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Transcript of Hearing

Date: September 3, 2020

Case: Public Hearing E-032-20 Javon Bea Hospital - Rockton Campus

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING ADMINISTRATOR COURTNEY AVERY

-----X
IN RE: :
Public Hearing and :
Opportunity for Public :
Testimony and Written :
Comment. : Project No. E-032-20
-----X

Hearing in accordance with requirements of the
Illinois Health Facilities Planning Act

Rockford Public Library, Nordlof Center
J.R. Sullivan Theater
118 North Main Street
Rockford, Illinois 61101
Thursday, September 3, 2020
2:00 p.m.

Pages: 1-126
Job No. 316620
Reported by: Camille Connell, RPR, CSR

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PRESENT:

HEALTH FACILITIES AND SERVICES
REVIEW BOARD, by
COURTNEY AVERY, Administrator
ANN GUILD, HEARING OFFICER
MIKE CONSTANTINO, HEARING OFFICER
GEORGE ROATE, TECHNOLOGY
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761
(217) 782-3516

1 P R O C E E D I N G S

2 HEARING OFFICER GUILD: I am Ann Guild,
3 hearing officer for the Illinois Health Facilities
4 and Services Review Board. Present with me today
5 is Courtney Avery, Administrator.

6 On behalf of the HFSRB, thank you for
7 attending. As per the rules of the Illinois
8 Health Planning Act, the previously published
9 legal notice -- Notice of Review and Opportunity
10 for Public Hearing and Written Comment; and Public
11 Hearing and Opportunity For Written Comment have
12 been submitted to the court reporter and will be
13 included in to today's record:

14 In accordance with the requirements of the
15 Illinois Health Facilities Planning Act and 77
16 Illinois Adm. Code Part 1130 of the Illinois
17 Health Facilities and Services Review Board,
18 Notice is given of a public hearing on an
19 application for exemption for discontinuation of
20 the 20-bed acute mental illness category of
21 service at Javon Bea Hospital -- Rockton Avenue
22 campus, 2400 North Rockton Avenue, Rockford,
23 Illinois. E-032-20, Javon Bea Hospital -- Rockton
24 campus.

Transcript of Hearing
Conducted on September 3, 2020

4

1 The Public Hearing is to be held pursuant
2 to the Illinois Health Facilities Planning Act (20
3 IL 3960). The public hearing is open to the
4 public with the opportunity to present relevant
5 verbal and written comments on the proposed
6 project. The public hearing will be held on
7 Thursday, September 3rd, 2020, 2:00 to 6:00 p.m.,
8 Rockford Public Library Nordlof Center, J.R.
9 Sullivan Theater, 118 North Main Street, Rockford,
10 Illinois, 61101.

11 In accordance with COVID-19 recommended
12 guidelines, access to the hearing room will be
13 limited to 20 persons at any given time.
14 Attendees must wear a mask, socially distance, and
15 exit the hearing room. The public will also be
16 able to remotely access this public hearing via
17 Webex.

18 Anyone wishing to remotely access the
19 hearing is encouraged to register and/or submit
20 written comments by email. Please provide your
21 name and identify the project you wish to address.

22 Please note that in order to ensure that
23 the Illinois Health Facilities Services and Review
24 Board public hearings protect the privacy and

1 maintain the confidentiality of an individual's
2 health information, covered entity, as defined by
3 the Health Insurance Portability and
4 Accountability Act of 1996, such as hospital
5 providers, health plans, and health care clearing
6 houses, submitting oral or written testimony that
7 discloses protected health information of
8 individuals shall have a valid written
9 authorization from that individual. The
10 authorization shall allow the covered entity to
11 share the individual's protected health
12 information at this hearing.

13 Please also be advised that HFSRB will
14 make a determination regarding this application
15 for exemption pursuant to the Illinois Health
16 Facilities Services and Review Board Planning Act.
17 The Act states that, An exemption shall be
18 approved when information required by the Board by
19 rule is submitted. 20 ILCS 3960/6 be this public
20 hearing is intended to allow the public to provide
21 community input regarding the effect of the
22 proposed project.

23 This project is tentatively on the Board's
24 September 22nd meeting agenda. Please refer to

1 the HFSRB website at www.hfsrb.Illinois.gov for
2 more details and possible agenda changes.

3 I ask that you please prepare to take note
4 of the following dates and times regarding
5 Exemption Number 032-20: The State Board staff
6 report will be posted online at: Website on
7 Tuesday, September 8th.

8 Written responses to the State Board staff
9 report must be submitted by 9:00 a.m. on Tuesday,
10 September 15th. Written responses must be sent to
11 the: Illinois Health Facilities Services and
12 Review Board, Attention: Courtney Avery,
13 Administrator.

