Common Questions and Answers Regarding
Tinley Park Mental Health Center
Version 1.0 September 9, 2008

This FAQ answers many common questions about Tinley Park Mental Health Center and the plans for a new replacement hospital. This FAQ will be updated as new questions and answers are developed.

This document categorizes questions and answers as follow:

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ABOUT TINLEY PARK MENTAL HEALTH CENTER

Why is Tinley Park Mental Health Center changing?
Next fiscal year beginning July 2009, the Tinley Park Mental Health Center will temporarily locate all services into one building on the current campus and move some capacity to two other Chicagoland state mental health centers and private hospitals while a new state-of-the-art mental health center is being built in the southern suburbs. Our primary goal is to ensure the provision of quality services for the individuals in Tinley Park. The Division of Mental Health continues to support national trends and a growing demand for community-based services. The Division also continues Illinois’ efforts to transition people from State-operated hospitals (SOHs) into the community. As planned, the actions for the Tinley Park Mental Health Center will also allow the Division to maintain services delivery in the Southland area while using the resources of other SOHs while we plan, design and construct a replacement state-of-the-art hospital in the Southland area. This is an opportunity to improve the lives of those that seek care at Tinley Park Mental Health Center and in the Southland, as well as all those we serve throughout the system.

How quickly will Tinley Park Mental Health Center actions occur?
The timeline for transition is divided into at least three distinct phases. These dates can be adjusted as necessary to accommodate the needs of the people receiving care at Tinley Park Mental Health Center and through the collaborative stakeholder process. Our working goal is to re-align services (beds and staff) at Tinley Park by July 1, 2009; to start planning, design and construction of the new hospital during the first quarter of 2009; and to open the new hospital in mid-year 2010.

Are you doing this just to save money? What are the budget savings?
We are not realizing any budget reductions or savings as a result of this phased project. We are doing this to ensure quality services for the individuals currently residing at Tinley Park Mental Health Center, to move the service delivery system forward to meet the changing needs and demands of persons with serious and persistent mental illnesses, and to serve as a model program for other areas throughout Illinois.

Will this harm the economy of the region?
An economic impact study will be conducted by Southern Illinois University. The study will be made available to the public as part of the Commission on Government Forecasting and Accountability (CGFA) process.

We would expect limited impact and, in fact, initial positive benefit since the Village of Tinley Park has spoken over the years about its desire to develop this campus into a mixed-use project that will bring new services and housing to the village. Likewise, since our plan is to build a replacement hospital within this general region, the new hospital will drive economic advantages to the region.
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This decision is driven by the opportunity to improve the quality of care for those people who receive care at the Tinley Park Mental Health Center and at our community provider partners in the Southland area.

**How long will the reduced-size Tinley Park center remain open?**
The plan is to remain open until the new hospital is opened.

**Will the Division of Mental Health services receive funds from the sale of the property?**
The exact disposition of funds received if the property is sold has not been determined. If that happens, we do expect a portion of those funds to be available to serve persons with mental illnesses within the Southland area.

**Why did you spend so much time to restore certification at Tinley Park Mental Health Center if you were only going to reduce the size of the hospital?**
We have worked diligently to improve the services at Tinley Park Mental Health Center, which is currently accredited fully by The Joint Commission. We are awaiting our re-certification visit from the federal surveyors. Our expectation will remain that the new hospital will be and remain fully accredited by The Joint Commission and fully certified to receive federal funds.

**Are there any legal actions forcing the state to close the Tinley Park Mental Health Center?**
No.

**Who will monitor the process to ensure the health and welfare of those that live at the Tinley Park Mental Health Center during the transition process?**
The existing internal and external review and oversight regulations and agencies will continue to monitor the quality of care at Tinley Park Mental Health Center.
ABOUT CONSUMERS AND FAMILIES

**How many consumers are at Tinley Park Mental Health Center?**
The average daily census for August was 67.

**How will you help consumers during this transition process?**
Recovery specialists and other Tinley Park Mental Health Center staff members will be available to assist consumers and their families in understanding the details /facts as presented in our plan.

