

ORIGINAL

**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**IN RE:
H. DOUGLAS SINGER MENTAL HEALTH CENTER, ROCKFORD**

PROJECT NO. 12-060

PUBLIC HEARING

AUGUST 6, 2012

NATIONWIDE SCHEDULING

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
122 South Michigan Avenue, Suite 700
Chicago, Illinois 60603

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16 (NO EXHIBITS MARKED BUT WRITTEN TESTIMONY SUBMITTED.)

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PUBLIC HEARING held, on the 6th day of August,
2012, between the hours of 1:00 P.M. and 3:20 P.M. of
that day, at the Coronado Performing Arts Center, 315
North Main Street, Rockford, Illinois 61101, before
representatives of the Health Facilities and Services
Review Board.

1 PRESENT:

2

HEALTH FACILITIES AND SERVICES REVIEW BOARD:

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4 Juan Morado, Jr., Assistant General Counsel
and Hearing Officer

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Kathryn J. Olson, Member

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Courtney R. Avery, Administrator

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Court Reporter:

20 Robin A. Enstrom, RPR, CSR

Illinois CSR #084-002046

21 Midwest Litigation Services

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22 Springfield, Illinois 62701

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24

1 (Public Hearing began at 1:29 P.M.)

2

3 MR. MORADO: Hello. Good afternoon. My
4 name is Juan Morado, Jr. I am the assistant general
5 counsel and hearing officer for the Illinois Health
6 Facilities and Services Review Board. Also present
7 with us today are Kathy Olson, a board member, and
8 Courtney Avery, the administrator who many of you met
9 outside when signing in.

10 Our purpose here today is to hear
11 testimony regarding the proposed closing of the
12 Illinois Department of Human Services, H. Douglas
13 Singer Mental Health Center, Project 12-060.

14 As per the rules of the Illinois Health
15 Facilities and Services Review Board, I would like to
16 read the legal notice into the record.

17 In accordance with the requirements of the
18 Illinois Health Facilities Planning Act, notice is
19 given of receipt to discontinue an acute mental
20 illness care facility, Project 12-060, H.
21 Douglas Singer Mental Health Center, Rockford. The
22 applicants are the Illinois Department of Human
23 Services and IDHS - Office of Mental Health. The
24 applicants propose to discontinue the 76-bed AMI care

1 facility located at 4402 North Main Street, Rockford,
2 Illinois. There is no cost to the project. The
3 application may be accessed on the Board's website at
4 www.hfsrb.illinois.gov.

5 A public hearing is to be held by the
6 staff of the Illinois Health Facilities and Services
7 Review Board, pursuant to Illinois Health Facilities
8 Planning Act. The hearing is open to the public and
9 will afford an opportunity for parties with interest
10 to present written and/or verbal comment relevant to
11 the project. The public hearing will take place
12 pursuant to Part 1130.910 and is scheduled for 1:00
13 P.M., Monday, August 6, 2012, located at the Coronado
14 Performing Arts Center, 314 North Main Street,
15 Rockford, Illinois 61101.

16 Consideration by the state board has been
17 tentatively scheduled for September 12, 2012, at the
18 state board meeting.

19 End of legal notice.

20 Please note that, in order to ensure the
21 Illinois Health Facilities and Services Review Board's
22 public hearings protect the privacy and maintain the
23 confidentiality of an individual's health information,
24 covered entities as defined by the Health Insurance

1 Portability Act of 1996 -- such as facilities,
2 hospital providers, health plans, and health care
3 clearinghouses -- submitting oral or written testimony
4 that discloses protected health information of
5 individuals shall have a valid written authorization
6 from that individual. The authorization shall allow
7 the covered entity to share the individual's protected
8 health information at this hearing.

9 If you have not already done so, please
10 see Ms. Avery out in the hallway to sign in using the
11 appropriate registration forms. Again, there are two
12 registration forms: The green is for individuals or
13 organizations who are in support of the proposed
14 closing of Singer Mental Health Center. The red form
15 is for individuals or organizations in opposition to
16 the proposed closing.

17 Those of you who came with prepared texts
18 of your testimony, make sure to submit the written
19 text without giving an oral presentation. The written
20 testimony will be entered into today's record.

21 Due to the number of individuals
22 registered to testify, please limit your testimony to
23 two minutes. I will call participants in accordance
24 with the predistributed, preprinted numbers that you

1 all have. Prior to reading your remarks, please state
2 and clearly spell your first and last name for the
3 court reporter. After you have concluded your
4 remarks, please provide two copies of your testimony
5 to myself, and I'll be sitting at the end of the
6 table. We're going to ask that, when you are called
7 to -- when your number is called, you step up on my
8 left, come up the right side of the stage. You'll be
9 up here to speak, and you can exit on this side, and
10 please make sure you drop off a copy of your testimony
11 as well as your number that you have.

12 Is there anyone who wishes to testify --
13 well, excuse me.

14 Today's proceedings will begin with
15 representatives from the Department of Health -- Human
16 Services. Excuse me. Do we have someone from DHS
17 here?

18 I will be indicating also when your time
19 is coming to a close. I'll let you know when you have
20 30 seconds, and I'll also let you know when you should
21 start concluding your comments.

22 Thank you.

23 MR. PELLETIER: Good afternoon, Member
24 Olson.

1 My name is Michael Pelletier,
2 M-i-c-h-a-e-l P-e-l-l-e-t-i-e-r, and I represent the
3 applicants, the Illinois Department of Human Services
4 and the Division of Mental Health, DMH, related to our
5 application 12-060 before the Health Facilities and
6 Services Review Board. This application is for the
7 discontinuation of chronic mental illness services at
8 the Singer Mental Health Center in Rockford.

9 This application represents the
10 rebalancing of the mental health system of care as
11 highlighted by the Governor's commitment to providing
12 community-based alternatives to replace state-operated
13 institutional care.

14 It has always been our desire to achieve
15 rebalancing in a thoughtful and collaborative manner.
16 In preparation for this discontinuation, we have been
17 working actively with our community partners. Those
18 partners include all DMH-funded community mental
19 health centers, substance use disorder agencies funded
20 by the Division of Alcoholism and Substance Abuse, and
21 by the predominance of hospital providers within the
22 21-county area served by Singer.

23 Beginning in April, we convened formal
24 stakeholder meetings. The minutes and attendance

1 rosters of those four meetings are incorporated in our
2 application with the exception of the minutes and the
3 attendance roster of the meeting held on July 9th
4 which are attached as part of my written testimony
5 today. Additionally, on July 10th, DMH convened a
6 clinical focus group. This focus group brought
7 together over a dozen senior clinical leaders
8 representing our community partners to review clinical
9 information on a representative sample of individuals
10 admitted to Singer. The results of the focus group
11 informed DMH in crafting a summary of clinical care
12 needs for those persons historically served at Singer.

13 The community stakeholder meetings and the
14 clinical focus group meeting were critically important
15 in informing DMH in the preparation of our request for
16 information, RFI. This RFI was released to the
17 community on July 26th and is the formal mechanism
18 through which DHS and DMH are soliciting proposals
19 from community mental health agencies, hospitals, and
20 substance use disorder providers to deliver
21 community-based alternative service -- levels of care
22 to replace services historically provided at Singer.
23 This RFI is also incorporated as part of my written
24 testimony.

1 DMH will be receiving formal proposals
2 from our community partners until August 13th. We
3 will then review these proposals and begin the
4 negotiating and contracting processes to fully develop
5 and implement the Northwest Crisis Care System.

6 DMH has recently and successfully
7 implemented our rebalancing plan for the Region 1
8 South Crisis Care System to replace the services
9 historically provided at the Tinley Mental Health
10 Center. In the first month alone, over 200 persons
11 have received community-based local services at local
12 providers for services that were previously provided
13 in the institutional program at the Tinley Park Mental
14 Health Center.

15 In order to develop the Northwest Crisis
16 Care System, we will be incorporating the lessons
17 learned during the implementation and continuing
18 operations of the Tinley Park rebalancing plan.
19 Additionally and more significantly, we will be using
20 the information that we received from our
21 collaborative partners during our planning meetings to
22 allow us to finalize on a comprehensive project plan
23 to replace the services historically provided at
24 Singer, and this plan will represent the unique and

1 specific needs of consumers in the 21-county area
2 serviced by the Singer Mental Health Center.

3 Thank you for the opportunity to present
4 this testimony today.

5 MR. MORADO: Okay. If we can have number
6 one come up, and then we're going to be going in
7 order. So number two, be ready when number one is
8 finished.

9 Thank you.

10 MR. HALE: Good afternoon. Thanks for
11 coming to hear us. Appreciate it. My name is David
12 Hale. I'm a registered nurse. I've been a registered
13 nurse for the last nine years, eight of those nine
14 years have been spent in the emergency department.

15 I'm also the coordinator of Rockford Tea
16 Party, and I oppose closing this facility. It will be
17 a monumental mistake not only for this community but
18 for Illinois in the long term. These -- these folks,
19 these patients -- this is our family. These are our
20 friends. These are human beings that can't just be
21 shuffled off to some facility in Tinley Park or
22 wherever it might be.

23 You said at the beginning in your remarks
24 there that there would be no costs. There will be a

1 huge cost. There will be a cost to these people, to
2 these patients, who don't have their family nearby.

3 The other cost is the State of Illinois
4 was attempting to find money to pay for these
5 programs. They decided they couldn't find money to
6 pay for these programs. Well, we found money for you
7 to pay for these programs. 75 percent of KidCare is
8 slated or used by illegally present foreign nationals.
9 75 percent. That's \$55 million a year goes to pay for
10 the children -- and God love them -- but the children
11 of illegally present foreign nationals. Who's going
12 to pay? Who's going to get that taken away from them?
13 American citizens who are already here legally; our
14 family members who are here in our community, many of
15 them who pay taxes all their lives; or people who are
16 not from this country. They're getting that money
17 that should be slated for our family members, for our
18 community members.