14 For those of you that have prepared text,
15 of your testimony, you may submit the written text
16 which will be entered into today's record and made
17 available for all HFSRB members. I ask that you
18 please limit your testimony to 3 minutes. Prior
19 to beginning your remarks, clearly state and spell
20 your full name for the court reporter. If you
21 have not signed in yet, see Courtney, who is right
22 outside.

23 Are there any questions regarding these
24 instructions?

1 UNIDENTIFIED SPEAKER: Um, yes. Is our
2 testimony only limited to -- or can it involve any
3 other aspects of Javon Bea Hospital of Rockton?

4 HEARING OFFICER GUILD: Your testimony
5 should be related to the project. So, if there is
6 anything related to the project, that's helpful.

7 UNIDENTIFIED SPEAKER: Okay. That's what
8 I needed to know. Thank you.

9 HEARING OFFICER Guild: Is -- we are
10 going to start with Number 1. You all have signed
11 in and should have a number. Is there a Number 1?

12 HEARING OFFICER CONSTANTINO: Does someone
13 have a yellow page with a Number 1 in the corner?

14 UNIDENTIFIED SPEAKER: The library is not
15 fully organized yet. They did not have pens.

16 HEARING OFFICER Guild: Anybody have any
17 numbers on your one?

18 UNIDENTIFIED SPEAKER: We all have numbers.

19 HEARING OFFICER Guild: Just not Number
20 1.

21 UNIDENTIFIED SPEAKER: No.

22 HEARING OFFICER Guild: Okay. How about
23 Number 2?

24 SENATOR STADELMAN: Good afternoon, Review

1 Board members and staff. I am State Senator
2 Stadelman. Last name is spelled
3 S-t-a-d-e-l-m-a-n.

4 Members of the Board, it does seem odd to
5 appear before this Board and ask the Board to deny
6 Mercy's request to close this is behavioral health
7 unit, when the health system has effectively done
8 so already.

9 Still, that's precisely my request this
10 afternoon. Mercy has stated publicly, the reason
11 for the closure is, the unit's only full-time
12 psychiatrist left the company on July 19th. But
13 how much advance notice did Mercy receive of this
14 development? Did Mercy try to find a replacement,
15 or did Mercy just conveniently wait until the end
16 of the 30-day time period for its requirement of
17 notifying this Board of the so-called temporary
18 closure? Under the rules, Mercy is supposed to
19 update the Board on the progress of correcting
20 this issue. And clearly, Mercy had no intention
21 of following the rules and keeping the Unit open
22 before this Board made its decision.

23 I believe Mercy should be held accountable
24 for its actions. As for the larger issue of

1 whether these inpatient beds are needed in this
2 community, I have always heard from experts and
3 advocates we need more inpatient services, not
4 less.

5 Mercy claims low demand for these beds,
6 but why is that? These claims need to be further
7 probed. Advocates believe Mercy's refusal to
8 accept the types of insurance most mental health
9 consumers use is one reason why the hospital
10 reports lower patient numbers. In fact, in
11 today's Rockford Register Star, SwedishAmerican's
12 chief operating officer told the newspaper the
13 closure of the mental health unit by Mercy is
14 placing pressure on remaining mental health
15 services in Rockford, and patients are being
16 forced to seek help outside this area. By
17 granting Mercy's petition, this Board will allow
18 Mercy's leadership to abandon the very situation
19 they are responsible for creating.

20 Finally, five years ago, Mercy appeared
21 before this very Board requesting to build a new
22 hospital on Riverside Boulevard. Its slogan at
23 the time was, one hospital, two campuses. Mercy
24 President and CEO promised then that the Rockton

1 Avenue facility, located in the disadvantaged part
2 of town, would not lose anything. But that
3 disadvantaged part of town has lost services,
4 including Level II trauma emergency services and
5 now the behavioral health unit.

6 This year, Mercy will receive millions of
7 dollars more under the State's new hospital
8 assessment program for Medicaid funding, and an
9 additional 2 million from this year's state budget
10 to help safety net hospitals. The State has
11 increased its commitment to funding. Now it's
12 time for Mercy to keep its promise to provide
13 quality health care across all our community.
14 Thank you very much for your time.

