

Adult Inpatient Committee Minutes

Illinois Mental Health Planning and Advisory Council

June 24, 2019

Co-Chairs: Andrea Cooke, MSW
Dennis Hopkins, Psy.D.

Attendees: Andrea Cooke, Dr. Dennis Hopkins, Meredith Kiss, Dr. Brad Hughes, Patty Johnstone

The meeting commenced at 10:00am. Introductions were made. Meredith Kiss is Deputy Director of Inpatient Services, Dr. Brad Hughes is DMH Medical Director, and Patty Johnstone is Support Programs Director at NAMI DuPage.

Meredith stated that she has nothing to do with private hospitals and referred us to Dan Wasmer, Deputy Director Region Services, who did not attend the meeting, but plans to attend the August meeting.

Dennis stated that he and Andrea had been on the Adult Inpatient Committee for over 10 years and that they had put together reports about adult inpatient care, but that no action seems to have been taken because of our reports. He said that we repeatedly brought up the suggestion of a 25 bed unit as a starting point because people are not getting the services they need. He said we were told 15-25 bed units were not feasible, but Dennis said what are the alternatives if you're in the emergency room for 2-3 days?

Meredith, who is hearing-impaired, spoke about how with the programs, you cannot segregate all the special groups. Before everyone was together as one unit. Dennis said forensic patients used to be separated out. When it came to hearing impaired patients, a separate unit was set up and all the patients were taught to sign.

Dennis brought up that Michigan does not have state hospitals. Dennis then repeated, what are the alternatives if someone ends up in the ED? Meredith spoke of Madden and Chicago Reed. She said they could open up 40 beds if they had the staff. They don't have enough psychiatrists and other staff to accommodate more patients. Patty spoke of the Living Room as an alternative.

Dennis spoke of 16 bed units that could be independent. He also said there are problems with the system. He gave an example of a woman who called him because her sister had a gun and was shooting into the ceiling. They took her to the ER at 9am and Dennis called them every one and one half hour to be updated. Nothing happened until 10pm when she was allowed to sign herself in voluntarily. She was out in a few days, so Dennis questioned how effective the system is.

Meredith said that approximately 60% of inpatient beds are forensic. Dennis questioned if you can't get into a state facility, what are your other options? Meredith said you can't open up all the beds in state facilities because there are not enough psychiatrists. She said there are 40 beds at Madden, but no psychiatrist for them. Dennis said when we get a concerned family member, we don't know what to do

with them. Dennis said he would like to set up town hall meetings throughout the state. Patty interjected that families don't have rights. She said there have been town halls but families don't have options. Meredith said regional directors know where to go. Patty said they are trying with Living Rooms to be productive. She said ground level things like that are helpful.

Meredith said she can give a breakdown of hospitals.

Choate you only get in with a conviction. It is budgeted for up to 50 beds. People are placed in either the DD side or the MI side.

Alton sits close to St. Louis. It has 125 beds, 6 units, with 5 being forensic. It has 2 female units, 1 civil unit. Eighteen beds are never full.

Chester is near Alton. It is a maximum unit. It has no choice except to accept civil clients. It has 284 beds that are consistently full. You have to get a referral to get into Chester. Dr. Hughes is part of a team that does the referrals. Chester is all male. There are no units for difficult females. Patty interjected that how distressed families are when their loved ones are diverted from Elgin to Chester. She said there is very small admission from the court in Chester.

Meredith said Correctional inmates get treated at Logan. The system decided a long time ago that everybody who comes from Corrections walks out. Females end up in McFarland.

McFarland is in Springfield. It has 6 units, 2 serve civil. The other third is a minimum secure step down. It is co-ed. It is budgeted for 142 beds, but averages 137. The civil unit has 24 beds. The rest are long term step down. There is a bilingual Spanish unit. It is a specialty hospital.

Elgin has 15 units. It is intergovernmental. It has 13 forensic units – 2 civil units. It is walk-in, minimum security. It has 3 co-ed units, one female unit. The rest are male. It is almost constantly full. It almost never has a wait list. Admissions are 6-8 weeks. It is budgeted for 383 beds. Madden budgeted for 140.

Madden is budgeted for 140 beds. It is now operational with 105-92. All civil units 28 beds. It is worse for psychiatrists when you have to cap for a Sequential Intercept model if someone can be diverted from jail and go to Madden.

Dennis talked about the cost of patient/day and how Chester is in ill-repair. How costly is it? Dennis added, what does that do about the notion of stigma? Meredith said that that was misinformation. Chester was rebuilt in the 1990s. Alton is a 25 year old building. McFarland is in excellent shape. Elgin 1 South has not been in operation in 30 years. Chicago Reed is old, but is kept in good condition. Choate needs work. Madden needs to be rebuilt.

Meredith said these buildings are in good shape. Dennis countered that the issue is what does it cost to keep a person at these places?

The next meeting will be at August 19 at 10:00.

Meeting adjourned at 11:05am.