**Will consumers lose access to existing services during this process?**
No. All individuals will be offered the same level of access to all services that is currently available.

**Will consumers be transferred? If so, when? To which hospital?**
We do not expect to transfer any consumers from Tinley Park. Instead, at a to-be-determined date in 2009, new consumers will begin to be admitted to Madden or other local community hospitals rather than to Tinley Park.

**Can families choose another specific SOH?**
Our re-alignment plan for inpatient admissions is based on where consumers live (geo-codes) and, of course, the availability of bed space at the projected receiving State-operated hospital (SOH). We must consider the physical plant and capacity of each hospital, and we routinely coordinate bed space at all three metropolitan Chicago SOHs.

**Will the transition phase make it more difficult for families to visit their loved ones?**
Our re-alignment strategy is to assign SOHs by their corresponding geography. We will make every effort to keep individuals in close proximity to their home communities and their loved ones and support systems.
ABOUT THE NEW REPLACEMENT HOSPITAL

Why is a new hospital needed?
There is agreement among most community stakeholders that the Tinley Park Mental Health Center’s failing infrastructure needs to be replaced. The current center is not cost-efficient in regard to upkeep, maintenance and utilities, even for the short term, and is a drain on financial resources. Upgrading the center to modern architectural and healthcare standards is not realistic.

Replacing the hospital will be more cost-efficient and will enable the state to provide quality mental health services supporting the region’s projected population growth.

What kind of hospital will be built?
The goal is to build a technologically advanced, state-of-the-art hospital to serve Region 1 South (southern Cook, Will, Kankakee and Grundy counties). The goal will be to build a new hospital that places consumers more proximate to treatment areas and care providers and that provides consumers with more privacy and comfort. The new hospital will have advanced medical information systems and other features that make the provision of high quality care more efficient and economical.

The number of beds, the size of the new hospital and other features will be determined over the coming months.

Where will it be located?
The exact location is unknown but it will be located in the Southland area within Region 1 South (southern Cook, Will, Kankakee and Grundy counties).

When will it be completed?
The goal is to have the hospital built and operating by mid-year 2010.

How will the state pay for it?
The state is exploring several options one of which includes using proceeds from the land sale at market value.

Who will operate it?
The state and a vendor chosen as a result of a bidding process will operate the new hospital under a public-private partnership model. The vendor will report to the state’s Department of Human Services’ Division of Mental Health.
Why a public-private partnership?
In this way, private sector experience can be incorporated into the public system. The private sector can achieve efficiencies that cannot be matched by public systems. This partnership model will allow innovations to be introduced to the state system and will be quick, nimble and flexible enough to respond to state needs. A capitated fixed-rate contract will keep costs in control. Continuous quality improvement and shared best practices will benefit consumers and families.

The private sector also offers broader professional exposure and business expertise, as well as advanced medical information systems. The private sector can more quickly and broadly recruit needed staff, meet competitive compensation requirements and meet contractually established retention standards. Corporate procurement also can be performed quicker and with more negotiating leverage.

Also, current public sector expertise residing within the Division of Mental Health will contribute greatly to the new hospital. This expertise includes best practices in trauma-informed care, in nationally recognized restraint and seclusion reduction programs, in the use of medication algorithms, and in other practices in other clinical areas. Also, the proliferation of the Division’s culture of recovery promotes the use of WRAP (Wellness Recovery Action Plans) and consumer-directed care models likely to promote recovery and resilience.

Are other states using this public-private partnership model? To what result?
Yes. Other states, especially Florida, have been transitioning to the public-private partnership model. Five of the eight hospitals in Florida are under private management. In Florida, efficiencies have resulted in increases in staff productivity, best-practice pharmaceutical usage, quality of care and Medicare/Medicaid payments to the state. Efficiencies have also achieved cost reductions in the areas of overtime, food, maintenance, housekeeping, pharmaceuticals, and outside medical care.

Other benefits of the Florida experience include enhanced continuing education and cross-training of clinical, security and support personnel.

After four years of observation, a Florida consumer advocacy group concluded that private management had improved the facilities. The group found that patient admissions waiting lists were eliminated. After contractor management started, far fewer consumers were placed in seclusion and restraints to control their behavior.

