digits, when possible. Unauthorized use and disclosure of social security numbers is prohibited and shall be in compliance with the provisions of the Identity Protection Act.

The need for forms and reports which contain PHI and confidential/personal customer and employee information shall be regularly assessed.

Confidential/personal information or PHI shall not be placed in a recycle receptacle

Records containing confidential/personal information or PHI shall not be placed, stored or destroyed in a manner which exposes the record to the public. Records containing confidential/personal information or PHI shall be removed from the DHS employee's desk before leaving work and secured in a locked drawer or file.

#### Penalties

Failure to follow this Directive, resulting in an unauthorized or an inappropriate disposal of reports, records, forms and other DHS documentation, and DHS records which contain confidential/personal information or PHI may result in discipline, up to and including discharge, and civil or criminal penalties.

The inappropriate disposal of reports, records, form and other DHS documentation which contain confidential/personal information or PHI, maybe characterizes as facilitating identity theft. Facilitating identity theft is a Class A Misdemeanor for the first offense and a Class 4 Felony for the second or subsequent offense that may result in discipline, up to and including discharge.

Any person who intentionally violates the prohibited activities contained in the Identity Protection Act is guilty of a Class B misdemeanor.

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Authorized by: *(Signature on File)*

Grace Hong Duffin  
Acting Secretary

End of Administrative Directive 01.05.04.030 Records Management, Retention, Disposal and  
Protection Guidelines

6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

**The Department of Human Services, Division of Mental Health on behalf of the H. Douglas Singer Mental Health Center, asserts that all questionnaires, data, surveys as required are completed and up to date.**

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**REASONS FOR DISCONTINUATION:**

On or about October 31, 2012, DHS and, specifically, Singer MHC, will no longer have appropriations to pay for the operations of this Hospital.

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.

For FY11, approximately 30% of admissions to the Singer MHC had lengths of stay in excess of fifteen (15) days, with 15% of all admissions in excess of thirty (30) days. This verifies the use of Singer CMI beds for that extended care level of service delivery for patients with treatment refractory clinical profiles.

Singer MHC's reintegration (step-down) unit provides transition focused treatment for cases transferred from the Chester MHC. These patients and this unit's focus is solely to transition these patients for integration back into less restricted care and/or for ultimately transition or discharge into the community. This unit currently represents approximately 35% of the inpatient bed day utilization for fy12 through the 3rd quarter. There are twenty-one (21) patients receiving care on this unit. DMH, as a matter of continual clinical case review, is assessing patients at all State-Operated Hospitals. DMH is continually reviewing the cases at the Singer MHC to determine those patients with clinical profiles which would allow a discharge to the community or transfer to extended care beds and services. Patients needing a continuation of inpatient extended care service on or about the date of closure will be transferred to a specifically identified state-operated hospital that provides the level of care clinically required for the patient and or is most proximate to the patients geographical home originally or that locale as requested by patient and family.

See below attached letters (Attachment from the Chicago-Read Mental Health Center; Elgin Mental Health Center and the Andrew McFarland Mental; Health Center certifying their willingness to accept patients needing continuation of clinical care

Singer also provides forensic services to five (5) patients who are justice involved. Forensic services typically are those services provided to patients adjudicated by a court as UST (Unfit to Stand Trial) or NGRI (Not Guilty by Reason of Insanity). DMH is under strict statutory obligations to assess, transfer these patients from county jails and treat in our secure and non-secure hospital system. These patients will likely be transferred a specifically identified state-operated hospital that provides the level of care clinically required for the patient and or is most proximate to the patient's geographical home originally or at that locale as requested by patient and family.

See below attached letters from the Chicago-Read Mental Health Center; Elgin Mental Health Center and the Andrew McFarland Mental; Health Center certifying their willingness to accept patients needing continuation of clinical care

As part of the Governor's Re-Balancing Advisory process DMH is engaging the provider and advocacy community in all of the referring community areas (catchment areas) to

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**fashion local treatment and support services, including acute in-patient care, crisis residential, substance abuse services, expansion of Mental Health (Rule 132) outpatient treatment services and other alternatives to hospitalization, to replace the capacity currently provided to the approximately thirty (30) beds of inpatient access.**

- 2) Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

**There are no other facilities within a forty-five (45) minutes' drive that provide Chronic Mental Illness (CMI) category of Services. Despite this please see below attached, letters from the Chicago-Read Mental Health Center; Elgin Mental Health Center and the Andrew McFarland Mental; Health Center certifying their willingness to accept patients needing continuation of clinical care**

- 3) Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

**There are no other facilities within a forty-five (45) minutes' drive that provide Chronic Mental Illness (CMI) category of Services.**

**Despite this please see below attached letters from the Chicago-Read Mental Health Center; Elgin Mental Health Center and the Andrew McFarland Mental; Health Center certifying their willingness to accept patients needing continuation of clinical care**

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Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

Division of Mental Health - Region 2  
Elgin Mental Health Center ■ Singer Mental Health Center

RECOVERY IS OUR VISION  
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

May 25, 2012

Alfreda Kibby, Interim Hospital Administrator  
H. Douglas Singer Mental Health Center  
4402 North Main Street  
Rockford, Illinois 61103

Dear Ms. Kibby,

It is our understanding that the H. Douglas Singer Mental Health Center (SMHC) in Rockford Illinois is filing with the Illinois Health Facilities Services Review Board (HFSRB) for a permit to discontinue its seventy-six (76) Chronic Mental Illness (CMI) category of service beds.

The Elgin Mental Health Center (EMHC) is located in Elgin, Illinois and is in excess of 45 minutes for your facility. Despite this fact, the EMHC is a facility that has reported in the CY11 Annual Hospital Questionnaire as licensed for 390 CMI beds, had 126,245 inpatient bed days for an average daily census of 345. EMHC is prepared, willing, and able to accept transfers from your facility.

Sincerely,

Amparo Lopez, M.Ed., LCPC

Executive Director

Region 2 Office

Paul Brock, MS, MPA, MHA

Hospital Administrator

Elgin Mental Health Center

Elgin Mental Health Center  
750 S. State St.  
Elgin, IL 60123-7692  
Voice (847) 742-1040  
TTY (847) 742-1073

Singer Mental Health Center  
4402 N. Main St.  
Rockford, IL 61103-1278  
Voice (815) 987-7096  
TTY (815) 987-7072

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Pat Quinn, Governor

Michelle R. B. Saddler, Secretary

Greater Illinois - Central Region  
Andrew McFarland Mental Health Center

● Jordan Litvak, Network Manager  
● Karen Schweighart, Hospital Administrator

May 25, 2012

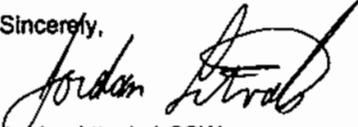
Alfreda Kibby, Interim Hospital Administrator  
H. Douglas Singer Mental Health Center  
4402 North Main Street  
Rockford, Illinois 61103

Dear Ms. Kibby,

It is our understanding that the H. Douglas Singer Mental Health Center (SMHC) in Rockford Illinois is filing with the Illinois Health Facilities Services Review Board (HFSBR) for a permit to discontinue its seventy-six (76) Chronic Mental Illness (CMI) category of service beds.

The Andrew McFarland Mental Health Center (AMMHC) is located in Springfield, Illinois and is in excess of 45 minutes for your facility. Despite this fact, the AMMHC is a facility that has reported in the CY11 Annual Hospital Questionnaire as licensed for 146 CMI beds, had 37,955 inpatient beds days for an average daily census of 104. AMMHC is prepared, willing, and able to accept transfers from your facility.

Sincerely,

  
Jordan Litvak, LCSW  
Facility Director  
Andrew McFarland Mental Health Center

cc: Karen Schweighart, Administrator  
File

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS



Pat Quinn, Governor

Michelle Saddler, Secretary

Chicago Read Mental Health Center  
4200 N. Oak Park Avenue, Chicago, Illinois 60634

May 22, 2012

Alfreda Kibby, Interim Hospital Administrator  
H. Douglas Singer Mental Health Center  
4402 North Main Street  
Rockford, Illinois 61103

Dear Ms. Kibby:

It is our understanding that the H. Douglas Singer Mental Health Center (SMHC) in Rockford Illinois is filing with the Illinois Health Facilities Services Review Board (HFSRB) for a permit to discontinue its seventy six (76) Chronic Mental Illness (CMI) category of service beds.