15 HEARING OFFICER GUILD: Mr. Representative,
16 if you have written testimony, you can give it to
17 Mike. Thank you.

18 Is there a Number 1 yet? Aha. Perfect.

19 JAVON BEA: Hi, sorry I'm late. I want to
20 thank you representatives of the Health Facilities
21 Planning Board for coming today and having this
22 public hearing allowing our residents to be able
23 to speak on a very important subject, and that is
24 mental health in today's society in general. I

1 just heard the previous speaker, and so I do want
2 to make just a quick couple comments that are
3 broader in view, and that is that for the last
4 reported data, the State in 2018 shows Mercyhealth
5 had 35 percent of our entire patients being
6 Illinois state Medicaid, and OSF, another facility
7 in town, was 10 percent, and SwedishAmerican had
8 in the low 20s of their revenue tied to the state
9 Medicaid.

10 What has severely happened is, when the
11 state Medicaid program turned over their program
12 to -- the majority of the program -- to outside
13 for-profit managed care organizations, these
14 organizations participation by Medicare recipients
15 has grown from 0 to 80 percent. So today, 80
16 percent of our total Medicaid patients are part of
17 one of these managed care -- Medicaid managed care
18 organizations, and as the gentleman said, having
19 35 percent of our patients be state Medicaid, we
20 are, out of 200 hospitals in Illinois, 1 of 18
21 safety net hospitals, and he mentioned that we
22 received \$2 million extra for being a safety net
23 hospital. But that doesn't -- that's like a drop
24 in the bucket when you are not getting paid from

1 the state Medicaid. So, the state Medicaid
2 program only pays 18 cents on the actual dollar,
3 not on the actual dollar cost of care. We used to
4 receive from the State, for instance, for our
5 NICU, the State paid approximately 33 cents on the
6 dollar for the cost of care. That's now 18 cents.
7 But we don't even get the 18 cents from the State
8 -- the for-profit, I should say -- for-profit,
9 outside managed care organizations, because the
10 State allows them to deny our claims before they
11 would audit or approve them.

12 Unlike Medicare for 50 years, all of the
13 insurers are Medicaid in Wisconsin. We provide a
14 service to a Medicaid recipient, they have to --
15 we submit a claim, and then they pay us for that
16 claim. And then Medicare, insurance companies,
17 Wisconsin Medicaid is free to audit. So, they
18 will see a batch of claims of DRGs or CPT codes on
19 an outpatient in a particular area and say, We
20 want to come and audit medical records. So they
21 say fine. So, they send people, we send people,
22 and they do that audit. And that's been going on
23 for the 42 years I've been in health care. When
24 the State allowed these large, for-profit, outside

1 managed health care organizations to be able to
2 deny the claims before they pay, there is a major
3 incentive for them to deny claims.

4 So, the result is, well over half of our
5 claims are denied. Many of them are years old and
6 they continue to deny, and we say, Why did you
7 deny this batch of claims? They say, Well, you
8 figure it out. And so, there is another one that
9 just recently as before they informed us, You will
10 have to resubmit all your claims back to the 1st
11 of the year because we are requesting a new claim
12 form.

13 Well, it's going to cost us hundreds of
14 man hours, of labor hours, man hours, because we
15 are dealing with hundreds of thousands of claims.
16 And they said, Well, where is the new claim form?
17 Well, we will have it done by the end of 2020.
18 So, this severe delay in the managed care
19 organizations resulted in Mercyhealth in Rockford
20 losing \$76 million. We got reimbursed for our
21 direct costs for COVID patients. This has to do
22 with the state Medicaid. 52 million of that was
23 on outpatient physician claims because we employ
24 600 physicians.

1 So, I just want to point out the fact that
2 when he acts like we are getting all this money,
3 we -- Mercyhealth lost enough on its Rockford
4 hospital to wipe out what was the small pot of
5 income from every one of our other facilities.
6 All of our other doctors, all of our other
7 facilities. The first time in 31 years. So, this
8 has become a major problem. Hospitals in the
9 state -- Saint Anthony's in Chicago is suing the
10 State for advocating their responsibility to
11 properly manage these outside Medicaid managed
12 care organizations.

13 With that being said -- I wanted to
14 respond to the previous gentleman -- let's switch
15 to mental health.

16 So, Mercy has added 140 new physicians
17 over the last five years to Rockford. Many
18 specialties, which Dr. Dorsey -- our chief medical
19 officer is here -- will respond to you, have never
20 been represented in Rockford -- Gynecology
21 (phonetic), the whole list of subspecialties, have
22 never been in Rockford before, present in
23 Rockford.

24 Therefore, the State designated Mercy as

1 the Illinois Children's Hospital for this region
2 for Northern Illinois. So, we have brought over
3 140 new specialists over the last five years. We
4 have built a beautiful new tertiary care hospital
5 for the Rockford community. We have brought in
6 the family practice residency program and an
7 internal master's residency program, training 75
8 residents to train in Rockford, and hopefully, as
9 studies show, many will stay in Rockford.

