

Illinois Health Facilities and Services Review Board

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Questions or Comments

RECEIVED

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Letter to the Facility Review Board regarding the proposal to close Singer Mental Health Center:

As you are aware, the COGFA committee voted 8 to 3 in 2011 to keep Singer open. The Illinois Hospital Association agreed, primarily due to an already existing lack of psychiatric beds and the fact that Singer serves a large rural area, with few psychiatric resources. The Singer facility serves a diverse group of individuals, including forensic, court ordered and those clients referred who are inappropriate for community and crisis beds. Individuals can only be admitted through the referral or court ordered process, Singer being the final step in the safety net in the 21 county area. Referral sources are required to check 5 different sources before Singer will admit.

The community agency that expresses interest in caring for the patients once Singer closes has no experience in caring for the severely mentally ill. Their experience involves addiction and outpatient care. Individuals who are in crisis or inappropriate for community care or crisis beds have historically been cared for at Singer. On a daily basis, Singer receives 7-14 referral calls from community agencies, seeking beds for individuals who are not appropriate for other care. How will the community gain the experience suddenly, once the last door closes at Singer? Will this hand off of responsibility not pose a danger to the individual and 21 counties alike?

Another concern is that of a "monopoly of services" as this community agency is aggressive in the purchase of properties and mental health services in what appears to be an attempt to increase profits for their corporation. Piece by piece this agency appears to have obtained control over much the mental health care in the Northern part of the state. The Singer closure(which has been ambitiously supported and fervently endorsed by the agency) would be a large addition

to the collection of conquests. There is a concern that this community corporation would eventually exclude smaller psychiatric units in hospitals and usurp mental health services in order to exclude competitors. Where in this scenario of corporate success would the unfunded, indigent and severely ill mental patient fall? The funds to transport patients has also been deleted by the new 2013 budget . Law enforcement and hospitals would have to struggle with transport of the client at their own expense. The Singer closure could paint a very bleak future for the homeless, unfunded crisis patient in the 21 county territory.

The original intent of DHS and the Gov. office to expand services at Elgin, Read and MCFarland to compensate the Singer closure has now been withdrawn, leaving a poverty of services to the Singer territory of 21 counties and 76 beds. These beds at other facilities are already at overflow mode and leave no room for the Singer catchment patients.

The forensic (both unfit to stand trial and not guilty by reason of insanity) clients waiting in the 21 jails for treatment would have an even bleaker chance of treatment with Singer doors closing. These individuals are to be transferred to state facilities within 30 days for treatment. This ruling is a state law and of much concern to law enforcement. (the Sheriff at Cook Co. jail considered a lawsuit in regards to this matter.)

Rockford is the third largest city in the state with high unemployment and crime numbers. Closing the doors to Singer will augment concerns and negative social issues in the 21 county territory that the facility serves.

Last but not least is the educational forum at Singer which educates 210 student nurses, pharmacists and medical students each year or 10,000 in the past 40 years. Our patients benefit

from this educational milieu in regards to the very best in care and state of the art psychiatric care. The facility is well respected, highly acclaimed and both accredited and certified. Unlike most state facilities, Singer prides itself in finding placement and follow- up care and resources for ongoing prescriptions for each individual it cares for. Each patient has a specific discharge plan, not just discharge.

In closing, there are no facilities within 45 miles of Singer. The transfer of individuals to Chicago would prohibit most family members from visiting or any involvement and attendance at crucial treatment meetings. The distance would cause great difficulty , not to mention possible jeopardy to individuals who are transported in crisis.

We trust that the facility review board will make the right decision. We are reliant in your expertise in the assessment of essential services, the unique geographical area and the potential for a psychiatric titanic should the facility close.

The Singer Group

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Years of neglect to mental health services cannot be made up overnight — no matter how well-intentioned the effort.

Community-based mental health services are cheaper and more effective, but there always will be a need for institutions such as the Singer Mental Health Center.

We hope Gov. Pat Quinn changes his mind about closing Singer on Oct. 31. Singer is too valuable to the community and the population it serves to be shuttered at this time.

In theory, Quinn's reasoning is sound: Move people away from institutions and into community-based mental health services that are more recovery-focused and allow for better integration with family, community and other human service supports.

In practice, the state has a woeful record on mental health issues. The National Alliance for the Mentally Ill gave Illinois a "D" in its 2009 report for its lack of funding to ensure access to community mental health services.

That was better than the 2006 report that gave the state an "F." However, a 2011 NAMI report indicates the state is going backward. The report says that Illinois has cut \$187 million from its mental health budget from 2009 through the 2012 budget year, a 31.7 percent decrease.

It would make more sense to bolster the community-based programs before closing institutions like Singer, although that's a Catch-22 proposition. There's no more money for community programs unless you close Singer and it's unwise to close Singer before those community programs are ready to deal with more patients.

Also, the state is notorious for paying service providers late, which has strained the budgets of nonprofit organizations and made services more difficult to deliver.

Even if the state had a better record of providing for community services, facilities such as Singer are needed to treat the most severe of the mentally ill, people who cannot function outside an institution. Without Singer, those people wind up in homeless shelters, in jail or in hospital emergency rooms, entities that cannot handle more troubled individuals.

The number of patients at Singer does not tell the story. As of mid-last month, Singer had 47 patients; 11 were court-ordered to be there.

That might not seem like much, but again we have a Catch-22 scenario. Singer could help more patients if it had more staff, but it can't hire more staff because there's no money. Besides, who would agree to work at a facility that will only be open for a few more months?

Singer, which opened in 1966 and has 162 beds available, serves patients from 23 counties. It would make sense for Singer to be used to its potential in a city such as Rockford, still the state's third-largest city and a regional center for health care and other services.

Singer could be turned into a center that can coordinate services, helping place individuals into community programs when appropriate and keeping them if those individuals need more extensive care, counseling and monitoring.

Local hospitals, Rosecrance and the Winnebago County jail have beds for the mentally ill, but those entities normally operate at capacity.

Closing Singer allows the state to allocate \$4.8 million for local programs, a step in the right direction. But considering that Singer's budget was \$14 million, that does not appear to be enough money to adequately deliver services.

A better approach would be to invest in Singer, coordinate care and take the pressure off entities that have different missions.

Tinley Park Mental Health Center, which also was on Quinn's list, closed July 2 despite public outcries to keep it open. We hope Singer can avoid that fate.



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