Chicago Read Mental Health Center is located in Chicago, Illinois and is in excess of 45 minutes from your facility. Despite this fact, Chicago Read is a facility that has reported in the CY11 Annual Hospital Questionnaire as licensed for 130 CMI beds, providing 40,077 days of care during the year and having an average daily census of about 110 patients.

Chicago Read is prepared, willing, and able to accept transfers from your facility.

Sincerely,

Daniel Wasner, MS  
Facility Director

Cc: Ellen Oromo, Hospital Administrator, CRMHC

ATTACHMENT – 10  
Criterion 1110.130 – Discontinuation

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
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**ATTACHMENT – 43  
Safety Net Impact Statement**

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>Year 2009</b>	<b>Year 2010</b>	<b>Year 2011</b>
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>(see Note: below)</b>	<b>(see Note: below)</b>	<b>(see Note: below)</b>
<b>Charity (cost in dollars)</b>			
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>(see Note: below)</b> <b>\$17,730,024</b>	<b>(see Note: below)</b> <b>\$0.0</b>	<b>(see Note: below)</b> <b>\$0.0</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>Year 09</b>	<b>Year 10</b>	<b>Year 11</b>
Inpatient	1071	1041	893
Outpatient	0	0	0
<b>Total</b>			
<b>Medicaid (revenue)</b>			
Inpatient	\$446,300	\$453,974	\$390,300
Outpatient	0	0	0
<b>Total</b>	\$3,252,200	\$0	0

\* Per HSFRB requests - All General Revenue funding is shown in "Other Public Revenue" on hospital inventory data for CY 10 CY 11 and as indicated here. These amounts pay for the majority of care of the residents with no other source of revenue. As instructed by HFSRB "Other public revenue" equals Budgeted operational cost minus total net revenue.

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**XI. Safety Net Impact Statement**

**Safety Net Impact Statement**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

**Under the Board rules Section 1100.560 Acute Mental Illness Treatment Category of Service**

- f) **No bed need formula for facilities operated by the Department of Human Services has been developed. It is the responsibility of the applicant to document the need for a project by complying with the Review Criteria contained in 77 Ill. Adm. Code 1110.**

**DMH asserts that Chronic Mental Illness category of services (CMI), specifically extended care services for treatment refractory patients and statutorily mandated forensic services will be maintained at the remaining State-Operated Hospitals.**

**See below attached letters from the Chicago-Read Mental Health Center; Elgin Mental Health Center and the Andrew McFarland Mental; Health Center certifying their willingness to accept patients needing the continuation of clinical care.**

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Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

Division of Mental Health - Region 2  
Elgin Mental Health Center ■ Singer Mental Health Center

RECOVERY IS OUR VISION  
Recovery is a Personal Journey of Hope, Healing, Growth, Choice, and Change

May 25, 2012

Alfreda Kibby, Interim Hospital Administrator  
H. Douglas Singer Mental Health Center  
4402 North Main Street  
Rockford, Illinois 61103

Dear Ms. Kibby,

It is our understanding that the H. Douglas Singer Mental Health Center (SMHC) in Rockford Illinois is filing with the Illinois Health Facilities Services Review Board (HFSRB) for a permit to discontinue its seventy-six (76) Chronic Mental Illness (CMI) category of service beds.

The Elgin Mental Health Center (EMHC) is located in Elgin, Illinois and is in excess of 45 minutes for your facility. Despite this fact, the EMHC is a facility that has reported in the CY11 Annual Hospital Questionnaire as licensed for 390 CMI beds, had 126,245 inpatient bed days for an average daily census of 345. EMHC is prepared, willing, and able to accept transfers from your facility.

Sincerely,

Amparo Lopez, M.Ed., LCPC

Executive Director

Region 2 Office

Paul Brock, MS, MPA, MHA

Hospital Administrator

Elgin Mental Health Center

Elgin Mental Health Center  
750 S. State St.  
Elgin, IL 60123-7692  
Voice (847) 742-1040  
TTY (847) 742-1073

Singer Mental Health Center  
4402 N. Main St.  
Rockford, IL 61103-1278  
Voice (815) 987-7096  
TTY (815) 987-7072

ATTACHMENT – 43  
Safety Net Impact Statement

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Pat Quinn, Governor

Illinois Department of Human Services

Michelle R. B. Saddler, Secretary

Greater Illinois - Central Region  
Andrew McFarland Mental Health Center

● Jordan Litvak, Network Manager  
● Karen Schweighart, Hospital Administrator

May 25, 2012

Alfreda Kibby, Interim Hospital Administrator  
H. Douglas Singer Mental Health Center  
4402 North Main Street  
Rockford, Illinois 61103

Dear Ms. Kibby,

It is our understanding that the H. Douglas Singer Mental Health Center (SMHC) in Rockford Illinois is filing with the Illinois Health Facilities Services Review Board (HFSBR) for a permit to discontinue its seventy-six (76) Chronic Mental Illness (CMI) category of service beds.

The Andrew McFarland Mental Health Center (AMMHC) is located in Springfield, Illinois and is in excess of 45 minutes for your facility. Despite this fact, the AMMHC is a facility that has reported in the CY11 Annual Hospital Questionnaire as licensed for 146 CMI beds, had 37,955 inpatient beds days for an average daily census of 104. AMMHC is prepared, willing, and able to accept transfers from your facility.

Sincerely,

Jordan Litvak, LCSW  
Facility Director  
Andrew McFarland Mental Health Center

cc: Karen Schweighart, Administrator  
File

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
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Pat Quinn, Governor

Michelle Saddler, Secretary

Chicago Read Mental Health Center  
4200 N. Oak Park Avenue, Chicago, Illinois 60634

May 22, 2012

Alfreda Kibby, Interim Hospital Administrator  
H. Douglas Singer Mental Health Center  
4402 North Main Street  
Rockford, Illinois 61103

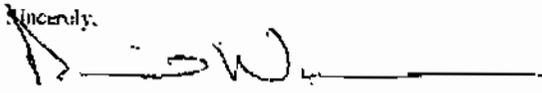
Dear Ms. Kibby:

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Chicago Read Mental Health Center is located in Chicago, Illinois and is in excess of 45 minutes from your facility. Despite this fact, Chicago Read is a facility that has received in the CY11 Annual Hospital Questionnaire as licensed for 130 CMI beds, providing 40,077 days of care during the year and having an average daily census of about 110 patients.

Chicago Read is prepared, willing, and able to accept transfers from your facility.

Sincerely,

  
Daniel Wasmer, MS  
Facility Director

Cc: Ellen Otomo, Hospital Administrator, CRMHC

ATTACHMENT – 43  
Safety Net Impact Statement

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
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2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

Currently, twenty-one (21) beds are used for extended care level of care, one foundation of DMH's mission, *i.e.*, providing a safety net for those persons with treatment refractory (resistant) illnesses who need the type of care typically requiring longer lengths of stay. Access to extended care beds will still be a major focus of DMH's re-balancing plan. We are planning that for any person continuing to need extended care as determined by the individualized clinical case review will be transferred to a specifically identified state-operated hospital that provides the level of care clinically required for the patient and or is most proximate to the patients geographical home originally or that locale as requested by patient and family.

See below attached letters from the Chicago-Read Mental Health Center; Elgin Mental Health Center and the Andrew McFarland Mental; Health Center certifying their willingness to accept patients needing the continuation of clinical care.

Currently five (5) patients at Singer MHC are justice-involved (forensic) and will remain in the DMH system until such time as their clinical condition improves allowing us to approach the judicial system for a change in their court status.

See below attached letters from the Chicago-Read Mental Health Center; Elgin Mental Health Center and the Andrew McFarland Mental; Health Center certifying their willingness to accept patients needing the continuation of clinical care.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Approximately forty percent (40%) of the remaining beds, thirty (30), at the Singer MHC service the needs for more acute level of care, typically because of a lack of funding by the patient (uninsured or under-insured). DMH has long advocated community-based services, especially for inpatient care, and is committing a level of funding to be disbursed to those community providers offering plans for inpatient services and other alternative ambulatory treatment services which could divert a hospitalization.