19 And, in addition, another \$3 billion is
20 spent yearly on educating illegally present foreign
21 nationals. God love them, like I said. I don't want
22 to hurt anybody. I don't want anybody to be without.
23 But right now this facility is going to be closed
24 because of the decisions of the State of Illinois who

1 have decided they'd rather pay for people -- for folks
2 that are not from here to take away from folks who are
3 here. That money should only go to people that are
4 here legally.

5 Thank you.

6 MR. KUNNERT: Good afternoon. My name is
7 Richard Kunnert. The last name is K-u-n-n-e-r-t, and
8 I'm president of the Mental Health Association of Rock
9 River Valley, but I'm retired from 31 years of working
10 at Singer Mental Health Center. The last 11 years I
11 was the superintendent at Singer.

12 This is not a happy day. The issue in my
13 mind that we're confronted with today is state
14 operated versus community in a way that had I hoped
15 that would never happen.

16 We have a \$14 million budget at Singer
17 Mental Health Center in a state that's broke and
18 promises no additional monies for serving the people
19 who are mentally ill in northwest Illinois. And so
20 the question becomes can a state-operated program
21 continue to provide clinically what's best for the
22 broad spectrum of people in the community currently,
23 or do we need to find an alternative community system
24 that has the capacity to use those funds to create

1 what would be a new and comprehensive system within
2 the community. And I'm -- I feel that the evidence is
3 that we're going to have to go to the alternative
4 program.

5 When you look at what we're talking about
6 at Singer, when it was built in 1966 -- and I was
7 there the day it opened and happened to be on the
8 clinical team when the first patient came through the
9 door -- and you look at it now, there were four units
10 designated for nine counties to serve 108 beds.
11 Currently what you have are 50 beds. Even though
12 there are 76 certified beds, there are diminished
13 funds so that 76 cannot be used. To me that is the
14 symbol of the diminished amount of support given by
15 the State of Illinois. So -- and my comments,
16 incidentally, are not about the care of the great
17 people that work there but rather it's a systematic
18 issue.

19 And in my view at this time in 2012, we
20 need to go and use those funds that are going to be
21 available to create an alternative community system
22 that has more capacity to serve more people and to
23 keep people out of the emergency rooms, out of the
24 jails, and out of the streets.

1 So thank you very much.

2 MR. MORADO: Again, I'm going to be
3 standing over here with a little sheet of paper. When
4 your time is starting to come to a close, that paper
5 indicates for you to please conclude your comments.
6 Just so we can keep this timely and orderly, I'd ask
7 that you adhere to that.

8 Thank you.

9 MR. OKINSKI: Thank you.

10 To those of you who it may concern, the
11 Singer Center is actually an institution of higher
12 learning in a world that forgot most of us and
13 couldn't care less. It is not a penal situation. You
14 don't punish people for becoming mentally ill by
15 sending them 50 to 500 miles away from their
16 associates and family.

17 Nice people break under stress. You meet
18 kinder and gentler people in locked wards, and some
19 nice people in jail who make the wrong choice. People
20 who continually make wrong choices -- perhaps they
21 need removal from their associates, and sometimes it's
22 debatable if friends or relatives are an obstacle in
23 the recovery process. But I think most people would
24 rather have their family and friends close than feel

1 lost and abandoned in a world that already couldn't
2 often care less.

3 And one more thing to remind you: In a
4 world controlled by your fate, often changing
5 something in a major way is easier than changing it
6 back once it takes roots, and some of you nice people
7 in public service with kinder and gentler hearts may
8 find yourself in need of a place like Singer some day,
9 and you're going to wonder where and when it went.
10 And you won't even realize that it was because you did
11 not have the courage to stand up to the special
12 interest groups who really care more about the profit
13 than the not-for-profit, even in not-for-profit
14 organizations, than the people they allegedly serve.

15 Thank you very much.

16 COURT REPORTER: I need your name.

17 MR. OKINSKI: Arthur James Okinski.

18 COURT REPORTER: Can you spell your last
19 name?

20 MR. OKINSKI: O-k-i-n-s-k-i.

21 MR. CHRISTIANSEN: Good afternoon. My
22 name is Scott Christiansen, S-c-o-t-t
23 C-h-r-i-s-t-i-a-n-s-e-n. I'm Winnebago County Board
24 chairman.

1 And I have a very deep, deep concern about
2 this issue as it relates to our whole county, and not
3 only ours, the other 23, I believe, that are affected
4 by the production and great work that's going on
5 Singer.

6 We have a tremendous concern about not
7 only emergency rooms but our county jail. We face a
8 real tough overcrowding issue, and it's almost a
9 daily/weekly battle in our area with the significant
10 amount of crime. And so the avalanche, if you will
11 almost, that could invade because of Singer closing is
12 a deep, deep concern, believe me.

13 I don't see a net gain here. I said,
14 okay, I understand the state's pressure. We all got
15 to share in that. Well, two tremendous organizations,
16 these folks out here that have done such a great job
17 with Singer all these years and now talking about
18 partnering with Rosecrance in offering an option that
19 would still save the state possibly as much as half of
20 what they're putting in there now. And that's not too
21 bad.

22 I would suggest, if you could get every
23 agency in this state to save 50 percent, you might
24 have solved the budget problem. So that is very

1 simple math. I'm a simple person, frankly, so you get
2 simple math from me. We've cut \$40 million in our
3 budget, almost 20 percent. 2008 out budget was \$221
4 million in Winnebago County. Our current budget is
5 181-. However, we continue to provide the services
6 that we're mandated to. Now, we have excellent
7 employees who continue to do more with less, very much
8 like the private sector has had to do for some time.
9 And I know enough folks at the Singer Center that
10 could tell you the same thing is true there -- very
11 dedicated folks that are willing to do more with less.

12 But the overall impact of this, frankly,
13 has a deep, deep concern. I hope you'll rethink that,
14 and at a minimum, it needs more time. We just can't
15 say we close it today. The community is not going to
16 be able to absorb all that pressure.

17 So, again, I want to just reiterate, as
18 you look at community, state, and local, I don't see a
19 net gain here. Please leave Singer open.

20 MS. PETTA: My name is Vicki Petta,
21 V-i-c-k-i P-e-t-t-a.

22 I only had about an hour or so to prepare,
23 thinking I had already missed the opportunity to tell
24 my story. I was compelled to change all plans for

1 this morning to make the hour's drive here. So with
2 gratitude in my heart, I thank those who will be
3 listening.

4 Singer was very important in my family as
5 it was our only hope, our only lifesaver in a time of
6 complete madness. My younger brother, who I will
7 refer to as Al for his privacy, suffers from
8 schizophrenia/bipolar disease. In 1986, none of us,
9 three sisters and an older brother, had any idea of
10 what mental illness was.

11 Bipolar disease was fairly new at that
12 time. It seems a severe emotional shock can alter the
13 brain's function. That emotional shock came in March
14 of 1980, six days before my father's 57th birthday.
15 He was a passenger in a single-engine plane that went
16 down in Lake Michigan. Two others perished with him.
17 His body was not recovered for five months.
18 Unbelievable for his family and for an entire
19 small-knit community just west of here.

20 My brother Al is the youngest of five and
21 slowly started displaying strange behavior and even
22 more alarming conversations. The most alarming
23 conversation and incident happened when he believed
24 with all his soul that he had to race to Washington,

1 D.C., to save the president from people with guns. He
2 was totally out of control. I called my older
3 brother, and we decided to go together to see what was
4 going on as Al lived in another community.

5 We managed to place Al in the front seat
6 of our car between us. He was positive about his
7 mission and very physically strong. We decided that
8 Singer was the only place we knew of for help. So we
9 began driving as fast as we could. The problem was
10 road construction was in full swing. We were driving
11 on gravel instead of highways. When a very large dump
12 truck was approaching, Al started screaming that the
13 driver of that truck had a gun and was going to shoot
14 us as he came at us. All our attempts at reasoning
15 went unheard. Al proceeded to try to crawl over my
16 brother, the driver of the car, and escape by climbing
17 out his window. It was all my brother could do to
18 maintain control of the car, and all I could do to
19 pull Al back into the seat between us. Truly we could
20 not have gone any farther. Thank God Singer was only
21 an hour away. We wouldn't have known where to go
22 anyway.

23 The people who work at Singer have many
24 people to speak for them. They are not happy with the

1 prospect of losing their jobs, but there will be, I'm
2 assuming, some sort of home, safety, and well-being in
3 their lives.

4 The public will be affected by more people
5 roaming around unstable and unknowing of what to do or
6 how to live. We would not displace cancer victims nor
7 injured people out onto the streets to care for
8 themselves. We should find a place close enough with
9 absolute notoriety for the many that are thrown into
10 situations like I was.

11 As we -- as a government, we seem to send
12 lavish checks to able-bodied constituents who should
13 be working, should be paying taxes, could be making a
14 positive difference in our state. The people I'm
15 referring to have a choice. The people who need
16 Singer do not.

17 Thank you.

18 MR. MORADO: I believe we're on number six
19 now. So number seven, if you want to cue up.

20 And, again, I apologize for having to cut
21 some of these short, but just in the interest of time,
22 you are going to have only two minutes. I do have a
23 sign over there that says, "Please conclude your
24 comments." When you see me pick that up, please begin

1 concluding your comments.

2 Thank you.

3 MR. SOLL: Hello. My name is David Soll,
4 S-o-l-l. I'm a candidate for county board, and I'm
5 here -- actually, I wasn't really prepared to speak
6 today. A couple of people, you know, friends of mine,
7 told me I should.

8 So I'm going to keep it real quick and
9 brief because actually Chairman Christiansen pretty
10 much talked about what I was going to talk about as
11 far as the money, the budget, the amount of money that
12 would be saved in the long run if we keep a facility
13 like Singer open because, by closing it, what you're
14 doing is you are going to ultimately make things more
15 expensive as these people with nowhere to go -- or if
16 they're sent a hundred miles away or wherever the
17 nearest facility ends up being because I heard that
18 the one in Tinley Park was being closed or already had
19 been. I'm not sure. But, you know, if these people
20 get incarcerated, if they hurt somebody or themselves,
21 you know, health care costs will go up. Obviously,
22 you know, the prison, you know, if they're in there.

