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AUG 09 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

**FAX FOR
BOARD
Regarding
Singer Mental
Health Center**

12-060

**ATTENTION: Courtney R Avery
ADMINISTRATOR**

Cost Comparatives of Emergency Room VS State Facility for Mental Health Crisis

<u>Singer</u>	<u>ED</u>
<u>\$520 per day</u>	<u>\$1591/day</u>

5 Days

5 Days

\$2600

\$7955

**Savings of
\$ 5355 per episode**

Cost Comparatives

SINGER

JAIL

\$520/day

\$143/day

Ave time to fitness

Ave time UST in jail

\$14,560

\$35,505

28 days

245 days

Cost Savings....\$20,945 per episode

Cogfa StatementAccording to the Stanley Foundation , a report on "Grading the States on Healthcare for Serious Mental Illness," Illinois receives a grade of F for mental health care.

Rockford is the third largest city in Illinois with the highest crime and unemployment numbers in the state. Singer serves roughly 1.45 million people in a 21 county area. It serves as a teaching hospital and resource for community hospitals that are unable to care for difficult patients. The facility admits violent and behaviorally challenged individuals along with those who are unfit to stand trial and not guilty by reason of insanity. The facility is non decline and often accepts some of the most difficult cases in the state. The hospital provides excellence in care and is regarded as one of the finest facilities in the state.

The State has selected Singer to close. They believe that private community programs will offer the same level of mental health services as the state hospital. Assuming the private sector will have the means or experience to treat the severely mentally ill is just that, an assumption. Privatization is not new to Rockford. In 1988 Oakwood Hospital opened a 60 bed private psychiatric facility which accepted only insured or funded admissions. Once private funds or insurance coverage had been depleted, patients were

either referred to Singer or discharged. The per diem charge was 1,000 dollars . The hospital folded after financial mismanagement in 1994. Charter was another private psyche hospital that failed during those same years. So what happens if only insured, funded or nonviolent patients are treated by the privatization?

Deinstitutionalization has been a major contributing factor to the mental illness crisis. The magnitude of this process qualifies as one of the largest social experiments in American history. Consequently, 2.2 million people with severe mental illness receive no psychiatric treatment. "Least restrictive setting frequently turns out to be a cardboard box , a jail cell or a soup kitchen." The only way to receive treatment then is to be incarcerated. This has become known as the balloon theory.... push in one part of the balloon and another part bulges out. The number of mentally ill in jails and prisons supports the thesis of transinstitutionalization.(Deinstitutionalization a Psychiatric Titanic..Mental Illness Crisis Fuller Torrey MD.

The Daily Oklahoman reports "No Vacancy" to mentally ill. Seriously mentally ill have joined hundreds of thousands of mentally ill Americans for whom the closure of state hospitals has meant denial of treatment, incarceration and homelessness. The severely mentally ill become victimized by the closures.

The US. Justice Dept. filed a lawsuit against the State of Georgia, the governor and the commissioners of both the Dept. of Behavioral Health and Dept. of Community Health which alleges that since the closing of state mental hospitals the treatment and safety of patients is so poor it violates the US Constitution to keep all Americans safe. (GA Mentally Ill 1-21-12)

The Justice Dept. reports that 1000 homicides out of the national annual 20,000 are committed by people with untreated schizophrenia and bipolar disease. A 1998 Macarthur Foundation study found that people with serious brain disorders committed twice as many acts of violence compared to those taking medication and receiving active treatment.

Closing hospitals has become a disaster in many states evidenced by skyrocketing incarceration and filling emergency rooms beyond capacity. LA county jail has 3,000 mentally ill inmates and claims that it is the largest mental hospital in the country. Cook County reports that 2,000 of it's inmates are mentally

ill and threatens lawsuits over state facilities not accepting them for treatment. In the state of Pennsylvania the overcrowding in jails after closing mental facilities has resulted in re-opening and re-building state hospitals.

According to Health Services Research, Aug. 2009; "We believe that the deinstitutionalization process in the United States has been implemented without sufficient evaluation of possible health risks. The interaction between public inpatient and community mental health resources remains largely unexplored. A region with greater community resources such as large urban areas would be better positioned than rural regions to absorb a shock from a sudden public inpatient reduction." Singer should not only remain open but expand and co-exist with the private sector. Serving 23 rural counties without adequate community resources is a plan for disaster.

Linda Kobler RN2
Illinois Nurses Assoc.