The Singer MHC rebalancing plan projects to obligate \$5,031,900 for the operations of the Singer MHC through October 31, 2012; \$614,100 for the continued maintenance of the Singer property for the remainder of FY13 and also an additional allocation of \$4,800,000 obligated for reinvestment to the purchase of alternative community-based services to replace the capacity loss by the closure of the Singer MHC. Projections for FY14 and FY15 annualize the projected community re-investment for \$7,200,000 for each year. The final appropriations FY13 budget is, of course, a legislative process that will likely be finalized after the submission of this application. The FY13 budget is presently pending negotiations and finalization by the General Assembly.

The Governor's Office and DHS have begun the formal Governor's Re-Balancing Advisory Workgroup process. This structural process began April 2, 2012 and continues to be in active development.

Six strategic Advisory Workgroup Committees were formed and empanelled. The committees and their mission/function are as follows:

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1. *Hospital Engagement* - **Mission:** Assist the state in determining the scope, types, amounts, locations and rates for hospital based care.
2. *Service Models & Innovations* - **Mission:** Assist the state in determining the appropriate scope, types, amounts and locations of services for enhancement in the region. In addition, assist the state in developing and planning for the implementation of innovative service interventions.
3. *Community Education & Support* - **Mission:** Assist the state in planning for the education of consumers and providers as the system changes, and to identify and plan for workforce development needs.
4. *Service Financing & Payment Methodology* - **Mission:** Assist the state in defining new payment models for financing the community service enhancements and innovations recommended by Committees 1 & 2.
5. *System Performance & Outcomes Assessment* - **Mission:** Assist the state in determining the most appropriate methodology and metrics for evaluating effectiveness of system reforms and restructuring efforts.
6. *Messaging, Media & Legislative Liaison* - **Mission:** Assist the state in developing appropriate messages, and interface with the members of the General Assembly on restructuring issues.

Co-Chairs for each of the above Advisory Workgroup Committees were appointed from person in leadership positions at local community providers. Top executives from the Governor's Office, DMH, and the Division of Alcohol and Substance Abuse (DASA) were appointed to be state liaisons and to provide support to the committee co-chairs.

Significant work has been done by several of the Advisory Workgroup Committees. The *Service Financing & Payment Methodology* and the *System Performance & Outcomes Assessment* Committees have explored approaches to financing enhancements and measuring their impact respectively. Work by the *Community Education and Support* Committee and the *Messaging Media and Legislative Liaison* Committee. These committees are underway and will play an important role once the system enhancements move forward and have combined responsibilities for the Singer MHC rebalancing as well as other state-operated actions.

The *Hospital Engagement* and *Service Models & Innovations* Committees Co-Chairs were appointed from persons in leadership positions at local community providers specific to the Singer MHC market (catchment) area. These committees are currently meeting and charged with developing recommendations to enhance the existing community crisis system and formulate new treatment service array opportunities. A copy of the minutes and attendance logs from these regional advisory meetings are attached below.

The recommendations from these committees will inform a Request for Information (RFI). The RFI will be posted and all local providers will be invited to bid on treatment components that they wish to provide under contract with DHS.

The RFI is provisionally projected to be released In July 2012 subsequent to the submission of this application. Review of RFI responses, evaluation of those submissions, scoring of the proposals, awarding vendors, negotiating and contracting

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for service delivery is also expected to occur in the months following the submission of this application.

All Advisory Workgroup committees are seen as essential to guiding the continued refinement of the new Singer MHC Re-Balanced Crisis Care System for the future.

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Singer MHC Hospital Engagement: Minutes from Morning Meeting at Sinnissippi  
4/25/12

Attendance: Please see sign in sheet.

Amparo Lopez welcomed the group. Our work here today is not new, we met last year to brainstorm and plan for the closure of Singer. Money was restored and Singer stayed open. Money is tight but there are available funds for rebalancing. As we think about what is important today, let's remember that recovery principles are enhanced when an individual is connected to home and community supports. Our goal is to rebalance the mental health system with more connections to the community. Our immediate objective today is to come up with recommendations regarding reshaping our system. Once again thanks for coming.

On the phone, we had Zander Schamper from Galena, Paula Carynski and David Schertz, OSF Saint Anthony Medical Center, Sally Davidson, Dan Wasmer, Dolly Scanlan, Edna, Proctor Hospital, Peoria.

Dan Neal and David Deopere and Co-chairs. In David's opening remarks, he told us that he has been involved with 4 SOF closures: East Moline, Galesburg, Zeller, and Singer.

Singer is smaller than the others but the acuity is much higher. Each of these processes worked better when there were collaborations and partnerships. Nobody in this room made the decision to close. Please allow us to come up with innovative ideas. We have the desire to be collaborative and to make it work for everyone. The acuity of patients in EDs is more severe than it was years ago. We must stay focused to accomplish our task.

Dan Neal has also worked over 40 years in the system. We find ourselves, "Back in this soup". We have unfinished work. We must try to put together a system to deal with the fall out of facility closures, collaborate with the Department and find solutions. We will outline alternatives that folks will be asked to respond to. We want to embellish services. Stay positive. This is tough work. Our client group experiences issues with drug and substance abuse in addition to mental illness. We are really glad to see hospitals represented here.

Michael Pelletier: Singer and TPMHC are big project issues for him. First he will get us all up to speed regarding the process and our purpose. In September, the Governor announced the closing of 4 Mental Health Centers (MHCs) and Developmental Centers (DCs). We went thru the legislative requirements. COGFA met in OCT and NOV. Their advice was to reject the administration's plan to close all the institutions the Governor recommended. After those votes, the legislature re-appropriated money for the operation of the SOFs: Tinley Park, Chester and Singer. The Governor met with legislative leaders (for more information, see the Governor's website). The closure of Tinley Park (TPMHC) on June 30th and of Singer Oct 31st was decided after meetings with both the House and Senate, budget discussions, and a review

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of FY 13 projections. A move into more community based systems rather than institutional care was proposed. We have established a rebalancing group structure in order to engage the community and develop alternatives. Six committees were established. Mark Doyle from the Governor's office and DMH leadership will participate. Tinley and Singer are both going through the same process. Two Singer groups are meeting today. The four others are: Community Education Support, Service Financing & Payment Methodology, System Performance & Outcomes Assessment and Messaging, Media & Legislative Liaison. The rebalancing in community education and support will get into full gear once there is a plan in place. They are charged with finding ways to ensure that consumers are aware of new processes and services, and to make additional recommendations specific to other areas such as work force development. The Service financing and payment methodology group is DMH specific, looking for models to pay for these services. Systems performance and outcome assessment will develop a mechanism to track our new products in order to determine whether or not we are doing what we set out to do. The Media committee will establish a mechanism to help the community and the legislature track and understand what is going forward. Each hospital has its own hospital engagement and Service Models and Innovations committees. The group meeting this afternoon (Service models and innovations) will discuss types of ambulatory treatment services we need to enhance as well as new programs or services we need to start. Hospital engagement is this AM's group.

**Purpose:** At both hospitals, most admission activity comes from hospital ERs. By history, both ERs and inpatient units have unique issues in dealing with patients. In order to look at the interface of one hospital to another, we must speak directly to you. We know the bed capacity in community. How can we enhance and further develop this capacity? What is the impact in ERs? How can we deal with this and develop alternatives? This is a unique and significant stakeholder group. Please refer to the hand out. In the letter we sent out, we referenced the RFI for TPMHC that was published April 6th. We will reference it again and use it as a template document. It was developed after their two groups met. We are using it solely for reference as a working template. We will organize in a similar fashion.