23 So there's all kinds of costs, and it
24 would be cheaper simply to keep the place open now and

1 just not close it. I mean, maybe even add a little
2 bit extra money for it to expand it a little bit, if
3 need be, but the idea of closing it makes no sense to
4 me.

5 Like I said, I was kind of unprepared; so
6 I'll leave it at that.

7 MS. BERGER: Hi. My name is Margaret
8 Berger, M-a-r-g-a-r-e-t B-e-r-g-e-r. I'm a lifelong
9 citizen of Illinois and currently live in Huntley,
10 Illinois.

11 I'm here today as a concerned average
12 citizen and the sister to a bright young woman who was
13 born profoundly deaf and suffered severe mental health
14 issues. I participated firsthand, along with my
15 entire family, as she and we struggled to find
16 appropriate help. My sister ultimately became
17 homeless, lived in a panel truck with two children,
18 and died from a drug overdose, which was her way of
19 self-medicating.

20 I want better for others. I want to live
21 in a country and a state where people are not left
22 behind. The multitude of problems in our state are
23 not due to the funding of mental health but are caused
24 by corruption, greed, and inefficiency. We are not a

1 poor state. We rank number eight in wealth. Our
2 governor is the ninth highest paid governor in the
3 country; yet we are making drastic cuts to the funding
4 of mental health programs: 31.7 percent or \$187
5 million in the last two-and-a-half years.

6 The University of Chicago found that we
7 are no better than 35th in per capita spending. We
8 spend about \$85 per capita compared to \$388 per capita
9 spent for mental health in the District of Columbia.
10 Our neighbors: Wisconsin spends \$121 per capita.
11 Iowa, 136. Michigan, 142. They are not in better
12 shape than we are.

13 We are a heavily taxed state. Only four
14 states charge a higher gas tax. Just eight states
15 collect more property tax, Rockford being one of the
16 highest in the nation, and only 15 states collect more
17 in sales tax. We just raised our income tax by 67
18 percent to 5 percent to pack on even more pounds for
19 our tax burden.

20 Yes, our spending is out of control. We
21 do need to fix our system. We spend one half million
22 dollars a year for a governor's mansion that is
23 occupied about 40 nights a year. We're spending
24 \$40,000 of taxpayer stipends -- travel stipends to

1 call a special session of our legislature to talk
2 about pension reform, when Senate President Cullerton
3 could have just called the Congress into session and
4 saved that \$40,000. But our biggest waste of all is
5 the \$500 million a year that Illinois taxpayers pay
6 for the cost of corruption in our state. That's
7 according to the University of Illinois.

8 This makes Singer's budget look pretty
9 paltry. In fact, it makes the entire mental health
10 budget look pretty paltry. They estimate there will
11 be a \$20 million savings when all the cuts and
12 closings occur. However, these savings will quickly
13 be spent by shifting them to already packed emergency
14 rooms, homeless shelters, and prisons. Already Cook
15 County Sheriff Tom Dart says that the jail has
16 essentially become a dumping ground for people with
17 serious meant health problems.

18 These statistics do not factor in the loss
19 of professional jobs from already the highest
20 unemployment areas.

21 But the biggest cost of all will be felt
22 by the mentally ill and their families. There's no
23 limit to the holes in this proposed safety net. It's
24 already led to a cycle of short-term hospital stays,

1 burdened families, police intervention, emergency room
2 visits, trying to find placement, and then the cycle
3 continues. How sad.

4 Singer should remain open and expanded to
5 extend -- to add additional, much-needed services that
6 could prevent and give earlier intervention. This
7 could be a combination of state and community-based
8 care. We could be a leader and champion in this area,
9 not ranked amongst the lowest. It's not popular to
10 champion the mentally ill. They have sick brains,
11 just as bad as a sick body. They are victims, and
12 they become victims, and we become victims as well.

13 I urge you to vote with compassion and
14 wisdom, not just political agendas. The recent events
15 in Colorado, Wisconsin, and Arizona, along with many
16 others, may not have been -- may not have been
17 prevented but certainly they might have been helped if
18 we could champion this cause.

19 Thank you for your time.

20 MR. MEYERS: Good afternoon. Richard
21 Meyers, M-e-y-e-r-s, Winnebago County Sheriff.

22 A lot of the comments are well
23 intentioned, and I think they hit the point; but as
24 sheriff, we deal with a jail that we moved into in

1 2007, we had 1200 beds available, and we're struggling
2 with a capacity issue today.

3 To look at the adverse impact of Singer
4 and the job loss is a concern to me as a citizen, but
5 as sheriff, the concern to me is the impact on public
6 safety throughout this community.

7 We have a large percentage of our inmates
8 today are suffering with mental health illness. To
9 run the risk of adding to that potential, I think,
10 defies imagination and is going to put a burden on
11 this community, I think, over and above what we should
12 be forced to deal with.

13 Singer has played a role in this
14 community. I started in 1967, a year after Singer was
15 opened, and I see the benefits from that community --
16 from that service since then. I know what its impact
17 is on the local criminal justice system, and I know
18 what that impact could be should we lose that very
19 valuable service locally.

20 I don't know where the people will go. If
21 you close Singer, what impact is that going to have on
22 other facilities? How is that going to ripple effect
23 back on the local community? We meet every Friday
24 morning to go over to the jail to look at who can we

1 be releasing. It's not a pleasant thing to have to
2 do, but we are -- a new jail since 2007. We're
3 reaching capacity again. Any type of potential that
4 would add to that issue is certainly of concern to me
5 as sheriff and a concern to this community.

6 Thank you.

7 MR. MORADO: We have number nine coming up
8 now. So if number 10 and 11 want to get ready.

9 Thank you.

10 REP. SACIA: Thank you, sir.

11 Ladies and gentlemen, my name is Jim
12 Sacia. That's spelled S-a-c-i-a. I am the state
13 representative for the 89th District which represents
14 all or part of the five northwestern counties of
15 Illinois, half of Winnebago County from Meridian Road
16 to the Iowa border.

17 I spent 30 years of my life in law
18 enforcement, 28 as an FBI agent. For the past 10
19 years, I have served in the capacity as a state
20 representative. When we left Springfield the end of
21 May, there was little doubt in my mind that Singer
22 would be kept open. Some magical thing happened and
23 suddenly we started hearing that Singer would be
24 closed.

1 As a law enforcement professional for many
2 years -- and you've already heard it from Sheriff
3 Meyers -- the loss of a facility that has done so much
4 good for so many for so long makes literally no sense.
5 I call upon the Governor, I call upon these good folks
6 to rethink this thought process completely and keep
7 Singer open.

8 Thank you.

9 MS. BETTS: My name is Rachel Betts,
10 R-a-c-h-e-l B-e-t-t-s. I apologize if I rush. I'm
11 going to try and get through this.

12 I'm here today representing the Mental
13 Health Summit. The Summit has submitted written
14 comments on the proposed closure of Singer, and we
15 request that you reject the Department's current plan
16 and require a new plan be developed that follows
17 Illinois law.

18 There are a few reasons the current plan
19 for the project is inadequate. These are given in
20 detail in the written comments that we've already
21 submitted, but I'll summarize them today.

22 To begin, though, I would like to
23 emphasize we don't necessarily oppose the closure of
24 Singer, but our goal is to ensure that, if it is

1 closed, there are enough services for those who need
2 them.

3 Our reasons for requesting the plan's
4 rejection go hand in hand. First, the reason the
5 Department gives for closure is not supported by the
6 facts. The Department claims the continued operation
7 of Singer is not economically feasible. However, the
8 legislature included Singer specifically in its budget
9 appropriation for the Department. The Department, in
10 its brief for the current case about the closure of
11 Tinley Park, stated the amount appropriated was enough
12 to run eight hospitals. With the closer of Tinley
13 Park, there are eight remaining hospitals. The
14 legislature additionally appropriated more money to
15 the Department in another section of the budget. In
16 light of these facts, the Department's statement there
17 are no longer appropriations to pay for Singer is
18 wrong.

19 The second reason the Summit requests a
20 new plan is the closure of Singer will adversely
21 impact access to services in the area. The Department
22 admits there are no facilities in the required 45
23 minutes travel time, and we don't take issue with the
24 use of Elgin at 58 minutes away as another resource.

1 However, there's already a shortage of beds, and the
2 Department's current plan in no way explains how this
3 will be alleviated or how the hospitals listed will be
4 able to take on additional patients.

5 The Department nowhere states a plan to
6 open more beds, and the average daily census at each
7 of the hospitals named are at or above the licensed
8 bed numbers. Adding together the average daily census
9 for fiscal year 2011 for McFarland, Elgin, and Read
10 shows three available beds. Singer currently has 76.

11 Further, the Department is showing a
12 difficulty in accepting new patients as exemplified by
13 the delay of transferring forensic patients from jails
14 to hospitals. Transfers are to occur within 30 days,
15 and the Department has repeatedly been unable to
16 accomplish this due to bed shortages. The closure of
17 Tinley Park in July has already worsened this
18 difficult situation for all the patients in northern
19 Illinois, including longer stays in emergency rooms.
20 They should be required to provide a plan that
21 addresses how the closer of Singer will not exacerbate
22 the shortage of beds as well as how it may be
23 alleviated.

24 The Summit's third reason it is inadequate

1 also includes a suggestion. The current plan does not
2 comply with the Funding Reinvestment Statute which
3 requires reinvestment of the full amount of money
4 appropriated for Singer in alternative services. The
5 amount that will not be used for the remainder of the
6 fiscal year after its closure must be reinvested in
7 mental health services, and if they want to send more
8 patients to Elgin, the money should be reinvested in
9 Elgin to open new beds which would alleviate some of
10 the strain and comply with the statute.

11 The Summit respectfully requests the Board
12 reject the Department's current plan. We do not
13 request Singer be kept from closing but that the plan
14 be revised to more fully explain the need for closure
15 given the legislature's appropriation, that the
16 Department come up with a plan to explain how all of
17 the rest of the appropriation for Singer will be
18 reinvested in the community to avoid an adverse impact
19 in services in the area for some of Illinois' most
20 vulnerable citizens.

