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HEALTH FACILITIES &
SERVICES REVIEW BOARD

January 31, 2014

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield IL 62761

RE: Project 13-071

Dear Ms. Avery,

As a health care administrator, I am sure that you appreciate the importance of inpatient mental healthcare as a critical component of the continuum of care in any community. Without the availability of these crucial services for our critically ill patients, the system of care would collapse.

I have lead the integration of mental health services in several respected institutions including Access Community Health Network, one of the largest FQHC's in the nation and DuPage Medical Group. I currently operate Soft Landing Interventions which is an outpatient facility serving the mental and behavioral health needs for almost 400 physicians in the Illinois Health Partners system. Despite the presence of other hospitals with psychiatric beds within this system, admitting our uninsured and underinsured patients for psychiatric inpatient care to Central DuPage Hospital "CDH" has always been much more accessible than other hospitals in DuPage County. In 2007 I begun transitioning my practice from Cook to DuPage County and quickly realized the value of Central DuPage Hospital in the community especially for our underserved population including the uninsured and Medicaid patients. Without CDH, most of these patients wouldn't have access to specialty services, diagnostic testing and inpatient care.

We have always referred patients to CDH for inpatient psychiatric care without concern that they would be denied services because of lack of insurance or being on Medicaid. Even the only "safety net" hospital in DuPage County does not offer the level or breadth of inpatient psychiatric services as CDH. Moreover their policy for admitting uninsured patient is very stringent compared to CDH, a hospital that has always embraced charity care as part of its mission.

However, over the last couple of years inpatient psychiatric bed availability at Central DuPage Hospital has been diminishing and patients have to be redirected to the Emergency Room until a bed opens. This is a significant hardship for patients with critical need for immediate inpatient psychiatric care. It further causes a significant backup in the Emergency Room.

Soft Landing Interventions
1601 Bond St. Naperville, IL 60563 P (630) 261-9220 F (630) 778-7743
www.SoftLandingRecovery.com



I fear that without ample inpatient psychiatric beds at Central DuPage Hospital, the uninsured and underinsured patients and their families in our community will suffer and we, the outpatient providers, may have to resort to transferring critical psychiatric cases to the Cook County "safety net" hospitals, many of which are refusing patients who reside outside of Cook County.

This is why I strongly support the expansion of inpatient psychiatric beds at Central DuPage Hospital to 48 beds. Thank you for your consideration.

Sincerely,

Abdel Fahmy, MD
Chief Executive Officer,
Soft Landing Interventions

Chair Advisory Council,
Division of Alcohol and Substance Abuse, DHS

Immediate Past President,
Illinois Society of Addiction Medicine

Dr.Fahmy@softlandingrecovery.com

DUPAGE *Health* COALITION

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

January 29, 2014

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson
Springfield IL 62761

RE: Project 13-071

Dear Ms. Avery,

I am writing in support of the application of Cadence Health Central DuPage Hospital to obtain a CON to expand its inpatient psychiatric services.

I have been for 12 years the President of the DuPage Health Coalition, whose mission is to build and sustain a health safety net for the low-income residents of DuPage County. The DuPage Health Coalition operates the Access DuPage program, which provides access to comprehensive health services to about 16,000 low-income uninsured residents each year, and during the last decade we were instrumental in locating five FQHCs in DuPage County. During that time we have done numerous assessments of the unmet health needs of vulnerable DuPage County residents, and mental health issues are always near the top of the list. Any expansion of mental health services will be a step in the right direction towards addressing those needs.

There are three reasons in particular why I look favorably on an expansion of inpatient mental health services at Central DuPage Hospital.

First, CDH has always been a generous provider of health care services for local low-income populations. Not only has CDH been the largest direct funder of the Access DuPage program since 2001, but, more significantly, CDH has provided over half of the hospital services received by Access DuPage members over the past 13 years, services which were essentially uncompensated and which have a total retail value of over \$220 million. CDH has also been a staunch supporter of FQHC expansion in DuPage County. We have never known CDH to turn away anyone because of their financial status, or to treat low-income patients differently than well-insured patients.

Secondly, I am very pleased that Medicaid members would be welcomed in the expanded CDH inpatient unit. I was for a number of years the Chairman of the Board of Linden Oaks Hospital, a very fine and community-oriented institution, but I was always frustrated that Linden Oaks could not accept Medicaid patients because of the way in which state contracts are structured. The Medicaid population in DuPage County doubled in the last seven years, reaching 128,000 in 2011, and there will be an additional sizeable increase in Medicaid enrollment as the result of the Affordable Care Act. Many of the newly-eligible persons, as you know, have serious mental health issues. It is essential, therefore, that health services which welcome Medicaid patients grow with the increase in this covered population.

Thirdly, CDH has a solid record over the past decade of working with community partners in an increasingly effective manner. This is important because the effectiveness of mental health inpatient care is often directly related to how care is managed across the entire health and human services continuum, and the most vexing problems involving mental health inpatients often arise as they transition back into the community. Inpatient care thus cannot be viewed as a stand-alone service, but as a particularly intensive phase of long-term mental health management. CDH recognizes this fact and is expanding its ties with primary care and human services providers.

If I can be of further assistance in this matter, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script that reads "Richard Endress". The signature is written in black ink and is positioned above the printed name and title.

Richard Endress
President