**Hospital Engagement group:** This is the model for TPMHC. It is a template for your review. The catchment areas are very different. Think about your part of the system of care. What we found at TPMHC: 15 hospitals within their catchment area had 1600 of the 1900 admissions. We focused our efforts on those 15. 98% of the admissions came from ERs. They have 3 hospitals in Region 1: Madden, Tinley and Read. They share admissions that are specifically geographically oriented but they are free to move admissions around. The other 300 were from outside of Tinley's area. Some of the 15 hospitals have psych units and some do not. Hospitals with psych units had more admissions to TPMHC. The two types of hospitals need to be dealt with differently. We need documentation on admissions. What could provide relief and access to services for consumers in each place? When we discussed this with them, how did they identify the issues related to them? Will we have similar issues? Two of the biggest are: the amount of time spent in the ER before admission and transportation. Transportation may be less of an issue because we have a contract with ITP. Were patient wait issues greater in hospital that didn't have psych units? Most folks came to meetings with their beliefs but few had actual statistics. We developed a survey for ERs to complete for a distinct period of 1 week. It included 10 questions. What were the symptoms, why were they there, was this a new onset, did they need meds, was their appointment too far away, were they anxious, have social problems, need housing, food, what number of folks with psychiatric diagnoses, what funding streams, how much time to disposition, what was the disposition, etc. We got this data but don't have it analyzed yet. We will roll out a similar survey here ASAP. The issue on wait times

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is multiple, complex. The extent that psych facilities have access to mental health professionals to get the assessments, etc., affects wait time in ER. Hospitals with less access have on call social workers and psychiatrists. Will you participate in that survey? Mr. Pelletier will get the screen shot and send it out seeking voluntary participation. Some hospitals would like it. In this area, we serve 21 counties. We have a different twist on transportation. Smaller ambulance companies won't take clients because the state is slow in paying. The state hospital is not taking. The referring hospital ends up paying for the ambulance. Involuntary transfers should go thru ITP. This area would like to duplicate the transportation contracts because they would pay their bills in a more timely fashion. In the Tinley area, based on discussions and meetings with ERs and Doctors at both types of hospitals, we developed 3 options to bid on that are contained in the RFI.

The CHIPs program is hospital based, open to those hospitals with inpatient units. We had this program for 7-8 years in the past subsequent to prior downsizing and closings. We had contracts with 30 hospitals. This program pays for inpatient days for indigent clients. Admissions are authorized and concurrent reviews were done thru our offices. We were buying days based upon available beds. You can review the CHIPs program in the Tinley RFI. The Community Service Agreement and scope of service for CHIPS are included. Specifics include Medicaid applications, admission criteria, length of stay, discharge criteria, etc.

The second service is open to any hospital. It is called BILT: brief intervention, linkage and treatment unit. Many hospitals have distinct, small, internal units in their ER that handle only psychiatric patients. A small wing attached to an ER where patients get triaged. Hospitals can designate and staff a special spot in their ER. BILT is in the RFI. There have been two bid on it so far. If it starts from the ground up, capital and staff can be very expensive. BILT was initially thought of as 3-4 beds in a psych unit for 24-36 hours. The Tinley area determined that they had capacity issues. A 3-4 bed sub unit in a psych unit would take away patient beds from the unit, not add beds. If 50-60% would need to stay on the psych unit, they wouldn't get any flow through or benefit. They would prefer to do it in their ER. They believed that if they had vacancies in their unit they would be obligated to take transfers from other hospitals and EDs and that if they didn't take transfers they would be subject to EMTALA. A unit located in an ER would get rid of any EMTALA concerns.

Many agencies in the Tinley area had stopped prescreening. MHCs had stopped going to hospitals for that purpose. Hospital ER staff did it themselves. This proposal called for ERs to be adequately staffed with individuals trained to triage, perform assessment, and arrange disposition and linkage. 25% of folks in that area had their primary diagnosis substance abuse. 60% had a secondary SA diagnosis. The population in the city is different than in the Singer area. Case studies verified that SOFs were admitting large numbers with SA problems alone. This fact was verified at TPMHC and Madden. We looked at length of stay (los) as well. LOS was 2-3 days individuals with a SA diagnosis. Hospitalizing these folks in SOFs or inpatient psych units is not appropriate. They recommended enhanced screening and the BILT models. They need better access to psychiatry, face to face assessments by an APN or a Q and better assessments. Does an individual need mental health or substance abuse services? We can impact the numbers by giving the right service at the right time.

**Q:** Were hospitals not equipped to make assessment? Were they being conservative? Would better trained folks be able to identify co-occurring conditions? Do we put folks in silos?

**A:** We found the predominately overriding factor for the caution of ER doctors was fear of liability/risk. Respite centers can help sort out issues. Credentials can impact the disposition.

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Problems are different in the Singer area. Only about 10% in this area have primary substance abuse. Medical clearance is done in the ER. They found that by doing daily psych rounds in the ER they could clear an individual to send home with linkage, case management, meds etc. 50% could go home within 48 hours. They were able to make a more experienced determination of lethality and risk. This made the ER doc's decision easier. We should enhance psych capacity in ERs. Consumers may not be given active treatment in the ER. They may just sit until they get to the next level of care. A Prescriber with face to face intervention, could start dealing with the emergency and could often send them home. ER docs didn't want to start treatment. There are procedural reasons for this. The SOF would get mad if a client was stable once they got there. Discussion ensued. There are different needs in the Singer area. How much treatment can they provide in the ED?

**Q: What about EMTALA? What about active treatment?**

**A: The purpose of the assessment and linkage team is to make the best assessment, best determination of disposition, and best management of the case.**

Transportation and medication are issues. The TPMHC RFI has the ability for each area to bid on psych. Meds for folks coming off of a unit, from ERs, etc. Admissions to TPMHC are 100 % unfunded. At Singer 65% are unfunded. Access to psychiatric meds is in the RFI. Remember that we have to provide services for those that otherwise would go to Singer. How can we capture that number? How will we do UM with those folks?

Amparo gave a report on secondary and primary discharge diagnoses. This data is from discharge planning and is another piece of information for you. This is what we see on this end. We can look at the most frequent diagnoses. The most prevalent discharge diagnosis is unspecified psychotic disorder. Can we get this information by county? Length of stay information would be good to know. Diagnosis is just informative. Look at the number of adjustment disorders. If he had a living room model, maybe these folks would not be admitted. What if there were other resources? Please look at this, compare it to your data and look at secondary diagnoses. Substance abuse can't be separated out. We must treat the entire person. Out of 851 discharge diagnoses, 24 were drug induced. This is under 10%. Substance abuse was a secondary diagnosis in 273 or 32% of the cases. We need to buy SA service in the TPMHC area. We may not need to buy that here. We must remain consumer focused community based and data driven.

We need to look at a regional perspective. Access to Singer has been extremely limited during this period. Singer doesn't have the psychiatrists. This community is seeing the clients. You must count more than the 800. The acuity in the community is extremely high. We need a system to take care of these clients. You should look at 2010 to get better numbers.

Are these three models the ones we want? The patients are coming. Nothing will change. What do we want to address the need? Will there still be SOF capacity for us? Will there be a safety net system? What are our capacity needs?

**Q: Some patients still need a SOF? Some can go to CHIPS? What has changed is the combativeness of the patients. Is there an objective measure of this? There is a variety of risk management tools. Will we be able to still get the most violent patient to the SOF? Can substance abuse CHIPS patients get approved? Will payment be timely? In the past, after concurrent reviews, the state wouldn't pay.**

**A: We think after a robust evaluation and opportunity to send folks to a SA program, the need**

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for to send them to a CHIPS hospital will decline. We have DASA on the phone now due to our discussions in the TPMHC area. Seeing a 60% utilization, we know we have to deal with this like never before. We are getting specific bids for SA services. DMH is doing more with SA than ever before. We will review all programs and proposals.

**Q: Will there be vouchers for timely payment of hospitals?**

**A: Under the current system, it would be a state contract and a screener would determine eligibility. In the TPMHC RFI, there would be two types of transport. ITP for involuntary transports and other transportation for voluntary persons to move from evaluation site to treatment site. Can the sheriffs be part of our proposal? Sheriffs are not an appropriate way to transfer a consumer. There must be a more humane and Adequate way.**

**What about forensic patients?**

The jail is responsible for the healthcare of inmates. Our jail data link is a help. Paula from St. Anthony's appreciates this dialogue. We must do the right thing. She is intrigued by the TPMHC proposals. St. Anthony needs to talk about the availability of psychiatrists. They would like to put a program in place with psychiatrists in the ER but they can't hire enough psychiatrists. Even with good evaluations we often can't find placements. Patients are not safe. It puts a huge drain on the ER.