Illinois Health Facilities and Services Review Board

Illinois Health Facilities and
Services Review Board

2nd Floor

525 West Jefferson Street
Springfield, Illinois 62761

Phone 217-782-3516

Fax 217-785-4111

TTY 800-547-0466

Questions or Comments

**ATTENTION
COURTNEY
AVERY/ADM**



State of Illinois
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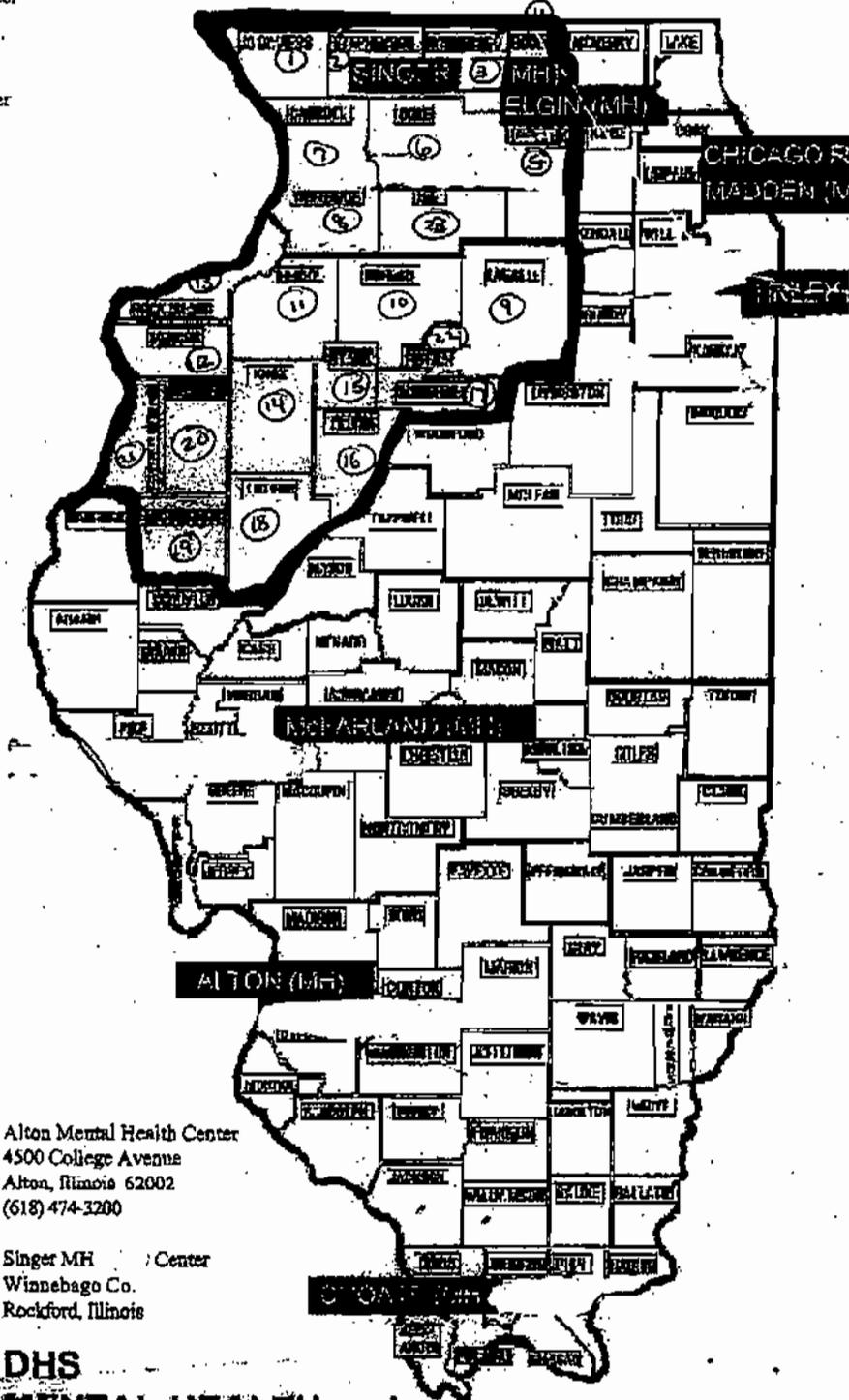
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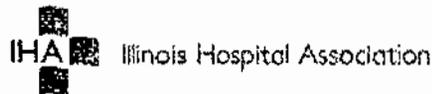
Alton Mental Health Center
4500 College Avenue
Alton, Illinois 62002
(618) 474-3200

Singer MH Center
Winnebago Co.
Rockford, Illinois

DHS
MENTAL HEALTH and
DEVELOPMENTAL CENTERS

(R-8-03)

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Regarding
Singer Mental
Health Center**



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October 5, 2011

Senator Jeffrey M. Schoenberg, Co-Chair
 Representative Patricia Bellock, Co-Chair
 Commission on Government Forecasting and Accountability
 703 Stratton Office Building
 Springfield, Illinois 62706

Re: Proposed Closure of H. Douglas Singer Mental Health Center

Dear Senator Schoenberg and Representative Bellock:

Thank you for this opportunity to comment on the proposed closure of the Singer Mental Health Center in Rockford, a 76-bed state-operated psychiatric hospital funded and operated by the Illinois Department of Human Services Division of Mental Health (DMH). The Illinois Hospital Association (IHA) presents the following comments on behalf of our 200 member hospitals and health systems and the patients and communities they serve.

