

Constantino, Mike

From: Jim Sarver [JimSarver@sinnissippi.com]
Sent: Tuesday, September 11, 2012 11:24 AM
To: Roate, George; Constantino, Mike
Cc: Eaton, Phil; Steve Langley (sel@ssrinc.org); Michael Flora (bgcmf@bengordoncenter.org); Aurand, Jennifer L. (JAurand1@fhn.org); Lopez, Amparo; mwestpha@rrstar.com; Doyle, Mark; Senator Christine Johnson; Senator Tim Bivins; Representative Jerry Mitchell; Representative Jim Sacia; Representative Robert W. Pritchard
Subject: FW: Singer Letter
Attachments: Singer Closure Ltr.09-07-2012.pdf

George and Mike, I am unable to be in attendance tomorrow for the Boards hearing on the proposed Singer Closure, but, I would like the attached letter submitted, that I earlier submitted to the DMH, at their request, for the same purpose and which I understand would also be presented on my behalf at the meeting.

Thank You....Jim Sarver



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September 7, 2012

Amparo Lopez
Department of Human Services
750 South State
Elgin IL 60123-7612

RE: Singer Closure – October 31, 2012

Dear Amparo,

As you know, since September 2011, when Governor Quinn announced the future closing of the H. D. Singer MH Center, in Rockford, a group of community-based mental health service providers have worked on an enhanced community alternative services plan in an effort to formulate a regionally coordinated response to his announcement. In early April (2012) this same group presented a services plan to DMH Director Jones and members of her Executive staff.

At that time we felt that our proposed service model more than adequately addressed the future individual and community service needs that would result from Singer's closure. And, at the same time, the model allowed for a timely transition from using Singer as an inpatient treatment facility in to an enhanced community-based service system to meet the needs of our 9-County service area (2-W).

At the time of that meeting our group felt that the model we presented was one that was generally accepted by the Department. During that meeting we were also provided with additional information that they (DMH) would be working with us and other local community stakeholders, service providers, and advocacy groups to further develop the model that the group had crafted.

Over the next few months, this core group of agencies worked with DMH leadership staff, along with an increased number of partnering community stakeholders who continued to meet and work together on enhancing a community services alternative model as we waited for the Department to release its Singer Mental Health Center (SMHC) Community Reinvestment Request for Information (RFI); released on July 26,

Dixon

325 Illinois Rt. 2
Dixon, IL 61021
(815) 284-6611
Fax (815) 284-2834

Mt. Carroll

1122 Healthcare Dr.
Mt. Carroll, IL 61053
(815) 244-1376
Fax (815) 244-3074

Oregon

125 South 4th Street
Oregon, IL 61061
(815) 732-3157
Fax (815) 732-3834

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Fax (815) 625-0197

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2012. Hundreds of meeting hours, hundreds more hours of careful thought and planning by individual partners, along with hundreds of collective hours and miles of travel, went in to fine-tuning a coordinated and responsive regional plan that most in the room felt would adequately address the services needs in our 9-County area when Singer did eventually close.

As of the time the RFI arrived, there still remained unanimous agreement within our group as to the appropriateness and effectiveness of the regional model we collaboratively designed. It was a model that was designed to meet the realities we face each and every day, a model that was realistic but also well designed to meet the needs that would exist from the closure of Singer. That agreement was such that the model we developed guided each individual agency in their own response to the RFI.

I must tell you that for the first time in the 40-plus years I have worked in mental health, both for DMH and now in the community, I have never seen such an effort that involved all of the key primary and behavioral healthcare service providers working in one collaborative effort with a dedication to task and a common purpose of designing a system of care that included an array of community-based alternatives to best serve those in need of adult mental health services throughout the area. All of these key service stakeholders who only days before the release of the RFI, had all agreed to collectively sign memorandums of understanding and real working continuity of care agreements as part of our individual RFI submissions to implement a system of care in agreement with how best respond to the Governor's directive and at the same time serve those who today and in the future require and need quality, coordinated, and responsive mental health services.

And, then roughly the two week Department review period went by, which was followed by a series of e-mails and phone calls between the Department and agency RFI responders. The phone calls were of a completely different nature than the interactions we had with Department staff earlier. Instead of focusing on creating a responsive system of care based on the regional plan all the key stakeholders in the region had all worked so hard to include in their responses to the RFI, I felt the calls took on a flavor of here is what the Department can buy in terms of services, from providers, and here is the funding levels we will purchase them at. I, for one, felt the key individuals left out of these calls were the very individuals that would be served by a system we had hoped to create to respond to the closure of Singer.

Amparo, I think you can well understand the level of frustration all of the key stakeholders are feeling right now as they ponder the rationale behind this approach. One can imagine the scenario that the Department may have known months ago how this process would proceed and thus we all could have saved thousands of dollars in valuable time that was put into the careful planning for the response to the closure of Signer. You can appreciate that resources for all of us are precious right now and that

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we could have used those resources in other ways in responding to this process had we known what we know now.

For instance, knowing this was the eventual approach the Department would take would have given agencies more time to recruit, hire, and train staff.

Also, what the key stakeholders are continuing to look at now is a fragmented and underfunded service system that does not meet the needs of those individuals, families, and our communities needing access to medically necessary mental health services. But we do our best in the environment we live in.

So, this may be a roundabout way of answering your question; can I provide you with a letter of support for the closing of Singer? But it gives you the context of my actual response to your query which is to say a letter of support seems superfluous at this point.

Unless the Governor, the Legislature, or the judicial system stop the closing of Singer in the few remaining weeks between now and October 31, 2012, there is no need for a letter of support, i.e. the hand writing is on the wall....Singer will close.

I would rather my response be this: I support a responsive coordinated plan for an integrated system that would properly serve those individuals in our region that would have gone to Singer in the past or who may not have needed to go to Singer in the past but did because a more flexible menu of services was not in place to deflect them. This is the vision of the planning group that worked so hard for so many months planning our response to the closure of Singer. And I support a process that is coordinated in such a way that there appears to be no interruption in the continuity of care for those individuals suffering a serious mental illness in need of the services Singer now provides. Furthermore, I would support delaying the closing date further in to FY'13, and let's say at some point in time between December 31, 2012 and February 28, 2013 in order to facilitate such a process.

Sincerely,


James R. Sarver
President/CEO