

Teamwork Englewood

Investing in Our Community Through Partnership, Pride, and Persistence

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January 28, 2014

Kathryn J. Olson, Chairperson
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, Illinois 62761

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: **Holy Cross Hospital, Project 13-076**

Dear Chair Olson & Esteemed Board Members:

Increasing mental health beds in the City of Chicago is not the answer to addressing the needs of the population of patients suffering mental health issues. The need is for expanded access to the full continuum of outpatient services. The Holy Cross Hospital project does nothing toward achieving this goal. Thousands of individuals living with a mental illness or substance use disorder do not receive necessary care due to repeated state cuts to services.

The residents of the City of Chicago suffering from mental illness need sustained participation in outpatient counseling services and prescription medication management. They also need peer support from stabilized and functioning persons who have personally experienced mental health disorders and transitional residential services.

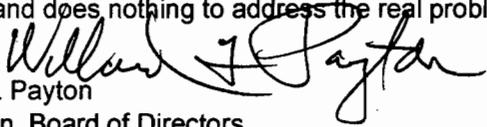
Many people with serious mental illnesses who are homeless or at a risk for being homeless need individualized treatment plans that are integrated into existing systems of care. That does not mean that people who need housing should be hospitalized. To hospitalize these individuals as a stop-gap measure does not provide them with the compassion and respect that they deserve nor the opportunity to thrive in a nurturing environment. Individuals with serious mental illnesses should be treated in their homes and in their communities whenever that level of treatment is appropriate and they should be offered a full array of demonstratively effective services at that time.

Illinois received a "D" report card rating by the National Alliance on Mental Illness (NAMI) due to significant inadequacies in its community-based safety net for people living with a mental illness or substance use disorder. Illinois' lack of assistance in community integration and social inclusion was one of the elements of the assessment that resulted in this low grade. The State's lack of essential community behavioral health services has resulted in a number of lawsuits and consent decrees, mandating the state to invest in an adequate community behavioral health infrastructure. Investing in more institutional services while there is a dearth of necessary outpatient community-based services creates perverse incentives within the system and does not work toward the long-term goals of community based treatments and services advocated by the mental health advocacy associations.

Urgent needs that NAMI has identified for mental health services in Illinois include an investment in services that meet evidence-based fidelity standards, ending warehousing of individuals with mental illness in nursing homes and addressing problems with the new fee-for-services system. More hospital beds is not part of this policy platform. The Holy Cross proposal does nothing to address these issues.

Every person with mental illness should be provided access to appropriate care, supports, and services they need to achieve hopeful, successful futures. Toward that aim, we need to reduce reliance on settings that were never intended to enable the long-term recovery of this vulnerable patient group.

I therefore urge the Board to reject the Holy Cross Hospital proposal because it will weaken an already fragile delivery system and does nothing to address the real problems facing the existing providers and the patients they serve.


Willard L. Payton
Chairman, Board of Directors
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