DMH's proposed closure of Singer and two other of Illinois' nine state-operated hospitals and the transfer of forensic patients in these facilities to the remaining civil acute inpatient state-operated hospital beds will greatly weaken an already fragile mental health system in Illinois. It will reduce access to acute psychiatric care in northwest Illinois as well as in communities throughout Illinois. It will cause the loss of beds at Singer and will reduce the statewide existing state-operated hospital capacity from approximately 1,400 civil acute beds to approximately 200 civil acute beds. The closure of Singer will mean loss of access to a state psychiatric hospital for persons who are not committed there through the criminal justice system.

For individuals with serious mental illness who need the level of care provided in a hospital, the loss of close to 1,200 inpatient psychiatric beds depletes an already limited pool of inpatient resources. The private hospital system does not have a sufficient pool of inpatient beds to offset this loss. There has been a 28% drop in private hospital psychiatric beds in the past decade, from 5,350 beds in 1991 to 3,816 beds in 2010. Moreover, the loss of these beds is not evenly distributed across the state, leaving many Illinois communities without any psychiatric resources at all. Only nine rural hospitals in Illinois offer inpatient psychiatric services, and 84 Illinois counties have no psychiatric units at all. In the geographic region served by Singer Mental Health Center, there are three private hospital psychiatric units. Two are located in the Rockford area; one is in a rural community. Each is a small unit and would have great difficulty assuming responsibility for all of the patients currently served at Singer.

The loss of acute, inpatient psychiatric capacity will further exacerbate the challenges currently experienced by persons with mental illness who depend on the public system of care. It compounds budget cuts to community mental health and substance abuse services made in the past three years. Eliminating care at both ends of the continuum of

www.ihatoday.org

IHA HEADQUARTERS
 1151 East Warrenville Road
 PO Box 3015
 Naperville, Illinois 60566
 ph 800.275.5400

SPRINGFIELD OFFICE
 700 South Second Street
 Springfield, Illinois 62704
 ph 217.541.1150

WASHINGTON, DC OFFICE
 400 North Capitol Street, N.W.
 Suite 4500
 Washington, DC 20001
 ph 202.624.7880

IHA Comments on Proposed Closure of H. Douglas Singer Mental Health Center

care leaves few alternatives to persons with serious, chronic illnesses and will likely contribute to an increase in the use of hospital emergency departments, longer waits for limited inpatient private hospital psychiatric beds, and delays in treatment for all patients. Without treatment, persons with mental illness often become homeless, end up in jail, or in the worst cases, do not survive.

We cannot afford to take such risks for our most vulnerable residents, especially within the timelines suggested for such closures. A systems restructuring such as the one that has been proposed must occur within the framework of a plan that assures access to care will be preserved for those persons with serious mental illness who require acute care. IHA's Behavioral Health Steering Committee articulated such principles in 1997 and reiterated and refined them in 2005 when the state proposed that the Tinley Park Mental Health Center be closed (see attached). Such a plan should be developed with input from a broad cross section of stakeholders, including patients and families.

Persons with mental illness, like every patient, need the right care, at the right time, in the right place. The public psychiatric hospital is one setting in the continuum of care. It is designed to be a critical safety net that supports persons with serious illness who require a safe, structured environment.

As a key part of the continuum of care, private hospitals in Illinois are willing to serve and do serve hundreds of thousands of persons with mental illnesses each year. The state's private hospitals cared for close to 148,000 persons with a principal diagnosis of mental illness as inpatients in 2010; more than 750,000 persons diagnosed with a behavioral condition; and more than 190,000 patients with a principal diagnosis of mental or substance use illnesses in their emergency departments in 2009. However, private hospitals are serving these growing numbers of patients in fewer facilities and with fewer beds. The private hospital system does not have the capacity to assume responsibility for all the patients who will be displaced by the proposed state-operated hospital closures.

We recognize the state's challenging economic circumstances and the costs associated with maintaining antiquated facilities. However, we ask whether and to what extent the proposed closures will actually save money. It is critical the COGFA take into account several important factors when considering the proposed closures:

- If the closure of state hospitals contributes to an increase in homelessness and incarceration, it will cost the state more to house a person in jail than it does to provide treatment. The state would be transferring costs from one sector of the system to another, without any net savings to the state.
- Hospital Emergency Department care is very costly. Many persons using hospital emergency departments are Medicaid recipients. These state-operated hospital closures likely will cause more Medicaid recipients with mental illnesses to use EDs, especially in the absence of other alternatives.