A Florida state report said the average cost per patient was about 7 percent lower at the privately run facilities than at the remaining state-run hospitals.
What will be the state of Illinois’ role in a public-private partnership?
The state’s Department of Human Services’ Division of Mental Health will be responsible for the performance of the private vendor. Even though it will be privately managed, the new hospital will continue to meet state requirements for consumer accountability and engagement.

Has the Division of Mental Health used the public-private partnership model before?
Yes. The current public-private partnership model at the Division of Mental Health’s Treatment Detention Hospital (TDF in downstate city of Rushville) showcases:
a) utilization review processes that have resulted in improved quality and avoidance of unnecessary hospital stays for the consumers;
b) enhanced training – 40 hours of clinical/mental health training and eight hours of TDF Annual Cycle Training for security and non-security employees;
c) a Forensic Psychology Training Program that implemented a pre-doctoral internship and a post-doctor fellowship program and that successfully recruited clinical staff to this hard to recruit area of the state;
d) a legal defense partnering agreement that increased efficiency in defending lawsuits by implementing treatment practices that are readily defensible and that result in cost savings from avoidance of litigation, no settlement fees and other benefits; and
e) contractor clinical staff that performs at or above thresholds for quality assurance indicators related to resident clinical record keeping.

Finally, these and the overall quality assurance programs have helped the TDF to become the only SVP program accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) in the country.
ABOUT EMPLOYEES

How many individuals work at Tinley Park Mental Health Center?
At the end of August 2008, there were 199 employees at Tinley Park Mental Health Center.

How will Tinley Park Mental Health Center staff be affected? If people are offered other employment, how far will they have to travel?
We will work very closely with all of the unions to maximize employee opportunities and to ensure that all employees are informed of their rights under the collective bargaining agreements. The Department’s Employee Assistance Program will be available to offer assistance and support throughout the process.

It is our plan to add staff at Madden and Read - as they are projected to accept new admission area (geo-code) responsibilities. Until the transition phase agreement is negotiated with the unions, we will not know the status of employees.

The Commission on Government Forecasting and Accountability (CGFA) will review the Division of Mental Health’s recommendations and hold public hearings. This process is expected to take about 90 days. The Commission will then issue recommendations for the Division’s consideration. At that point, the Division will work with labor relations to ensure that employees are afforded their full rights under the collective bargaining agreements, as have been negotiated with the unions.

Will there be staff reductions at Tinley Park?
There will be a smaller cadre of state employees at Tinley Park Mental Health Center when the process begins in July 2009, due to planned additions to Madden and Read. Movements of staff to Chicago Read Mental Health Center and Madden Mental Health Center will be informed by the requirements in the collective bargaining agreement and the transition agreement negotiated between the state and the unions in the months following this initial announcement.

When will decisions on staffing be made?
This will be informed by the requirements in the collective bargaining agreement and the transition agreement negotiated between the state and the unions in the months following this initial announcement.

How will Madden and Read handle the influx of consumers?
Units will be renovated to meet the needs of the new consumers coming into Madden and Read. Staff will be added to each hospital to support the influx.

When will more consumers begin to come to Madden and Read?
Most likely by the spring of 2009.
**How will jobs at Madden and Read be affected?**
Current job responsibilities should not change. Bargaining agreement rules will inform staffing of the new units.

**Will the State-operated hospital (SOH) where I work be going through the same process?**
There are no active plans to start public-private partnerships in other State-operated hospitals. The partnership put into place at the new hospital will benefit and inform care provided at all Division of Mental Health facilities. Over time, what we learn through all new models may influence how care is provided at other state facilities.

The SOHs are an important part of the service delivery array in Illinois. There are no specific plans to change operations at other State-operated hospitals. The Division, however, is continually reviewing the structure of the service delivery system to adapt to changing needs and promising practices. Likewise, we need to balance the number and size of the hospitals with the known community demand, consider newer clinical technologies, and continue to the push for a continued greater reliance on recovery-based and community-provided care.

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