**A: You could include staff training, a living room proposal or any other proposals. What type of proposals would you like to develop? What other service are already available? What do you need? Look at a Sequential intercept model.**

Please send comments to David and Dan. Think about when we want to have our next meeting. We are working backwards. We know the hospital closing. We know there is lots to happen. We know services must be available. There is no appropriated budget yet for FY 13. The budget for Singer is published. There is \$4.8 million for rebalancing, \$1 million to close Singer. Budgeting is a process. We need to work this program through. More clarity is needed. Then, we'll collapse our ideas into a bid. We need something distinct in place by July 1.

**Q: Will they stop admissions long before October? We may need something in effect long before that. Timing can be part of the contracting process. We need the civil population length of stay.**

**A: Singer probably won't stop admitting until 30 days prior to closure. We have bargaining unit agreements, etc. to observe**

Next meeting is May 7th at 1:00 PM at Sinnissippi Center in Dixon.

Minutes summarized by Dolly Scanlan

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Singer MHC Services Models and Innovations: Minutes from afternoon meeting at Sinnissippi  
4/25/12

We won't repeat everything that transpired this AM, so be sure to ask if you missed anything. Dan Wasmer is on his way. He was lost but now he's found. Rick Nance and other DASA staff are on the phone as is Sally Davidson and Dolly Scanlan.

Amparo: Welcome back. Again, remember that we are looking at what we need to do to absorb individuals affected by the closing of the facility. We did some ground work when this started engagement meeting some months ago. We want to pick up where we left off. Now

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APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
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there are some dollars to talk about. This will be a more transparent process. We will use the same process utilized for Tinley I am sure there will be lessons learned. Please stay focused on the consumer perspective, be person centered and respectful of each other. We are looking for your good ideas. Introductions were made again. Mr. Litvak reiterated what Mr. Pelletier went over this bid. Four committees are state wide. Two are specific to each closing hospital. In this area, we have mostly the same players. Should we have one big meeting or 2 separate meetings?

Please refer to the handouts. The flow sheet reflects the system of care envisioned in Region 1. This is a template that we can use to bounce off of, not fit into. We need our own flow sheet based upon our input and ideas. Tinley is different---there were more admissions there (1900), Singer had 845. Most of the Tinley patients are unfunded. Singer's clients are 65% unfunded. Tinley has a high percentage with primary substance abuse issues. This number is much lower at Singer.

Jim Sarver: Last Sept., this 9 county area began a process of planning in response to the announced closure of Singer. We've been through this before. We don't have much access to Singer now. They gave a proposal to the Director March 2nd. Now we want to look at the proposal. We know how to provide services in this corner of the state. What is needed in all of the other areas? Region 3: North Central, Robert Young, and Bridgeway. Bridgeway has 7 hospitals in their area, only 1 with psych unit. We should use technology to our benefit. We have some very rural areas. We still need an inpatient unit. What happens in ERs? We are seeing an increased level of acuity. Look at the overlay of funding of community services. The loss of money to non-Medicaid clients affects the admissions. We are seeing a much different type of individual. There has been a deterioration of the infrastructure of our mental health system. First, we need to get back to the needed level and then we can expand upon it. We're glad so many hospitals were here this AM. Will we have access to another state hospital? No answer is known at this time. The Division is looking at all options. Where's the overflow to go? Where will capacity come from? Look at catchment areas? There are still two SOFs in Tinley's areas. There is increased forensic pressure. Conditional release programs are sending more folks to the community. What will happen to those folks that we can't provide the service for? There were assurances that it would continue be a SOF responsibility. There will always be folks that need a SOF. What will we do with them? People have no funding? There is a very small number that will never stabilize. What if there is no funding for the non-Medicaid population? How will we address this? That 1% that is aggressive and makes the news becomes the poster child for a bad situation. What about a 40% cut in the budget that we keep hearing about? We need an increase. We need to know that there is a safety net.

The Sequential intercept model is a criminal justice model. We are interested in enhancing community based services such as ACT, CST, and supported housing. We need funding for basic services. Where are people intercepted? We propose to enhance crisis training with police and imbed a crisis professional. CIT involves a 40 hour training course in Winnebago County. This group has a regional, 9 county model that proposes a 9 county triage center in Winnebago County. The Living room model and a crisis residential program are included. Have you done a hard count? They think they could deflect 35%. How about region 3? Please think about this. Also, if CHIPS dollars come back it will help. Transportation will be an issue. Enhanced assessments will increase deflections but some things are out of our hands. ER doctors decide to admit sometimes regardless of their input.

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What about the funding stream? When capacity grants and non-Medicaid took a hit, it became hard to provide the services. People would get deflected if there were options. At Trinity they used to be able to deflect more when there were services in the community. Many are worried about the proposed 40% cut they are hearing about.

Have you thought about a quality improvement process? What about using tele-psychiatry? We want to start linking primary healthcare doctors with our doctors. We will be on the cutting edge and open accessibility to services.

Dan Wasmer: Our target population is the group that used to go to Singer. We want an early intercept. Catch and track. The ideal is to move back into earlier intercepts. We should start with, first, can I get the person out of the ER.

Mary Ann Abate commented however, that the system is currently telling folks to take people to the ER. We need to start earlier than that. Stop telling families to take their loved ones to the ER. We should have the rules changed so that police or fire could transport someone to a crisis triage center instead of the ER. First responders need to change their thinking. We can collaborate and get the doctors and consumers to realize that they have alternatives. Agencies are the risk managers for the ERs.

NAMI: families feel left out. This again brings up training issues. We don't want our loved ones transported so far away. Include a training component in the RFI. When will our RFI come out? About one month from now. See the flow chart on page 9. Something like this will be developed. Look at the RFI from Tinley. One part shows that this is what we're buying. Another part shows that this is what we already fund. Etc. Will a CHIPs hospital still have to be accredited? This could be a real problem for KSB.

We will combine the two committees and meet on May 7th at 1:00 PM at Sinnissippi Center.

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

Singer Mental Health Center  
Re-Balancing Advisory Group  
Hospital Engagement  
April 25, 2012  
10:00 a.m. - 12 noon

Sign-In Sheets

Name	Agency	e-mail
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Dani Foster	Rochelle Community Hospital	dfoster@rocha.net
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Larry Prindle	Mississippi Center	larryprindle@mississippi

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

Singer Mental Health Center  
Re-Balancing Advisory Group  
Hospital Engagement  
April 25, 2012  
10:00 a.m. - 12 noon

Sign-In Sheets

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APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

Singer Mental Health Center  
Re-Balancing Advisory Group  
Service Models & Innovation  
April 25, 2012  
1:00 p.m. – 3:00 p.m.

Sign-In Sheets

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Michael Jod	KYC	FRIDAM@IHS.ORG
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Dan Wasmer	DMH	dan.wasmer@illinois.gov

**Singer Rebalancing Meeting of Stakeholders  
Hospital Engagement and Services Models  
Sinnissippi Center – Dixon  
May 7, 2012  
Minutes**

**I. Introductions (please see sign in sheet)**

**II. Acceptance of minutes of the 4/25/12 meetings with community agencies and hospitals**

**III. Discussion points:**

- Considerable discussion ensued regarding the need to have State Operated Hospital (SOH) back up for violent patients that cannot be maintained in a community hospital setting. Both Dan Wasmer and Michael Pelletier assured the stakeholders that a 'pressure valve' involving referrals to SOFs would be in place. The whole state will continue to have a SOH option. Per Michael, patient profiles will be developed and data gathered in order to make informed decisions regarding community capacity and SOH back up beds;
- Jordan provided a spreadsheet listing 3N and 2W counties, admissions to Singer, ALOS, and categories of LOS from 1 day to over 100 days, for FY 2011 and FY 2012 through April, 2012. Stakeholders requested similar data for FY 2010. As perhaps most reflective of admissions as Singer was operating at full psychiatrist staffing for FY 2010 (please see attached updated spreadsheet);
- Michael P. provided an update to the Tinley Park RFI process. Approximately 42 RFIs were submitted by community hospitals and agencies with contracts offered and accepted by 10 hospitals for CHIPS services, 15 hospitals providing enhanced ED assessment and referral services and 12 community agencies providing capitated Community Crisis Care, DMH and DASA Residential care. BILT proposals were not accepted due to money constraints, however BILT remains on the table for Singer RFIs. All purchased services for Tinley Park catchment area must not exceed \$9.8 million for FY 2013.
- Dan provided an updated diagram of the system of care developed (please see attached). A similar process will occur pertaining to the closure of Singer. Policies and Scopes of Service are currently being developed for each level of care;