21 MR. IZRAL: My name is Robert Izral,
22 R-o-b-e-r-t I-z-r-a-l. And I am kind of a numbers guy
23 at Singer so I'm going to give you a lot of numbers.

24 Singer Mental Health Center is responsible

1 for patients in 21 counties stretching from Rockford
2 to Peoria, Rock Island to De Kalb, about a fifth of
3 the state. The nearest hospital is Elgin Mental
4 Health Center. That's about an hour away.

5 When we were at full capacity in fiscal
6 year 2011, we had 854 admissions, and our cost per day
7 was \$522 per patient per day. I don't think anybody
8 can match that. Currently, with the cut in the census
9 at Singer Mental Health Center, our census is now 45
10 rather than 76. We're at about 60 percent capacity.

11 As I was stating, we were serving people
12 at a cost of \$522 per day. If you cut the population
13 in half, you could easily say, well, now it costs
14 twice as much, \$1,000 per patient per day; but that
15 would be kind of a specious argument to say, well, we
16 can beat \$1,000 somewhere else.

17 Our waiting list today out in the
18 emergency rooms in our area is 11 patients. 11
19 patients waiting to get into Singer Mental Health
20 Center. The longest wait today is 12 days. That
21 person has been waiting since July 25th. I consider
22 it a discrimination on the basis of diagnosis to have
23 to wait that long for treatment.

24 We treat patients that are in acute need

1 of mental health care, those that are unable to care
2 for themselves, dangerous to others, or self-
3 injurious. We take involuntary patients or those
4 requiring court-ordered treatment. We take the not
5 guilty by reason of insanity. We have five of those;
6 two of them have been convicted of murder or attempted
7 murder. We have six patients that are unfit to stand
8 trial. We have a Chester step-down unit for patients
9 who are no longer in need of maximum security. 15 of
10 those patients; three of them also have been convicted
11 of murder.

12 We serve people who need long-term care
13 because their disabilities are so severe or because of
14 irreversible brain damage. Typically, they are
15 refused for private community placement. We have
16 three mentally ill sex offenders. A fourth offended
17 before registration started. So we actually have four
18 there.

19 These are the kinds of patients that
20 cannot be treated within the community on an
21 outpatient basis. The need for inpatient care is
22 there. It's needed for the people that I've just
23 described and people whose disability is so severe
24 that they cannot live out in the community.

1 Thank you.

2 MS. IRVING: My name is an Anne Irving,
3 A-n-n-e I-r-v-i-n-g. I'm the director of public
4 policy with AFSCME Council 31.

5 I wanted to begin my remarks with some
6 context about the impact of this closure on the
7 overall mental health system. In the interest of
8 time, I'm going to go right to our specific objections
9 to the Department's application to close Singer,
10 though I do want to acknowledge our members in the
11 room would have been fighting this fight and who are
12 still committed to ensuring that mental health
13 consumers in northern and northwestern Illinois have
14 the services they need when they're in crisis; so I
15 applaud you.

16 The first objection we have is the Board
17 requires DHS to provide impact statements from health
18 care facilities within a 45-minute travel. And we
19 note that the only impact statements provided in the
20 application are from DHS' own state hospitals.
21 There are mental health treatment facilities that are
22 going to be impacted by this closure, and we think the
23 failure to include those impact statements or to
24 acknowledge this fact means this application should

1 not have been deemed complete.

2 DHS is trying in its application to
3 portray Singer as a chronic care facility, and they
4 say, well, that's why they haven't had to include
5 impact statements from other facilities. In fact, the
6 data we have shows, through fiscal year '11, DHS
7 operated 76 beds at Singer Mental Health Center, none
8 of which were forensic, with an average length of stay
9 of 25 days. And in the bed count that DHS provides in
10 this document, in its application, it shows the
11 majority of beds are acute care beds. In fact, during
12 the COGFA process, the Commission on Government
13 Forecasting and Accountability, when there were
14 hearings held about the closure of Singer last fall,
15 DHS' own statement in its filing with COGFA was "The
16 state's capacity to provide civil acute inpatient
17 psychiatric care will be significantly reduced,
18 affecting approximately 845 civil admissions
19 annually." So the state itself, DHS itself, admitted
20 closing Singer would have a tremendous impact on civil
21 acute inpatient admits in this area.

22 I also want to note that, again, the
23 number is here 845 civil admissions. I assume it was
24 a typo, in its application to the Board, that the

1 state said 485, that they were not trying to mislead
2 you; but, again, that needs to be corrected.

3 The idea that there are -- there is this
4 need in the area for acute care beds as well as
5 chronic care beds and the fact that the state has not
6 been able to provide to the Board at this point any
7 attestation from hospitals saying, yes, we can pick up
8 the slack, is, I think, something that should signal
9 to the Board a real problem with this application.

10 There were numerous hospitals who
11 testified at COGFA, and I'll provide excerpts from
12 that testimony. They all spoke to at that point, at a
13 point when Singer was up and operating, the long wait
14 times in ERs to find acute care beds for individuals
15 in this region suffering from mental illness. And
16 that, again, speaks to the need for this hospital.

17 The underpinning of the application, the
18 reason why DHS is saying it needs to close this
19 facility, is supposedly it doesn't have sufficient
20 funding to operate it. The budget in fiscal year '12,
21 which -- under which the Department operated nine
22 psychiatric hospitals, is virtually identical to the
23 budget in fiscal year '13. Within \$2 million. And in
24 fiscal year '13, the state only has to operate eight

1 hospitals. It closed Tinley Park at the beginning of
2 the fiscal year. So the state also has not
3 demonstrated that, in fact, there is a fiscal reason
4 why it needs to close Singer, and what should be clear
5 from what Bob just said, from what earlier speakers
6 have said, there is a definite need for Singer.

7 I had the figures from last Monday, a week
8 ago from today. There were 14 patients waiting at
9 that point. The longest had been waiting for six days
10 in an ER waiting for a bed.

11 Clearly this is a facility that's very
12 much needed by this community, and we hope the Board's
13 review will -- will show that -- will demonstrate to
14 the state that Singer needs to continue to operate.

15 Thank you.

16 MR. BRUSCATO: Good afternoon.

17 My name is Joe Bruscatto. First name Joe,
18 J-o-e. Bruscatto is the last name. It's spelled, B,
19 as in "boy," -r-u-s-c-a-t-o. I am the duly elected
20 state's attorney of Winnebago County.

21 I stand today and I come in opposition to
22 the closing of the Singer Mental Health Center. In a
23 modern criminal justice system, we know and understand
24 that addressing and treating the issues of mental

1 health is important. In fact, in Winnebago County, we
2 can pride ourselves on the fact that we have one of
3 the first mental health courts, a court this is
4 designed to look at the mental health issue of certain
5 individuals who have been accused of crimes,
6 recognizing that treating those mental health concerns
7 can often put them on a path where they will avoid
8 criminal behavior in the future and not become a
9 revolving statistic.

10 Closing the Singer Mental Health Center
11 puts the criminal justice system at risk. Not
12 properly treating individuals with mental health
13 concerns and mental health issues means that there are
14 people in our communities -- not just Winnebago County
15 but the other 21 counties that are served by the
16 Singer Mental Health Center -- individuals who will go
17 untreated, individuals who we are basically sentencing
18 to become statistics in the criminal justice system,
19 individuals that will not receive the treatment that
20 they need in order to avoid being part of the criminal
21 justice system or repeating the process.

22 If that's not concern enough for those
23 making the decision with regards to Singer Mental
24 Health Center, then let's turn to the cost factor.

1 Saving this facility and trying to paint it as a
2 savings on a budget line in Springfield I don't think
3 is capable of providing us with the explanation for
4 closing it. Because, when you close a facility of
5 this nature, you're basically saying to the taxpayers
6 of these communities that you're going to pay the
7 price somewhere else. You're telling us with one hand
8 that you are saving money. Unfortunately, with the
9 other hand there is taxpayers' pockets that are being
10 raided and asked to pay for processes and services in
11 the criminal justice systems and other parts of our
12 community.

13 So I question where the tax savings is. I
14 question where the true savings is. But, most
15 importantly, I question the wisdom of trying to move
16 to a modern criminal justice system when we are taking
17 one step forward and two steps back by not addressing
18 the issues that we know will help all of us as a
19 community become viable, safe, and healthy.

20 I thank you for the opportunity to address
21 you today, and I appreciate the hard work of the Board
22 and those who are employed by the State of Illinois.
23 But I ask you to politely -- kindly implore you to
24 reconsider.

1 Thank you.

2 MR. MORADO: This is number 14. Will 15
3 and 16 please get ready.

4 Thank you.

5 MR. WASCO: Thank you.

6 My name is Carl Wasco. First name is
7 Carl, C-a-r-l. Last name Wasco, W-a-s-c-o. I'm the
8 fourth ward alderman, City of Rockford.

9 And the reason I came down -- I was asked
10 to come down. There are some things that we've talked
11 about in the past. And Singer was built originally
12 when I -- I've grown up in this community -- to
13 service people so they didn't have recycling through
14 the criminal justice system. I've heard the county
15 board chair talk it about it, I've heard the sheriff
16 talk about it, and now my esteemed colleague Joe
17 Bruscato talked about what it will do to the criminal
18 justice system.

19 Let me just spend one minute that we
20 passed the resolutions opposed to the closing of
21 Singer. Two things that come to mind right away is
22 the investment by the people that work there, not only
23 to service the clientele that comes there with a heart
24 and soul but they've invested their heart and soul in

1 our communities in this northern Illinois area.

2 These people come from 22 counties and
3 will have nowhere else to go because I haven't heard
4 the plan of where they're going to go and how much
5 it's going to cost. So the net sum gain to the state
6 isn't proven. These people will be underserved, and
7 the burden will fall on local government.

