

Constantino, Mike

From: Pelletier, Michael
Sent: Monday, September 03, 2012 8:57 PM
To: Avery, Courtney; Constantino, Mike
Cc: Pelletier, Michael; Ferguson, Debra K.; Jones ph.d., Lorrie Rickman R.; Gelder, Michael; Kunz, Jeff; Dunn, Brian; Doyle, Mark; Saddler, Michelle
Subject: DHS DMH Response to SAR 12-060
Attachments: HFSRB SAR 12 060 Response Final.doc

Importance: High

Please find the enclosed response to the SAR on project 12-060

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HEALTH FACILITIES &
SERVICES REVIEW BOARD



Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

September 3, 2012

Dale Galassie, Chair
c/o Courtney Avery
Health Facilities Services Review Board
525 West Jefferson St.
Springfield, Illinois 62761

Dear Chairman Galassie.

On behalf of the applicants, The State of Illinois Department of Human Services (DHS) and the DHS Division of Mental Health (DMH) please accept this correspondence as our response to the state agency report (SAR) regarding our application 12-060 for the discontinuation of Chronic Mental Illness (CMI) category of services at the H. Douglas Singer Mental Health Center (Singer MHC) in Rockford Illinois.

We concur with the report's background assertions that:

- The H. Douglas Singer MHC is licensed under the Illinois Health Facilities and Services Review Board (Board) as a long term facility providing Chronic Mental Illness (CMI) category of service.
- The planning area for the CMI category of service is the State of Illinois.
- The Board does not calculate either bed need or excess for facilities operated by the State of Illinois.
- The Singer MHC's utilization of 86.3% (Table 1), which is less than the Board's target rate of 90%, represents an under-utilization of beds and is further evidence to support discontinuation of services.

Regarding the sole negative finding that "[t]he proposed discontinuation will have a negative impact on chronic mental illness services provided in the service area," we request consideration of the following:

1. Without the Board's calculation of either bed need or excess the impact of discontinuation cannot be assessed or verified against a standard.
2. The finding imposes on the applicant a "service area" standard which is not consistent with the actual planning area designation.
3. As stated in the application DHS and DMH have solicited proposals for replacement services from the entire regional mental health provider community. As a result of our solicitation and contract negotiations that were completed on August 29th we are now in receipt of affirmative letters of intent from 14 area

hospitals and mental health centers to provide inpatient and outpatient patient care services to replace the care historically provided at the Singer MHC. The finalized negotiated proposals with these providers commit DHS to purchase \$7.3 million dollars of replacement care as indicated below.

- Five (5) regional hospitals have accepted our offers which will purchase replacement inpatient psychiatric services (bed days) for as many as 681 admissions. A total of \$2.655 million has been allocated for this level of care.
 - Seven (7) Outpatient Mental Health Centers (MHCs) have agreed to provide comprehensive crisis intervention and crisis evaluations at all of the regional hospital emergency departments in the Singer MHC's catchment area. In several cases providers are contracted to also provide these crisis intervention services at other sites in the community like jails, schools, etc., and/or through the use of telehealth technology.
 - Additionally, we have purchased ambulatory treatment service from all seven MHCs to serve consumers' needs after discharge from inpatient or residential levels of care.
 - DMH has purchased crisis residential beds to act as a treatment alternative to defer an admission to a hospital bed or to act as a step down after an inpatient psychiatric admission.
 - DMH has purchased evidence-based Assertive Community Treatment (ACT) team services to provide the most comprehensive level of ambulatory treatment available to address the distinct treatment needs for persons with chronic and persistent mental illnesses.
 - A total of \$4.314 million has been allocated for the crisis intervention, ambulatory treatment, ACT and crisis residential services.
 - Finally, DMH has purchased transportation services to safely and effectively move consumers from an evaluating site to treatment site.
4. As stated in our application, DMH has committed to accessing new state operated inpatient beds at the McFarland MHC, Chicago-Read MHC and will relieve capacity at the Elgin MHC to serve three distinct populations of persons currently receiving care at the Singer MHC. These beds will serve forensic patients, long-term civilly committed persons with extensive histories of treatment refractory illnesses, and persons needing significantly longer-term inpatient hospitalization not amenable to community inpatient psychiatric care. DHS has already offered vacancies for additional positions to staff these new units at the McFarland MHC and the Chicago Read MHC to those employees who are impacted by the actions at Jacksonville Developmental Center and Singer MHC.

The contracts with providers described above are currently being crafted and will be in place by mid-September, with a commencement of all services set for October 1st. These are not speculations or plans, these are actions that have been realized.

The closing of Singer MHC enables the state to significantly expand its community mental health resources in the area formerly served by Singer MHC. The new Northwest Crisis Care System (NCCS) supports the full array of behavioral health providers including private hospitals. This NCCS is an essential component of a larger plan to downsize large state institutions in favor of enhancing the quality and quantity of community based services.

We hope this information provides the Board with further affirmation of DHS' commitment to continue to provide the most clinically appropriate, community-based mental health treatment to indigent persons who, before these actions, could only receive support by accessing an institutional level of care, such as that provided at the Singer MHC.

Sincerely,

Michael S Pelletier, M.A.
Special Assistant to the Director, DMH

cc: Michelle R.B. Saddler
Lorrie Jones, Ph.D.
Michael Constantino