**IV. 2W/3N Discussion of Preliminary RFI Planning**

- Counties in 2W have started working on expanding and formalizing their historic cooperative agreements to encompass services DMH is wanting to purchase to address the needs of individuals who would have been referred to Singer. Extending psychiatric services to individuals needing to be admitted to medical units due to overflow issues was discussed. Michael P. remarked that DMH has not considered paying medical units for psychiatric services provided but perhaps the enhanced ED assessment staff could extend assistance to a medical floor;

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- **Voluntary transport was viewed as a needed service to transport assessed clients to contracted MI and SA treatment sites. There was a request that DMH waive the requirement that all hospitals receiving rebalancing contracts be credentialed;**
- **Michael P. remarked that there are plans for SOH's to develop crisis stabilization areas. As expertise is developed it will be shared with the community agencies. EMTALA concerns should be directed to hospital attorneys;**
- **Don Miskowiec of NCBHS remarked that some discussion have been held among providers in 3N; use of tele-psychiatry in rural areas has been considered. After listening to the models of service discussed so far, further refinement of proposals will occur.**

**V. Next Steps**

**Michael stated that it is hoped the RFI for Singer catchment area will be out by July 1, 2012, following a release of a draft proposal seeking feedback. An annualized budget of \$7.2 million will be the dollars DMH has to work within when purchasing services. What is desired to be included in the service package will drive estimated individual cost of services.**

**In the meantime, the Regions need to continue to refine their service proposals. Jordan requested agencies to develop a calendar for the completion of each component of their proposals, as well as come prepared to discuss modifications desired in the current service package developed for Tinley Park catchment area. Michael requested completion of the Survey Monkey previously distributed in order to provide a snapshot of issues involved with ED presentations (e.g. no medications; police involvement) as a step toward developing an intercept plan.**

**The next meetings of stakeholders will take place at the Sinnissippi training Center on May 21, 1p – 4p and June 4 – 1p - 4p.**

**Respectfully submitted by  
Sally Davidson  
Contract Manager  
DHS/DMH Region 3**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

Singer Mental Health Center  
Re-Balancing Advisory Group  
Combined Hospital Engagement and  
Service Models & Innovation Committee  
May 7, 2012  
1:00 p.m. - 4:00 p.m.

Sign-In Sheets

Name	Agency	e-mail
Jim Sarver	Mississippi Center	
Dave Deoper	Robert Young Center	
Demis Duke	Robert Young Center	
Michael Dreda	Robert Young Ctr.	
Natalie L. L. W.	SCI	
Amy Lew	DMH.	
Aimee Anderson	Bridgeway	
Tom Colasera	Bridgeway	
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ROCKFORD ILLINOIS**

Singer Mental Health Center  
Re-Balancing Advisory Group  
Combined Hospital Engagement and  
Service Models & Innovation Committee  
May 7, 2012  
1:00 p.m. – 4:00 p.m.

Sign-In Sheets

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APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

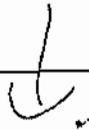
Hospital: 7  
 Providers: 9  
 Total 34

Singer Mental Health Center  
 Re-Balancing Advisory Group  
 Combined Hospital Engagement and  
 Service Models & Innovation Committee  
 May 7, 2012  
 1:00 p.m. - 4:00 p.m.

Sign-In Sheets

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Rick Nance		

Jane A.



**Singer Mental Health Center  
Re-balancing Advisory Group  
Hospital Engagement / Services Models  
Sinnissippi Center  
May 21, 2012  
Minutes**

**I. Introductions and Welcome**

**II. Review of Tinley Park Funding Plan for Services Purchased – Michael Pelletier**

- Four hospitals with inpatient psychiatric services and in-place crisis screening services with psychiatric or APN availability received contracts to provide Enhanced ED services. The ED Evaluator will be the gatekeeper for community services;
- For Singer's catchment area, including 2W and 3N, \$4.8 million, annualized to \$7.2 million, will be made available for re-balancing, pending the Governor's FY 13 budget.

**III. Review of Data: Decisions/discussions regarding services needed for the Singer area should be based on data, with recommendations and planning proposals backed by data provided prior to the start of the meeting. Discrepancies regarding lengths of stay (LOS) or average lengths of stay (ALOS) could be due to the exclusion of admissions that would skew the overall patient profile (such as step down admissions from Chester). Agencies who are noting unexplained discrepancies can notify Amparo to discuss further.**

**IV. Concerns:**

- CHIPS will utilize a large portion of allotted rebalancing dollars: Michael explained that for the Tinley Park area, data was examined, patient profiles developed and reviewed by a Clinical Focus Group and a determination was made that a significant number of Tinley admissions, up to 60%, could have avoided hospitalization if enhanced assessment, ED treatment, and enhanced outpatient services had been in place. A similar process will be conducted for the Singer closure;
- Community hospitals are currently at their acuity capacity; they are making a maximum amount of deflections now; do not have the security staff to manage additional aggressive patients and/or patients that need a significant length of stay: A Singer Clinical Focus Group will review data and patient profiles and make recommendations of what outpatient services need to be offered in the RFI to avoid unnecessary inpatient admissions and what assessments need to be conducted to assure the individual is referred to the correct level of care based on data (such as readmission rates, LOS, restraint episodes, emergency medication rates, etc.) and best practice. In addition, the Focus Group will develop a list of post-hospitalization services that need to be in place to avoid destabilization. The number of individuals for which DHS/DMH is planning to purchase services for is 840 (based on referral data). State Operated Hospital beds will continue to be available as needed.

**V. Calendar: The next meeting of the Re-balancing Advisory Group was scheduled for June 4, 2012 from 1pm -4pm at Sinnissippi Center. DHS/DMH will have reviewed a draft proposal offered by 2W (see attached) and will be prepared to give providers feedback. 3 North and other stakeholders were encouraged to provide input to this proposal and to attend the June 4th meeting so their input could be given. There will be only one RFI, to encompass 2W and 3N so stakeholders need to participate in order to have influence on the forthcoming RFI, which should be released by July 1, 2012. Michael will distribute the CHIPS Scope of Service that has been developed and will not be changed. It will have Quality measures that will include the**

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ROCKFORD ILLINOIS**

consumer's engagement in treatment, readmissions, and will track any incarcerations.

**VI. Questions/Comments: How will eligibility for services under the RFI be determined: Dan explained that the Collaborative will perform Access (formerly called ACARES) functions. These functions will include determining eligibility based on established criteria, will provide prior authorization based on a conclusion of medical necessity, and will determine needed level of care based on assessment scores, including LOCUS scores. The Collaborative will conduct concurrent reviews with the provider.**

**VII. Clinical Focus Group: Agency/hospital clinicians volunteered to be on a Singer re-balancing clinical focus group (see attached). The newly formed Clinical Focus Group will have its own timetable for meetings. Many people in the Advisory Group will also be on the Focus Group so will have an overall view of the process. Amparo will notify Focus Group members of meeting dates.**

**Next meeting: Sinnissippi Center, June 4, 2012 1p – 4p.**

**Minutes Respectfully Submitted by  
Sally Davidson  
Contract Manager  
Region 3**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
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Providers : 13 agencies  
 Hospitals : 7  
 Total 26  
 Singer Mental Health Center  
 Re-Balancing Advisory Group  
 Combined Hospital Engagement and  
 Service Models & Innovation Committee  
 May 21, 2012  
 1:00 p.m. - 4:00 p.m.

Sign-In Sheets

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Michael [unclear]	Robert Young	freedom@ry.org
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Ampero Lopez	DMH	
Michael Pelletier	DMH	
W. [unclear]	SCF	

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

Singer Mental Health Center  
Re-Balancing Advisory Group  
Combined Hospital Engagement and  
Service Models & Innovation Committee  
May 21, 2012  
1:00 p.m. - 4:00 p.m.

Sign-In Sheets

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Sally Dandrea	DMH - Region 3	
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Mark Doyle	Gov. Office	mark.doyle@illinois.gov
Dean Strain	Methodist Hospital	
Deanis Ritzmann	OSF St. Elizabeth's	

7.