8 So on behalf of some of my other aldermen
9 of the city, we still stand behind our resolution. We
10 are asking you to reconsider. I know the Board has a
11 big job to do. We appreciate the job you're trying to
12 do. But I'm here to ask you do not, under any
13 circumstances, close this facility until you can
14 answer all the questions that have come before you
15 today, and let us keep our investment in this facility
16 in this community for those who work there, give their
17 heart and soul, but mostly for the people who need it
18 the most and whose families can't afford to go
19 somewhere or travel to places. 22 counties in
20 northern Illinois use this facility. It's
21 understaffed, underused, not because they don't want
22 to use it but because there's not enough money.

23 And the only think I'd leave you with is,
24 if you're going to do anything, look for a

1 public-private partnership out there and leave the
2 employees who have dedicated their whole life. Keep
3 this place open. I oppose the closing of Singer.

4 Thank you.

5 MR. LEZU: Good afternoon. My name is
6 Rick Lezu, R-i-c-k L-e-z-u. I am a staff
7 representative for the Illinois Nurses Association,
8 and it is our privilege to represent the registered
9 nurses that work at the Singer Mental Health Center.

10 These people -- these nurses, the staff,
11 and everyone there -- are top guns in their field, and
12 you're asking the community to try to replace that
13 enormous amount of experience that these people have
14 in treating folks with psychiatric disorders, and this
15 is going to put a terrific amount of pressure on the
16 hospitals and the jails in this area.

17 There are 7 to 14 referrals every day to
18 get into this facility. It is a successful operation
19 based on the performance of those professional people
20 on the staff that work there. They want you to have
21 your community do what these professionals do, and
22 with no disrespect to the nurses in the private
23 hospitals, they simply don't have the training and the
24 experience.

1 I would remind you that my organization
2 cannot strongly express in words how opposed we are to
3 the closing of Singer Mental Health facility. These
4 patients need this facility, the community needs this
5 facility, and there is no way that you can ever
6 replace it.

7 The Governor plans to close this facility
8 on October 31st and to close the door on the most
9 vulnerable people who need help. This is not the way
10 we handle things in the profession of nursing nor in
11 the way we deal with people on an everyday level.

12 We ask you to please take this back to the
13 Governor, who has, to my knowledge, not visited one
14 facility he's wanting to close. He's not faced any of
15 the patients, their families, nor his employees that
16 he's getting ready to disrupt their lives.

17 So on behalf of the Illinois Nurses
18 Association, we're strongly opposed to the closing of
19 the Singer Mental Health Center.

20 Thank you.

21 MS. KOBLER: Hello. My name is Linda
22 Kobler, L-i-n-d-a K-o-b-l-e-r, and thank you for
23 allowing me to speak today. I have had the privilege
24 of serving the mentally ill for 42 years of my life.

1 40 years of that at Singer.

2 Reading the community proposal offer, it's
3 offering treatment to the same individuals who are
4 already served in the community. The commitment to
5 care for individuals with severe mental illness
6 requires experience, tolerance, highly skilled,
7 tenured staff, which we're pleased to have at Singer.

8 If one reads the transcripts of the recent
9 community agency minutes, it becomes clear that the
10 community continues to struggle and does not have a
11 definitive plan to care for the aggressive and violent
12 patients oftentimes we're serving at Singer.

13 We accept individuals there who are
14 inappropriate for private hospitals or crisis beds,
15 referred by the same community agencies who are soon
16 going to be charged with their care.

17 Repeatedly Singer has been compared to
18 Tinley Park facility, and yet the two facilities are
19 widely different. First of all, Tinley Park has two
20 other proximal state facilities that can service
21 people once closed. Singer has nothing except Elgin,
22 roughly 50 miles away.

23 The other thing that we do at Singer
24 that's unusual is we have educated 10,000 nursing,

1 pharmacy, and medical students over the last 40 years
2 since our service started, and we consistently draw
3 high marks during surveys.

4 Just to paint a picture, a young and
5 violent male patient waits for five days for a bed at
6 Singer, restrained and medicated in an emergency room.
7 Another individual waits three months, unfit to stand
8 trial, in a county jail after stealing bananas in a
9 grocery store. A staff member calls from a community
10 mental health clinic desperate to find a bed for
11 someone who is dangerously self-mutilative. And yet
12 Singer has a waiting list with mandated admissions,
13 and we're mandated by the State of Illinois, DHS, and
14 Department of Mental Health to put a cap on our
15 admissions.

16 A proposal has been submitted to the
17 Governor that would provide a public-private plan.
18 Singer would transition to primarily forensic care,
19 continue to care for civil admissions who are not
20 acceptable in the community, and keeping Singer open,
21 transitioning it to a higher level of productivity, is
22 the right thing to do.

23 Just to add a little more information, in
24 the month of July, we deflected 300 admissions to

1 Singer Mental Health Center. Tell me there's no need.

2 I implore you to reconsider the closure of
3 Singer, to express this concern to the Governor. Do
4 this for the 21 counties that we serve, and we would
5 be most appreciative.

6 Thank you.

7 MS. MCNEELY: Good afternoon. My name is
8 Linda McNeely, L-i-n-d-a M-c-N-e-e-l-y. I'd like to
9 welcome all of you to the City of Rockford, a place
10 where Senator Emil Jones, who was then the president
11 of the Senate, wanted to know where is Rockford, and
12 that's how I feel today.

13 I feel that this forum is out of order
14 because this should not be an issue. The state cannot
15 use the City of Rockford to balance the state budget.
16 The very vulnerable of our community should not be
17 neglected to balance the state budget. Our city is in
18 a desperate state economically. Does the State of
19 Illinois want to make our city, our area invisible
20 without any consideration for -- without any
21 consideration from the state -- from our state?

22 The State of Illinois has focused on
23 Singer for years without a reasonable alternative. It
24 has closed the Secretary of State drivers facility

1 just recently on Auburn Street. The State of Illinois
2 received funding for -- from FEMA for IEMA. The City
3 of Rockford nor the County of Winnebago was awarded
4 any dollars for that. It scares me to think what the
5 state has next for the City of Rockford and Winnebago
6 County.

7 I ask the Governor, the Board, and the
8 legislators to reconsider and allow Singer to stay on
9 behalf of those that receive services there and those
10 individuals that work there.

11 Thank you very much.

12 MS. THURMAN: Hello. My name is Tannia,
13 T-a-n-n-i-a, last name Thurman, T-h-u-r-m-a-n. I'm a
14 mental health technician at Singer, and I do oppose
15 the closure.

16 Just want to read off some facts. In the
17 1960s, the USA embarked on a new approach to care for
18 mentally ill -- closing mental health hospitals.

19 In 1970s, a shocking new entity, that of
20 mass public shootings.

21 In 1980, these senseless murders increased
22 dramatically. At least half of these mass murders
23 shared a common theme, that of a history of mental
24 illness.

1 John Frazier with a history of untreated
2 schizophrenia.

3 Buford Furrow with suicidal and homicidal
4 fantasies untreated in Washington state.

5 Larry Ashbrook, paranoid schizophrenic,
6 untreated and homeless in Fort Worth.

7 David Logsdon, Kansas City.

8 Patrick Purdy, Stockton, California,
9 danger to self and others, untreated.

10 Russell Weston, Jennifer Sanmarco, Cho
11 Seung-Heui, Jiverly Wong, Jared Loughner, Herbert
12 Mullin. The list goes on and on.

13 The Times study found that most of these
14 individuals left road maps of red flags, showing signs
15 of severe untreated mental illness. They discovered
16 that rampage killers suffer from psychosis and suffer
17 [sic] insufficient, typical [sic] treatment from a
18 dying mental health system.

19 Deinstitutionalization is one of the
20 largest social experiences in American history. The
21 full impact is barely recognized by the public because
22 it has taken place quietly, insidiously, state by
23 state, over time, two decades. The failures are
24 discussed -- are discussed [sic] and the dots are not

1 connected.

2 It is imperative that Singer remain open.
3 The future of mental health in this part of the state
4 is at stake. The community is not prepared to care
5 for individuals who require intensive psychiatric
6 care. That, after all, is Singer's expertise.

7 Thank you.

8 DR. UNDERWOOD: Good afternoon. Thank you
9 for letting me come. My name is Dr. John, J-o-h-n,
10 Underwood, U-n-d-e-r-w-o-o-d.

11 Most of the comments that I have, have
12 probably been addressed. I'm an emergency physician.
13 I've practiced in the area for 33 years. I'm
14 currently the medical director at Swedish American and
15 also do their EMS.

16 There's a few words that we use in
17 emergency medicine that you're probably somewhat
18 familiar with. We use "capacity," "capability,"
19 "turnaround time," and "safety net." Let's look at
20 those.

21 We moved into our department suites about
22 11 years ago now. Capacity is 45,000 visits. Last
23 year, 63-.

24 Capability. When you come to the

1 emergency department, what should I be good at? What
2 do you want me to help you with? Heart attack?
3 Stroke? Gunshot wound? Motor vehicle crashes? All
4 those are given; right? But do I really have the
5 capacity and the capability to do psychiatric
6 patients?

7 We talk about turnaround time in the
8 emergency department. Currently our discharge patient
9 turnaround time is 150 minutes. Admitted patients is
10 a little bit closer to three hours. We're talking
11 about 12 days, violent people in the department with
12 psychiatric illness.

13 I've also recently been medical director
14 for Employee Health Services at the facility. Many,
15 many, many serious injuries to our staff and also
16 probably to the patients because, if I lock you in a
17 room for 12 days, what would you do? It's not pretty.

18 Capacity? 50 percent over capacity.

19 Capability? Probably not really good.

20 Turnaround time? We're talking 12 days,
21 or we're talking 150 minutes. Does that make sense?

22 And then safety net. What do you want me
23 for? What do you want me to do? I got off work at
24 1:30, 2:00 o'clock this morning. What do you want me

1 to do when you come in? You know, do you want to find
2 that you're with psychiatric patients that have been
3 there 12 years [sic] because we just don't really
4 care? I don't think so. The safety net -- it's
5 frayed, you know. It may break. We're way over
6 capacity.

7 Thank you.

8 MR. SPENCER: Good afternoon. Thank you
9 for letting me speak. My name is Steven Spencer,
10 S-t-e-v-e-n S-p-e-n-c-e-r. I'm a psychologist.