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IHA HEADQUARTERS
1151 East Warrenville Road
PO Box 3016
Naperville, Illinois 60566
ph 630.278.5400

SPRINGFIELD OFFICE
700 South Second Street
Springfield, Illinois 62764
ph 217.541.1150

WASHINGTON, DC OFFICE
414 North Capitol Street NW
Suite 404b
Washington, DC 20001
ph 202.824.7880

IIIA Comments on Proposed Closure of H. Douglas Singer Mental Health Center

- State law requires funds from the closure of a state facility to be reinvested in the community. The state cannot use these funds for another purpose other than mental health services. Thus, the proceeds from a sale of a state-operated hospital property must be used for mental health purposes.

It is also important to note that in 2009, DMH eliminated \$9.4 million in funding for the Community Hospital Inpatient Psychiatric Services (CHIPS) program that was designed to serve persons with mental illness who needed acute inpatient psychiatric care in a private hospital. The CHIPS program was established when the state closed the Zeller Mental Health Facility and downsized the Alton and Egin mental health facilities as an alternative for persons who otherwise would use a state hospital. Twenty-three hospitals were participating in this program. The elimination of CHIPS has further reduced access to acute inpatient psychiatric care for a vulnerable population.

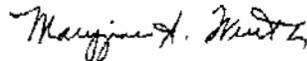
Illinois hospitals are committed to transforming health care to assure that every patient, including persons with mental and substance use illnesses, has access to the right care, at the right time, in the right place. To achieve this goal, all of us will need to work together, collaboratively, creatively and effectively, using the best of what currently exists and embracing new models.

Legislation enacted this year—House Bill 2982/Public Act 97-0381—presents one positive approach to building systems of care that capitalizes on regional strengths and encourages collaboration across systems of care. This legislation recognizes there will not be new funds but that there can be savings associated with innovative program design, elimination of redundancies and sharing of resources.

While we look forward to the opportunity to redesign the state's mental health system on a regional basis to make it more effective and efficient, we are very concerned that the proposed closures of the H. Douglas Singer Mental Health Center and other state-operated hospitals will adversely affect those efforts.

Thank you for the opportunity to provide these comments.

Sincerely,



Maryjane A. Wurth
President

Attachment

www.ihatoday.org

IIHA HEADQUARTERS
1151 East Waverly Road
PO Box 3015
Naperville, Illinois 60560
ph 630.278.5400

SPRINGFIELD OFFICE
700 South Sacandoga Street
Springfield, Illinois 62704
ph 217.541.1150

WASHINGTON, DC OFFICE
400 North Capitol Street N.W.
Suite 404
Washington, DC 20001
ph 202.624.7880

Local 1133

Logan prison closure plan altered

Private prison industry grows despite critics – TODAY News – TODAY.com

COGFA says no to 4 – Lincoln, IL – Lincoln Courier

The Illinois Commission on Government Forecasting and Accountability (COGFA), a bipartisan legislative panel that held a hearing Wednesday night on the potential closure of Logan Correctional Center, has rejected Gov. Pat Quinn's proposal to close three social-service facilities and one youth prison.

In early September, Quinn proposed closing seven state facilities, including Logan Correctional Center, in order to save the state money. An arbitrator ruled earlier this month that the closures, as well as the layoffs associated with them, would violate a labor agreement that states Quinn cannot lay off employees or close facilities before July 2010 in exchange for \$400 million in concessions and cost savings.

On Thursday, COGFA voted against closing four of the seven facilities -- Murphysboro Youth Center, Mahley Developmental Center in Dixon, Chester Mental Health Center and Singer Mental Health Center in Rockford -- but the vote is advisory only. Votes on Logan Correctional Center and Jacksonville Developmental Center have not been made by the commission yet, and the COGFA hearing for Tinley Mental Health Center has not yet occurred.

While COGFA acknowledges its vote is advisory, Sen. Jeffrey Schoenberg, who co-chaired the COGFA hearing for Logan Correctional on Wednesday, said the commission's opinions have been listened to before.

"We (COGFA) voted to keep Pontiac (Correctional Center) open, and it was kept open," Schoenberg said.

"I hope (COGFA) keeps its perfect record," Henry Bayer, executive director of the American Federation of State, County and Municipal Employees (AFSCME) Council 31, said.

According to a news release emailed by Anders Lindall, an AFSCME Council 31 spokesman, COGFA members rejected the closure of Mahley Developmental Center in Dixon by a vote of 8-3, the Murphysboro Youth Center by a vote of 7-4, the Singer Mental Health Center in Rockford by a vote of 8-3 and Chester Mental Health Center by a vote of 11-0.

Read more here: [COGFA says no to 4 – Lincoln, IL – Lincoln Courier](#)

Posted by [grrath](#) on October 29, 2011.

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