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

Singer Mental Health Center  
Re-balancing Meeting  
June 11, 2012 1 pm – 4 pm  
Swedish-American Hospital – Rockford

Minutes

1. Introductions – Please see attendance list attached.

2. Data Discussion: Data had been previously distributed for Fiscal Years (FY) 2010, 2011, and 2012, focusing on Lengths of Stay and Restraint and Seclusion events. It was noted that FY 2010 indicators' data needs to be rerun. Data distributed by DHS/DMH in addition to USARF data should be used to assist in determining questions the Clinical Focus Group can focus on during their chart reviews, such as what factors were involved in extended lengths of stay, readmissions and use of restraints/seclusion. DHS/DMH will soon provide additional data including 30 day readmission numbers and restraint events per individual. Data will, in turn, support services that need to be purchased for the Singer catchment area that would best serve the needs of consumers with the clinical profile of consumers historically served by Singer.

A discussion was held regarding what other data would provide the clearest picture of the depth and scope of violent events at Singer as there continues to be expressed concerns regarding alternative treatment sites that will be available should community agencies and hospitals be unable to manage an aggressive client/patient. Jordan commented that there will be a pathway to follow to access a State Operated Hospital (SOH) as needed. Once the outpatient system is defined, criteria to access a SOH will be developed. Both Amparo and Jordan encouraged providers to focus on what services the State needs to buy vs aggressive outliers. Eldon Wigget encouraged the group to focus on empowerment and education of consumers instead of least restrictive treatment environment. Pat Lindquist was supportive of the Living Room Model vs hospitalization as often an individual in crisis needs a listening ear to resolve the crisis. Amparo summed up the discussion by saying what is needed is a flexible system that meets each individual where they are (in their recovery). Multiple attempts to engage the consumer, respite, empowering consumers rather than coercing, skill training opportunities, capitalizing on the power of peer to peer support, linking individuals to their natural supports, all need to be a part of the new system.

3. USARF Analysis: Several agencies offered conclusions based on their review of their agency's USARFS. Conclusions included 7% of Singer referrals are MISA, a high number are unfunded, 23 hour admits are not uncommon, with consumers stabilized in the ED or ICU; less than 50% of ED presentations needed to be hospitalized. The need for education of ED physicians regarding alternatives to hospitalization was stated. Several consumers encouraged the group to include Consumer Specialists in their RFI, as well as services that will assist the individual in growth and recovery. Individual Placement and Support (IPS) was specifically mentioned as a service that is future oriented and promotes growth instead of stagnation.

4. Consumer Involvement – Eldon provided feedback on the discussion points: Look at the needs of the individual to grow and prosper and focus less on medication; empower rather than control people. The new system needs to stabilize individuals while being treated with respect. Peer to peer support is a way to break through resistance (to treatment). Pat spoke of the power of Faith in improving insight into recovery. Several providers expressed concern that sufficient funding will not be available to provide the necessary alternatives to SOH care. Amparo emphasized that there will be some funding available and the community needs to provide input regarding what services will be most

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ROCKFORD ILLINOIS

pertinent to the communities impacted by Singer's closure.

5. 2-W "Draft" Rebalancing Plan – DHS/DMH had previously listed services that could be purchased, based on the conclusions of the Clinical Focus Group and available data. Michael Pelletier provided the following clarifications: ACCESS does not need to occur in an ED, though 99+% of presentations occur in an ED ; there will be no State funds available for capital development; all funding will be grant based; the determination of \$2200/individual served is used only as a way to determine grant funding needed and is not tied to each individual served; historically and presently all state funded providers are accredited as well as licensed. A positive for the Singer catchment area is that 35% of Singer's patient populations has been funded; grant monies can be spent by contracted agencies as the agency sees fit so that services that no longer receive non-Medicaid DMH funding can be added back as needed. DMH will be watchful of what services make the greatest impact on recovery. Final discussion points: Jim Sarver thanked consumers and family members that attended this work session for their input and encouraged those present to continue to be a part of future meetings and discussions. Michael Pelletier noted that consumers in the Tinley Park catchment area have and will continue to play a part in educating interested parties regarding the new services to be offered and contracts that have been extended to community providers. Several agency members brought up publications by state legislators that report that money has been allocated to keep Singer open. The FY 2013 budget is currently on the Governor's desk. DMH is currently examining the budget figures and will continue planning for Singer's closure unless directed otherwise.

The Clinical Focus Group will meet after July 4th. Clinicians can still be nominated for this group with names accompanied by resumes to be sent to Amparo Lopez. This group will review a sampling of admissions and USARFs in order to make recommendations to DMH of what outpatient services will be most crucial to the Singer catchment area. The RFI will be sent out as early in July as possible and will be data driven.

Final scheduled Re-balancing meeting will take place on June 25, 2012 1p – 4p at Swedish – American Hospital, downstairs at the Charles Street entrance. There will be conference phone availability.

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

Singer MHC: Governor's Re-Balancing Advisory Workgroup  
June 11, 2012

Swedish American Hospital

June 12, 2002 attended NAME AGENCY E-MAIL

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**ATTACHMENT – 43  
Safety Net Impact Statement**

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS

**ATTACHMENT 44**  
**XII: Charity Care Information**

CHARITY CARE (millions)			
	Year 2009	Year 2010	Year 2011
Net Patient Revenue	20,044,424	14,090,000	13,673,046
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	17,730,000	0	0

**\* Per HSFRB requests - As instructed by HFSRB "Charity Care" equals Budgeted operational cost minus total net revenue for CY2009. Subsequently for CY 2010 and CY2011, at the HFSRB's directions the difference between Budgeted operational cost (GRF) minus total net revenue was now reported as "Other Public Revenue". All General Revenue funding is shown in "Other Public Revenue" on hospital inventory data for CY 10 CY 11. These amounts pay for the majority of care of the residents with no other source of revenue.**

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**Appendices 1**

Driving Directions from 750 N State St, Elgin, Illinois 60123 to 4402 N Main St, Rockfor... Page 1 of 2

**mapquest**

Notes

Trip to:  
**4402 N Main St** *Singer MHC*  
 Rockford, IL 61103-1278  
 50.07 miles / 58 minutes

**A** 750 N State St, Elgin, IL 60123 *-ELGIN MHC*

- |   |   |  |
|---|---|--|
|    | 1. Start out going north on N State St / IL-31 toward Frazier Ave. Map                    | <b>1.2 Mi</b><br><i>1.2 Mi Total</i>   |
|    | 2. Merge onto I-90 W / Jane Addams Memorial Tollway toward Wisconsin (Portions toll). Map | <b>42.1 Mi</b><br><i>43.2 Mi Total</i> |
|    | 3. Take the exit toward E. Riverside Blvd. Map  | <b>0.4 Mi</b><br><i>43.6 Mi Total</i>  |
|    | 4. Turn left onto CR-55 W / E Riverside Blvd. Continue to follow E Riverside Blvd. Map    | <b>5.9 Mi</b><br><i>49.5 Mi Total</i>  |
|    | 5. Turn right onto N Main St / IL-2. Map  | <b>0.5 Mi</b><br><i>50.1 Mi Total</i>  |
|  | 6. Take the 3rd left onto N Main Rd / N Main St. Map                                      | <b>0.01 Mi</b><br><i>50.1 Mi Total</i> |
|  | 7. 4402 N MAIN ST is on the left. Map   |  |
- B** 4402 N Main St, Rockford, IL 61103-1278

APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND  
 FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
 ROCKFORD ILLINOIS

Appendices 2

Driving Directions from 901 E Southwind Rd, Springfield, Illinois 62703 to 4402 N Main... Page 1 of 1

mapquest

Notes

Trip to: **SINGER MHC**  
**4402 N Main St**  
 Rockford, IL 61103-1278  
 206.60 miles / 3 hours 30 minutes