11 I work as a psychologist at Singer Mental
12 Health Center, and I am here not to speak of my own
13 welfare but of the future of mental health services in
14 Illinois. I'm here to implore this panel to separate
15 the reality of the service needs and capacity in this
16 area from the rhetoric that is being advanced by
17 interest groups that stand to benefit from dollars
18 saved by Singer's closing. And I'm here to encourage
19 you to really separate the reality from the rhetoric.

20 The rhetoric that's being advanced is that
21 closing Singer will allow our patients to be served in
22 the community by those who advance themselves as being
23 the patients' advocates. The reality is a little less
24 cheery than that or politically correct.

1 I think finding out what the truth is
2 about what these patients' needs are and how they're
3 best served would be by the boards, the panels, asking
4 certain questions and finding out the truth about
5 those questions.

6 The first thing I would encourage the
7 panel to do is to ask the experts about who exactly
8 these patients are that we're talking about. What are
9 their -- what are their clinical needs? Who are they?
10 And where are they most appropriately served?

11 I would ask that you investigate what the
12 current services are in place for these patients as
13 opposed to whatever plans there are or are not to
14 serve them when Singer closes, to examine performance
15 of current and existing services for these patients in
16 this area versus the performance of those who claim to
17 be better suited to do it in the private sector, and
18 in particular I would encourage you to look at
19 articles most recently written in a series of articles
20 by The New York Times in 2011 and 2012 regarding the
21 performance of nonprofits in the service of the
22 disabled subsequent to deinstitutionalization which
23 we've now reframed a little more ambiguously and
24 politically as rebalancing.

1 Specifically The New York Times articles
2 are called Abused and Used, and the Chicago Tribune
3 has, as recently as last week, published an article
4 about the performance of nonprofits in Illinois and
5 the relative benefits to the patients as opposed to
6 the CEOs of these nonprofits.

7 I ask that you carefully consider the
8 facts and make your decisions accordingly.

9 Thank you.

10 MR. MORADO: We have 21 coming up now. If
11 22 and 23 can please get ready.

12 Thank you.

13 DR. D'SOUZA: Good afternoon. My name is
14 Dr. Anthony D'Souza. A-n-t-h-o-n-y. Last name is
15 spelled capital D, as in "David," apostrophe, capital
16 S, as in "Sam." -o-u-z-a.

17 I'm a board certified psychiatrist, and I
18 have been in the private practice -- independent
19 private practice of psychiatry in the Rockford area
20 for 30 years. During this time I've also served as
21 medical director of psychiatry at both community
22 hospitals, Swedish American and Rockford Memorial
23 Hospital. I also work part time at the Rosecrance
24 Ware Center in Belvidere -- I'm sorry -- the

1 Rosecrance Ware Center in Rockford and the Rosecrance
2 Belvidere Center in Belvidere, formally know as Janet
3 Wattles Center, and continue to do so at the present
4 time. I am still consulting at the Rosecrance
5 Belvidere Center. I'm also currently helping out at
6 the -- on a part-time basis at Singer Mental Health
7 Center, and so I've seen this problem from all
8 different angles. I'm also, by the way, a former
9 recipient of the Exemplary Psychiatrist of the Year
10 award by NAMI in the year 1994.

11 It is my sincere belief that Singer must
12 remain open. Singer serves a very unique population
13 of patients drawn from a 21-county area that no other
14 facility can accommodate. Closing a place like Singer
15 Mental Health Center would be the equivalent of
16 closing the regional cancer center or the regional
17 women's health care center or some specialty center
18 like that.

19 The population that Singer serves
20 includes, as you've heard before, the most severely
21 ill patients, the not -- the patients that are not
22 guilty by reason of insanity, and the indigent,
23 homeless, mentally ill who cannot be served in another
24 setting.

1 As you know, the Community Mental Health
2 Act was enacted in the 1960s, and for a whole variety
3 of reasons which you've already heard, the Community
4 Mental Health Act as originally proposed has not
5 worked out, and so I am imploring this panel to keep
6 Singer open and investigate whether or not there can
7 be a partnership between a state-operated facility and
8 the community facilities that are available.

9 Thank you.

10 MS. NORMAN: My name is Jodi, J-o-d-i,
11 middle initial K., Norman, N-o-r-m-a-n.

12 And I support the closure of Singer.

13 Thank you.

14 MR. ARBISI: Hello. My name is
15 Christopher, C-h-r-i-s-t-o-p-h-e-r, Arbisi, A-r-b, as
16 in "boy," -i-s-i. I'm going to take you somewhere
17 else for just a little bit here.

18 I am a mental health technician at Singer
19 Mental Health Center, and I am also the administrator
20 of the Facebook page Friends of Singer Mental Health
21 Center, over 300 strong.

22 I am here to represent those 300 people
23 that are in support of keeping Singer open, and in
24 some cases these people are terrified of this place

1 closing down.

2 Now, let me tell you why that I am in
3 favor of Singer staying open is because it's in my
4 blood. From a family member who worked at Milestone,
5 to a family member who was a founder of Crusader
6 Clinic, it's not only a family tradition, but it's an
7 empowering and humbling privilege to serve my
8 community. And it's about community, isn't it? Not
9 only building up the west side of Rockford but being a
10 vital service in northwestern Illinois, and Singer is
11 also a thread and a safety net for the least among us.
12 And keeping Singer open is giving Singer the
13 opportunity to continue to be that safety net now and
14 for years to come.

15 Thank you.

16 MR. MORADO: We have 25 coming up. It
17 looks like 26 decided not to speak. So if 27 and 28
18 want go to ahead and get in line and come up after
19 this gentleman.

20 Thank you.

21 MR. DOYLE: Good afternoon. My name is
22 Mark Doyle, M-a-r-k D-o-y-l-e, and I'm the transition
23 of care project manager for the governor's office.
24 I'd like to thank the members and staff of the Health

1 Facilities and Services Review Board for this
2 opportunity to provide testimony.

3 In November of 2011, Governor Quinn
4 announced the rebalancing initiative. The rebalancing
5 initiative represents a policy-driven decision that
6 will improve the quality of care to individuals.
7 Given the state's limited financial resources and
8 growing demand for services, the Governor, through the
9 rebalancing initiative, will utilize the available
10 resources more efficiently to better serve our most
11 vulnerable citizens.

12 The first phase of the person-centered
13 rebalancing initiative is to increase the number of
14 persons with disabilities and mental health challenges
15 whose care will transition from state centers and
16 hospitals to community care across Illinois.

17 Residents of Jacksonville Developmental
18 Center in Jacksonville, Illinois, Murray Developmental
19 Center in Centralia, and mental health patients of
20 Tinley Mental Health Center in Tinley Park and Singer
21 Mental Health Center in Rockford are and will be
22 transitioned to the community, and the facilities will
23 be eventually closed. The closure of these centers
24 allows funds to be better spent to expand our home-

1 and community-based services.

2 Governor Quinn, along with the Department
3 of Human Services, Division on Mental Health, is
4 committed to providing community-based alternatives to
5 institutional care that's consistent with patient-
6 focused standards of care as well as the Supreme
7 Court's 1999 Olmstead ruling mandating that persons in
8 institutional settings be afforded greater
9 opportunities for community living.

10 As you've heard today from the Division on
11 Mental Health, we will work with community mental
12 health agencies, hospitals, and substance use disorder
13 providers to deliver community-based alternative
14 levels of care to replace those services historically
15 provided at Singer Mental Health Center.

16 Governor Quinn believes we can better use
17 the limited state funds to care for people in the
18 community before the conditions deteriorate to the
19 point where they need hospitalization. Recognizing
20 there will still be a limited number of people who
21 will need hospitalization, the Division on Mental
22 Health will work with local hospitals to provide that
23 care with better integration with local community
24 mental health systems to reduce the need for future

1 hospitalizations.

2 Governor Quinn's efforts to shift state
3 spending to expand community care also includes the
4 settling of three class action lawsuits and the
5 consent decrees through which we are committed to help
6 move people from nursing homes who want to leave and
7 can live safely in the community.

8 In addition, the federal government,
9 through Money Follows the Person program, provides
10 additional federal matching funds to incentivize
11 states to transition nursing home residents to
12 community living and facility closings.

13 Our comprehensive plan has resulted in the
14 majority of the Tinley Mental Health Center staff
15 transferring to other positions within the state as
16 well as the creation of new job opportunities with our
17 community partners.

18 We urge you to support the Governor's
19 rebalancing initiative and vote to support the closure
20 of Singer Mental Health Center.

21 Thank you.

22 MS. BRICKLEY: Wow.

23 My name is Mary A. Brickely. That's
24 M-a-r-y A. B-r-i-c-k-l-e-y. I am a mental health

1 technician at Singer and proud of it.

2 Singer has the experience in caring for
3 those with the most difficult psychiatric issues. The
4 community agencies have always had the benefit of
5 deflecting those individuals to Singer and not
6 treating them in emergency rooms, crisis beds, or
7 traditional psychiatric units in general hospitals.

8 In the past week, 7 to 14 referrals have
9 come to the Singer intake department on a daily basis
10 from community agencies. Closing Singer will remove
11 this integral piece of the safety net for the
12 community agencies, law enforcement, and the 21-county
13 treatment territory.

14 According to public information, it
15 appears that community agencies continue to struggle
16 and are unsure of their plan. On Friday, August 3rd,
17 an article in Rockford Register Star states that
18 several members on the advisory boards have no mental
19 health experience. The proposals are incomplete and
20 will only cover Winnebago and Boone Counties. What
21 happens to the other 20 counties? This article has
22 been submitted to the Board for reference. The plan
23 to care for Singer patients changes from day to day
24 and remains unfinished.

1 Closing the only state mental facility in
2 northern -- northwestern Illinois makes no sense. The
3 mental health advisory board includes the Rosecrance
4 CEO and a former Singer employee who both have
5 financial interest in the plan. Singer professionals
6 should be on that board. After all, these are the
7 people with the experience in caring for the
8 individuals soon to be displaced.