**MCFARLAND MHC**  
 **901 E Southwind Rd, Springfield, IL 62703-5125**

- |   |  |                       |
|---|--|-----------------------|
|    | 1. Start out going south on S 6th St Frontage Rd E toward Community Dr. Map  | 1.1 MI                |
|   |  | <i>1.1 Mi Total</i>   |
|    | 2. Turn right onto Toronto Rd. Map   | 0.1 MI                |
|   |  | <i>1.2 Mi Total</i>   |
|     | 3. Merge onto I-55 N toward Chicago. Map   | 73.6 MI               |
|   |  | <i>74.8 Mi Total</i>  |
|    | 4. Merge onto I-39 N / US-51 N via EXIT 164 toward Rockford. Map   | 119.7 MI              |
|   |  | <i>194.5 Mi Total</i> |
|     | 5. Merge onto US-20 W / Ulysses S Grant Memorial Hwy via the exit on the left toward Greater Rockford Airport / Freeport / Rockford. Map | 2.2 MI                |
|   |  | <i>196.6 Mi Total</i> |
|    | 6. Take the Alpine Rd exit. Map  | 0.2 MI                |
|   |  | <i>196.9 Mi Total</i> |
|    | 7. Turn right onto S Alpine Rd. Map  | 6.7 MI                |
|   |  | <i>203.6 Mi Total</i> |
|    | 8. Turn left onto E Riverside Blvd / CR-55. Continue to follow E Riverside Blvd. Map   | 2.5 MI                |
|   |  | <i>206.1 Mi Total</i> |
|     | 9. Turn right onto N Main St / IL-2. Map   | 0.5 MI                |
|   |  | <i>206.6 Mi Total</i> |
|    | 10. Take the 3rd left onto N Main Rd / N Main St. Map  | 0.01 MI               |
|   |  | <i>206.6 Mi Total</i> |
|    | 11. 4402 N MAIN ST is on the left. Map   |                       |

 **4402 N Main St, Rockford, IL 61103-1278**

Total Travel Estimate: 206.60 miles - about 3 hours 30 minutes

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**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**Appendices 3**

Driving Directions from 4200 N Oak Park Ave, Chicago, Illinois 60634 to 4402 N Main ... Page 1 of 1

**mapquest**

Notes

Trip to: **SINGER MHC**  
**4402 N Main St**  
 Rockford, IL 61103-1278  
 77.36 miles / 1 hour 34 minutes

**CHICAGO - READ MHC**

**A** 4200 N Oak Park Ave, Chicago, IL 60634-1417

- |   |  |  |
|---|--|--|
|    | 1. Start out going north on N Oak Park Ave toward W Forest Preserve Ave. Map           | <b>0.8 Mi</b><br><i>0.8 Mi Total</i>   |
|    | 2. Turn left onto W Gunnison St. Map   | <b>0.5 Mi</b><br><i>1.5 Mi Total</i>   |
|       | 3. Turn right onto N Hartem Ave / IL-43. Map   | <b>1.0 Mi</b><br><i>2.3 Mi Total</i>   |
|    | 4. Turn left onto W Bryn Mawr Ave. Map   | <b>0.05 Mi</b><br><i>2.3 Mi Total</i>  |
|     | 5. Merge onto I-90 W via the ramp on the left (Portions toll). Map                     | <b>3.8 Mi</b><br><i>6.1 Mi Total</i>   |
|   | 6. Take I-90 W / Jane Addams Memorial Tollway (Portions toll). Map                     | <b>64.4 Mi</b><br><i>70.5 Mi Total</i> |
| <b>EXIT</b><br>  | 7. Take the exit toward E. Riverside Blvd. Map   | <b>0.4 Mi</b><br><i>70.9 Mi Total</i>  |
|    | 8. Turn left onto CR-55 W / E Riverside Blvd. Continue to follow E Riverside Blvd. Map | <b>5.9 Mi</b><br><i>76.8 Mi Total</i>  |
|   | 9. Turn right onto N Main St / IL-2. Map   | <b>0.5 Mi</b><br><i>77.4 Mi Total</i>  |
|    | 10. Take the 3rd left onto N Main Rd / N Main St. Map                                  | <b>0.01 Mi</b><br><i>77.4 Mi Total</i> |
|    | 11. 4402 N MAIN ST is on the left. Map   |  |

**B** 4402 N Main St, Rockford, IL 61103-1278

Total Travel Estimate: 77.36 miles - about 1 hour 34 minutes

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**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**Appendices 4**

LONG-TERM CARE PROFILE-2010	SINGER MENTAL HEALTH CENTER	ROCKFORD
<b>SINGER MENTAL HEALTH CENTER</b>		<b>ADMISSION RESTRICTIONS</b>
4402 NORTH MAIN STREET		Aggressive/Anti-Social 0
ROCKFORD, IL. 61103		Chronic Alcoholism 0
Reference Numbers Facility ID 8000016		Developmentally Disabled 0
Health Service Area 001 Planning Service Area 201		Drug Addiction 0
Administrator		Medicaid Recipient 0
Mohammad Yunus		Medicare Recipient 0
		Mental Illness 0
Contact Person and Telephone		Non-Ambulatory 0
MICHAEL S. PELLETIER		Non-Mobile 1
847-742-1040 ext 2807		Public Aid Recipient 0
	Date Completed	Under 65 Years Old 0
Registered Agent Information	3/1/2011	Unable to Self-Medicate 0
		Ventilator Dependent 1
		Infectious Disease w/ Isolation 1
		Other Restrictions 0
		No Restrictions 0
<b>FACILITY OWNERSHIP</b>		<i>Note: Reported restrictions denoted by '1'</i>
STATE	No	
<b>CONTINUING CARE COMMUNITY</b>	No	
<b>LIFE CARE FACILITY</b>	No	
		<b>TOTALS</b> 70
		Total Residents Diagnosed as Mentally Ill 70

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2010	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	74	
Nursing Care	76	79	79	79	70	6	76	76	834	
Skilled Under 22	0	0	0	0	0	0	0	0	838	
Intermediate DD	0	0	0	0	0	0	0	0	70	
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders 3	
<b>TOTAL BEDS</b>	<b>76</b>	<b>79</b>	<b>79</b>	<b>79</b>	<b>70</b>	<b>6</b>	<b>76</b>	<b>76</b>		

**FACILITY UTILIZATION - 2010  
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3518	12.7%	1059	3.8%	10442	16	10373	0	25408	91.6%	88.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>3518</b>	<b>12.7%</b>	<b>1059</b>	<b>3.8%</b>	<b>10442</b>	<b>16</b>	<b>10373</b>	<b>0</b>	<b>25408</b>	<b>91.6%</b>	<b>88.1%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	28	8	0	0	0	0	0	0	28	8	35
45 to 59	17	10	0	0	0	0	0	0	17	10	27
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>51</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>19</b>	<b>70</b>

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

**APPLICATION FOR PERMIT FOR THE DISCONTINUATION OF CHRONIC MENTAL ILLNESS CATEGORY OF SERVICES AND FACILITY CLOSURE FOR THE H. DOUGLAS SINGER MENTAL HEALTH CENTER  
ROCKFORD ILLINOIS**

**Appendices 4**

LONG-TERM CARE PROFILE-2010      SINGER MENTAL HEALTH CENTER      ROCKFORD

**SINGER MENTAL HEALTH CENTER**  
4402 NORTH MAIN STREET  
ROCKFORD, IL. 61103

Reference Numbers    Facility ID    8000018  
Health Service Area 001    Planning Service Area 201

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE							AVERAGE DAILY PAYMENT RATES		
	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	9	5	34	0	22	0	70	Nursing Care	595	595
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
ICF/DD		0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care			0	0	0	0	0	Shelter	0	0
<b>TOTALS</b>	<b>9</b>	<b>5</b>	<b>34</b>	<b>0</b>	<b>22</b>	<b>0</b>	<b>70</b>			

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING					STAFFING	
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Asian	0	0	0	0	0	Administrators	8.00
Amer. Indian	0	0	0	0	0	Physicians	6.00
Black	24	0	0	0	24	Director of Nursing	4.00
Hawaiian/Pac. Isl.	0	0	0	0	0	Registered Nurses	20.00
White	46	0	0	0	46	LPN's	2.00
Race Unknown	0	0	0	0	0	Certified Aides	0.00
<b>Total</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>	Other Health Staff	67.00
						Non-Health Staff	43.00
<b>Totals</b>						<b>Totals</b>	<b>148.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public*	Private Insurance	Private Pay	TOTALS		
17.5%	3.2%	78.6%	0.1%	0.6%	100.0%	0	0.0%
2,466,382	453,974	11,075,188	10,357	84,099	14,090,000		

\*All General Revenue Funding is shown that pays for the care of the majority of the residents with no other source of revenue.