9 Singer needs to remain open and continue
10 to break the un -- or continue to treat the unfunded,
11 problematic, and forensic patients.

12 Thank you for your time, and I support
13 keeping Singer open.

14 MR. MEACHAM: Hello. My name is Terry
15 Meacham, T-e-r-r-y M-e-a-c-h-a-m. I have been a
16 mental health technician for 15 years at Singer Mental
17 Health Center and have been in MI and DD services for
18 another ten years. If you do the math, that's 25
19 years.

20 Singer covers over 20 counties, not nine,
21 which is misrepresented several times. We have had a
22 plan of action for over 50 years, and it has been
23 highly successful. Some of the clientele that we
24 serve are highly motivated to violence. This has

1 proven to be a challenge as a mental health technician
2 and sometimes has resulted in injuries.

3 I work on a nonsecure forensic unit. We
4 take care of patients from Chester Mental Health
5 Center. Our program has had a 98 percent success
6 rate.

7 I won't sugar coat this message. The
8 people that we get have murdered. They've committed
9 sex crimes. They're registered sex offenders.
10 They're here to get help either in the form of
11 medication or therapy, and getting them to participate
12 is not an easy thing to do.

13 This is the message you need to hear:
14 These people are violent. They will hurt. That is
15 why they need 24-hour care. A plan is in place --
16 it's called Singer Mental Health Center, unlike
17 Rosecrance who has no plan other than to take the
18 money, the nonviolent patients, and push 75 percent of
19 the mentally ill population that they can't -- excuse
20 me -- no, won't -- care for off to the other
21 overpopulated centers in Chicago. This nonplan is
22 shameful. How can you attempt to do this without a
23 conscience? Would you treat your sons and daughters
24 with mental health illness like this? I would not.

1 Is it so important to monopolize mental health care
2 that you forget about the 98 percent?

3 Last of all but not least, what about a
4 person in your care who died in her apartment? The
5 windows were closed. Air conditioning was not turned
6 on. Is that the type of care that we want to give to
7 the community?

8 Remember: The people you turn away for
9 care will eventually end up in your backyard. What
10 then will you do for them? After you have closed down
11 this facility and taken the money, what's left for
12 Rockford's mentally ill population? Don't make
13 Rockford the forgotten city.

14 I implore you -- no, I beg for you to keep
15 this facility open.

16 Thank you.

17 MS. SIMON: Hello. My name is Sandy
18 Simon, S-a-n-d-y S-i-m-o-n, and I'm representing the
19 families of Rockford.

20 We have a family member who became sick in
21 2006, and he's severe and walked to Rochelle on his
22 way to Atlanta and was in Chicago without shoes and
23 without a shirt. And he denied that he had an illness
24 for a year and a half and would not take medicine.

1 And since then -- he's 29 now -- he has taken 11
2 different medications, and they are working a little
3 bit. They're keeping him in town.

4 And so Singer, to our family, has been a
5 safe place for him; and, as a matter of fact, when he
6 started taking medicine, then he would go off his
7 medicine. Because he would feel a little better, then
8 he'd go off his medicine that he was taking, and he's
9 been at Singer five or six times. And so it's really
10 needed in our community for severe people. He is not
11 violent, but he is very vulnerable when he is out on
12 the streets.

13 And my concern with the crisis beds is
14 that are there going to be enough of -- enough crisis
15 beds, or are the people going to be professionally
16 trained? Is there going to be an area where they --
17 the patients can be locked and be safe? Or are the
18 patients going to be released too early and told,
19 like, you've had your time, you know, your three to
20 five days or whatever.

21 So -- so Singer has really helped our
22 family. And Singer being close, our family visited
23 our family member, and so we work with the doctors,
24 and we're able to fill in information about him. And,

1 also, we helped our patient too because he would tell
2 us things that he wouldn't tell the doctor, and then
3 we could, you know, relay that information. So if our
4 member is sent to Chicago area, we can't get there as
5 often, and so we can't help in his recovery.

6 So please keep Singer open and please
7 expand it.

8 Thank you.

9 MR. WEISS: My name is Bill Weiss,
10 W-e-i-s-s. I'm with Occupy Rockford.

11 I've heard the term community-based
12 solutions come up a number of times in this
13 discussion, and it puts me in mind of another
14 politician who once turned to a community-based
15 solution to getting rid of something he didn't want to
16 deal with, and that was -- happened with Pontius
17 Pilate. He washed his hands of an innocent, and
18 that's what's happening here. Our governor and our
19 state representatives are taking innocent people who
20 may, you know, have committed crimes, but it's not
21 through their own fault. They're mentally ill people.
22 They need help.

23 If you take those people and send them
24 somewhere else, they're going to lose contact with

1 what little community they have left. They're going
2 to lose contact with mental health professionals who
3 actually care about trying to help them and not just,
4 you know, getting some kind of profit out of it. And
5 the bottom line here is that we're dealing with people
6 who don't have a lobbyist group. They don't have a
7 vote; so they don't count. Let's just wash our hands
8 of them and hand them off to the local communities and
9 let them deal with it.

10 What will end up happening is we're going
11 to overburden our already overburdened criminal
12 justice system. We're going to have dead people in
13 the street because the mentally ill are not going to
14 be able to control themselves, and people will die.
15 They will get hurt. And this will happen, and the
16 politicians will close their eyes and say, oh, well,
17 we tried.

18 The government thinks this is a solution.
19 He thinks closing Singer is the best way to go. It's
20 not. As a father of a little girl who suffered from
21 mental health illness -- and thank God had insurance,
22 okay -- I can tell you that it's just a snap between
23 being a little bit violent at home and a little bit
24 violent at school and becoming a criminal out on the

1 streets. And had it not been for me having access to
2 mental health insurance, okay, my daughter would
3 probably be in jail right now. But it was a
4 profitable situation because my daughter's not in
5 jail. She is a -- works for a multinational
6 corporation now, makes good money, and has three
7 wonderful children that she has raised to be
8 productive citizens.

9 Closing Singer is washing hands of
10 something the government doesn't want to deal with,
11 and this needs to change.

12 MS. RODRIGUEZ: Hello. Thank you for
13 giving me the opportunity to speak. My name is
14 Isabella Rodriguez, I-s-a-b-e-l-l-a R-o-d-r-i-g-u-e-z.
15 I'm a local pharmacist, and I'm also president and
16 cofounder of Rx Tech Prep, a pharmacy technician
17 school, and I'm just here to strongly oppose the
18 closing of Singer.

19 It's kind of unique because I was actually
20 the first pharmacy student that Singer had taken in,
21 and Singer does foster an environment that helps with
22 the growth of students professionally, academically,
23 and even with the needed experience that's needed for
24 them going into their field.

1 But more unique than that, I too have
2 relatives that work at Singer, and it's interesting
3 because I go to family functions and there's all
4 Singer employees there. But "community" I've heard
5 spoken earlier, and it truly is a community. People
6 that work there have given their lives, they've
7 invested time, and day after day they go in giving all
8 that they have.

9 And so I'm here representing a different
10 perspective, but I'm asking that you not close Singer
11 on behalf of all of the employees and their hard work
12 and dedication but also on behalf of the academics and
13 the professional environment that is fostered at
14 Singer.

15 So please reconsider and vote that Singer
16 stay open.

17 Thank you.

18 MS. HERMELING: Hello. My name is Joanne,
19 J-o-a-n-n-e. Last name is H-e-r-m-e-l-i-n-g, and I'm
20 speaking on behalf of Singer as a patient.

21 Back in '90 -- at the age of 14, I was
22 sexually molested by my adopted father. He would
23 literally beat me, throw me down the stairs, try to
24 run me over, try to strangle me. You name it. Throw

1 me up against the wall. He would call me stupid. He
2 would call me every name in the book.

3 So I tried to commit suicide three times,
4 several times. I even almost went to the point where
5 I took medication, and if it wasn't for Singer and the
6 county sheriff's department, I wouldn't be here today.

7 Singer is a big part of our state. It has
8 helped thousands of people or patients that have been
9 in my position. They have classes out there for ones
10 that have been in my position that think it's their
11 fault that their dad or mother or whatever molested
12 them, and it's not. It is the person who molests the
13 one that can't take care of themselves.

14 My dad retired from the Army in 1972.
15 After he retired, he started molesting me. It was not
16 until I married my husband that I got out of that
17 situation. But if it wasn't for Singer and the
18 Winnebago County sheriff's department and my husband,
19 I wouldn't be here right now.

20 Singer to me is a family. I owe my life
21 to Singer. Singer is -- the employees have a heart
22 that nobody else has. They save a lot of lives, and
23 if Singer closes, there won't be nobody there for us.
24 There will be no Singer. There will be no place for

1 the mentally ill to go or like -- like the sheriff
2 said, you know, a lot of people commit offenses, and
3 it's just going to continue and continue and continue
4 because there will not be a Singer to fall back on.

5 Family members -- my brother has problems
6 now. He may have to go to Singer one day, and it will
7 not be there for him.

8 Please, please, I implore you, I beg of
9 you keep it open. Don't let it close.

10 Thank you.

11 MR. MORADO: Okay. Number 34 next,
12 followed by 35 and 36.

13 MR. BUTTERWORTH: First name is Mikel,
14 M-i-k-e-l. Last name is Butterworth,
15 B-u-t-t-e-r-w-o-r-t-h. I currently work as an
16 employee at Singer in the business office. I'm also a
17 graduate of Northern Illinois University with a
18 background in economics. For those of you that know,
19 being an alumni of Northern Illinois, you're painfully
20 aware of the need for acute psychiatric services. I
21 don't have to go into detail on that.

22 I also currently serve as the president of
23 the local AFSCME, representing those hard-working
24 individuals who are the frontline workers in our

1 facility. Some of these folks have been dedicated to
2 doing this probably longer than I've been alive. So a
3 round of applause goes out to those folks who do that
4 very difficult job.

5 I just wanted to sort of state the purpose
6 of Illinois Health Facilities Planning Act was
7 intended to accomplish the following objectives: to
8 improve the financial ability of the public to obtain
9 necessary health services; to establish an orderly and
10 comprehensive health care delivery system that will
11 guarantee the availability of quality health care to
12 the general public; to maintain and improve the
13 provision of essential health care services and
14 increase the accessibility of those services to the
15 medically underserved and indigent; to assure that the
16 reduction and closure of health care services or
17 facilities is performed in an orderly and timely
18 manner, and that these actions are deemed to be in the
19 best interest of the public.

20 We would allege that the planned closure
21 of this facility will be a violation of each of the
22 above-stated purposes of this act. And we urge the
23 Board to reject the Illinois Department of Human
24 Services plan to close Singer.

1 We heard today about the Illinois Mental
2 Health Summit's submission to the Board, and the
3 argument they laid out there is not one I think that
4 anyone can improve upon. But I will focus on one
5 aspect of the purposes of this Board which is to
6 improve the financial ability of the public to obtain
7 necessary health services.

8 AFSCME works in a business office and with
9 a background in economics, I'm sort of a figures-based
10 kind of guy. I like to look at numbers; in fact,
11 probably too much. One of the things I looked at when
12 we were addressing this issue was the fact that
13 Singer's current budget and the budget for the last
14 three years averaged about \$14.5 million per year.
15 With that budget, we operate, when at capacity, 75 to
16 76 acute psychiatric beds. When you break that down
17 at a per cost per day, that works out to be about \$530
18 per day per bed.

19 On researching this, I found an
20 interesting bit of information that was actually
21 produced by the Healthcare Research and Quality --
22 on Quality and Healthcare Costs and Utilization
23 estimates -- this was done by the Agency for
24 Healthcare Research. And in their study in 2007, they

1 indicated that the average cost for inpatient care
2 through the private sector -- this is private care
3 providers -- averaged around \$8,100 per stay, with an
4 average stay of 6.6 days. When you break that down,
5 the cost per day was \$1,227 per day. That's roughly
6 twice what it costs for the same care at Singer Mental
7 Health Center.

8 The plan to shift the care that Singer
9 provides to private entities will likely result in
10 higher costs of care and reduce access to services,
11 not lower costs. I would further add that these cost
12 estimates for private care are based on more typical
13 psychiatric cases which usually involve acute
14 depression, not the aggressive, combative patients
15 that we currently serve. When you factor these things
16 into the cost of providing health care, we expect the
17 cost for private services to be higher than that,
18 higher than the 1,227 figure that I quoted earlier.

19 With that in mind, we don't see how this
20 is a feasible plan to shift the costs from what we do
21 to the private sector.

22 In closing, I would state that Singer is
23 underutilized with three vacant units that, if
24 properly staffed, could actually reduce the overall

1 cost of care at this facility by 15 percent and
2 restore the capacity lost by the closure of the Tinley
3 Park facility. So instead of discussing why Singer
4 should or should not close, we should be discussing
5 how Singer could be expanded, whether this is
6 increasing our inpatient capacity or working with
7 local providers to establish a model for continuum of
8 care. Either way there is a need for both, and Singer
9 has the capacity to fill those needs.

10 Thank you.

11 MS. LANGLEY: My name is Joanne Langley,
12 J-o-a-n-n-e L-a-n-g-l-e-y. I am coming to you -- I
13 don't have a prepared presentation for you, but I'm
14 coming to you as an ex-employee of this facility, as a
15 taxpayer, and as a health care provider -- mental
16 health care provider in this community.

17 And I've -- the things that you've heard
18 from many of the people who have been speaking I've
19 also experienced. With the closing of Singer, I'm
20 very concerned about maintaining quality health care
21 in this area. I'm concerned about removing even more
22 jobs from a very economically depressed area, and
23 these are good jobs. And I'm also concerned about the
24 fact that this will actually end up potentially

1 increasing the state and local tax burden on people in
2 this area.

3 As an ex-employee, I just want to restate
4 that Singer serves a very large area, 20-plus
5 counties. It does not just serve Winnebago-Boone. In
6 one of the proposals for dealing with the closure of
7 Singer would be a community partnership with people
8 from Winnebago-Boone, and I wonder what's going to
9 happen to the individuals from all these other
10 counties.

11 I provide mental health court evaluations
12 in this area. Recently I just evaluated a person who
13 had waited 14 days for an involuntary commitment in Jo
14 Daviess County. I even wonder if that's legal.

15 I know that when I was an employee at
16 Singer -- probably three years ago. I worked there
17 for 12 years -- we were having increasing number of
18 admissions every year. The only thing that has
19 stopped that has been the state government putting a
20 cap on the number of admissions that could come in. I
21 don't think the community has been able to deal with
22 that. For a period of time patients were being sent
23 into Chicago. I wonder, if there's not a facility in
24 this area, who's going to pay ambulance bills to ship

1 a person from Jo Daviess County or Peoria into the
2 Chicago area. I wonder who's going to be paying for
3 police transport to these areas.

4 We've mentioned the number of students
5 that are trained. I was just recently contacted by
6 one of the nursing school directors searching for a
7 place to train their staff. That will also include
8 medical students, pharmacists, social workers,
9 pharm -- I already mentioned pharmacists.

10 Finally, I have a concern about the
11 proposed community partnership because I'm familiar
12 with one of the agencies that is involved with that,
13 and they have undergone some very large expansion in
14 recent areas taking over McHenry County, taking over
15 Janet Wattles, providing services to other agencies.
16 I worry that they will not be up to the task of
17 serving such a large population in such a large area.
18 I wonder what will happen if they fail. You will have
19 no more backup in this area at all, and we are
20 approaching a monopoly of mental health services which
21 also concerns me.

22 So I support keeping Singer open and
23 actually expanding it to serve the nonsecure forensic,
24 which you do a fine job with, and also step-down and

1 the severe -- people with severe mental illness.

2 Thank you.

3 MS. BOOLMAN: Hello. My name is Marvel
4 Boolman, M-a-r-v-e-l B-o-o-l-m-a-n. I am a recovery
5 support specialist at Singer Mental Health Center.
6 Been working there ten years. I'm also a consumer of
7 services. I've had a severe and persistent mental
8 illness for the last 24 years.

9 My experience with my mental illness -- I
10 have been hospitalized over 28 times. Some of those
11 times is -- and one of my biggest concerns is that the
12 community services might not be able to keep people
13 stable enough not to go to a place that has a safety
14 factor like Singer Mental Health Center. A lot of my
15 hospitalizations is because I couldn't get the
16 services from the community. There was -- maybe I
17 wasn't well enough to make an appointment; so then I
18 couldn't make an appointment for a couple more weeks
19 or things like that.

20 I had -- I am concerned that we're going
21 to close in the end of October, and I just had an
22 experience where I had ran out of health insurance and
23 was able to obtain some more health insurance and then
24 went to my local community clinic and asked for -- to

1 see a doctor to get on my medication, and I was told
2 that I owed \$14.95, and they would not set me up an
3 appointment.

4 Okay. I paid the \$14.95. Well, because I
5 had not been a patient there for eight months, I had
6 to go through an evaluation. Okay. Well, I'm not --
7 I need my medication. I need to be put on medication
8 because I will get severe enough to have to be
9 hospitalized. I was told, well, that will take up to
10 two months to do that. Two months to get an
11 evaluation. And then after the evaluation, I was told
12 it would take another two weeks at least to see the
13 doctor.

14 Thank God I'm in enough mental health
15 recovery with my job and my history of my mental
16 health recovery to be able to maintain myself, to be
17 able to find other resources and that for my
18 medication, but what if I wasn't? What if I was not
19 doing well? What if I was not able to comprehend?
20 Maybe I'm on social security disability and not
21 getting an appointment for \$14.95.

22 Also, being a mental health recovery
23 specialist at Singer and the training that I've had
24 there, 90 percent of the people who come into mental

1 health institutions have been traumatized. They're --
2 if we close mental health -- Singer Mental Health
3 Center, there's going to be more traumatization. It's
4 traumatizing to be taken away from your family and
5 moved 500 miles away. It's traumatizing to be in an
6 emergency room for hours and days at an end. It's
7 traumatizing to go to a community health clinic who's
8 overburdened and be told no.

9 So I'm opposing the closing of Singer. My
10 19-year-old daughter, she said it perfectly: Mom,
11 where are we going to have a place where people can go
12 to survive? And that's -- that's what I've got to the
13 say.

14 Thank you.

15 MR. MORADO: Is there anyone who wishes to
16 testify who has not had an opportunity?

17 Hearing none, is there anyone who has
18 testified who wishes to provide additional testimony?

19 Please note that this project is
20 tentatively scheduled for consideration by the state
21 board at its September 12th meeting. The meeting will
22 be held at the Marriott Bloomington-Normal Hotel and
23 Conference Center, located at 201 Broadway Avenue in
24 Normal, Illinois. The public has until 9:00 A.M.,

1 August 22nd, to submit written comments pertaining to
2 this project. Comments should be sent to the
3 attention of Courtney Avery, Administrator, Illinois
4 Health Facilities and Services Review Board, 525 West
5 Jefferson Street, Second Floor, Springfield, Illinois
6 62761-0001. You may also fax your comments to
7 217-785-4111. The state agency report will be made
8 available on the Board's website on August 28th.

9 Additional written responses to errors in
10 the report or its finding will be accepted until 9:00
11 A.M. on September 4th. Comments should also be sent
12 to the attention of Courtney Avery.

13 Are there any questions?

14 Hearing none, that there are no additional
15 questions or comments, I deem this public hearing
16 adjourned.

17 Thank you for your participation in
18 today's proceedings.

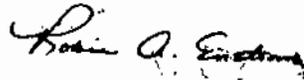
19 (Public hearing adjourned at 3:20 P.M.)
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CERTIFICATE OF REPORTER

STATE OF ILLINOIS)
) ss.
COUNTY OF SANGAMON)

I, ROBIN A. ENSTROM, a Registered Professional Reporter, Certified Shorthand Reporter, and Notary Public within and for the State of Illinois, do hereby certify that the foregoing proceedings were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



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