10 So, Mercy has done a number of tremendous
11 things, and it seems like all of that is getting
12 lost with the fact that we are looking at taking
13 what has been a shrinking inpatient mental health
14 acute unit that has been dropping in occupancy
15 every single year. And so for 2019, our occupancy
16 in a 20-bed unit was 45 percent, which would say
17 nine patients. But we actually run less than
18 that, was because around the holidays we will get
19 up to that nine, but quite often we will have two
20 or three or four patients in the unit.

21 Psychiatrists today either practice inpatient
22 psychiatry or outpatient. They won't do both. We
23 keep an inpatient psychiatrist, after they study
24 for 16 years, to feel challenged, and if their

1 skills aren't being utilized in a unit with three
2 or four patients, they leave, and we have had this
3 rotating door of psychiatrists, inpatient
4 psychiatrists.

5 So, we finally said, you know, this isn't
6 working. Besides the fact that these inpatient
7 psychiatrists have showed us studies that said
8 that, the hospital medicine journals, instead of
9 having hospitals have a lot of small, acute mental
10 health units, it's far better to have a larger
11 unit with a hospital that has special interest
12 that can have better, more effective group
13 therapy, that can add additional support services
14 like psychosocial therapy, recreational therapy,
15 etc. But you have to have enough patient volume
16 to be able to provide that type of a quality
17 psychiatric unit. SwedishAmerican --

18 UNIDENTIFIED SPEAKER: Excuse me -- aren't
19 we limited to three minutes?

20 HEARING OFFICER GUILD: Yes. I was just
21 going to say that.

22 JAVON BEA: No, no. The fundamental point
23 is, I'm a representative of Mercyhealth.

24 UNIDENTIFIED SPEAKER: I understand that,

1 but every person at the hearing I'm sure --

2 JAVON BEA: I'll just finish real quick.

3 So, the point was that SwedishAmerican is licensed
4 for 42 beds, and it's really their choice how many
5 they want to license. But they are licensed for
6 42; this morning they said they had 20. If their
7 treatment is [inaudible], that's their choice.

8 But their occupancy, in 2018, according to
9 the report they submitted to the State, was 43
10 percent. So, it would be beneficial for the few
11 patients we have to be in a unit that's 43 percent
12 occupied, to be able to better served -- to be
13 able to better serve the patients.

14 The last thing I want to say is that why
15 -- two things: Why is the acute mental health
16 admissions dropping every year? Because of the
17 advent of wonder drugs. The drugs that treat
18 depression, bipolar, all those things that used to
19 require patients to be admitted to an acute unit
20 is now on an outpatient basis.

21 UNIDENTIFIED SPEAKER: Thank you, Mr. Bea.

22 JAVON BEA: One last thing. I want people
23 to know that when they come into our emergency
24 room, they treat all patients. By the way, I was

1 told that we have --

2 (Crowd noise.)

3 UNIDENTIFIED SPEAKER: Can you please keep
4 your voices down? But really, your time is up.

5 HEARING OFFICER GUILD: All right. Thank
6 you. If you have written comments --

7 JAVON BEA: I will have to resubmit them
8 to you.

9 HEARING OFFICER GUILD: They were
10 submitted today. You can fax them, email them,
11 whatever works for you.

12 Number 3.

13 DR. JOHN DORSEY: Okay. Good afternoon.
14 Let me know when I get close to my time.

15 John Dorsey, I'm Chief Medical Officer at
16 Mercyhealth. I'm an internist. I came to
17 Rockford in 1984. I worked at Crusader Clinic for
18 three years before going over to Rockford Memorial
19 Hospital and Rockford Health System and practiced
20 for 28 years before going into administration, and
21 believe me, I took care of a lot of patients in my
22 practice, as do primary care doctors with mental
23 health illnesses, and I very much recognize the
24 crisis and the frequency with which people have

1 mental health illness. It's something that I took
2 care of and something that I would deal with on a
3 daily basis.

4 Mental health, however, is becoming more
5 and more of an outpatient treatment-type
6 situation. The number of patients that are
7 requiring hospitalization in the treatment of a
8 health facility have declined considerably over
9 the years.

10 Specifically for Mercy, in 2015 we had a
11 53 percent occupancy rate in our mental health
12 facility, and by 2019 that had dropped down to
13 45 percent, which translates to roughly around
14 nine patients a day on average, and in the first
15 six months of this year, we were averaging less
16 than five patients in the hospital. We have,
17 however, a very, very extensive outpatient mental
18 health services, and we continue to have those,
19 and we continue to have assessors in the hospital
20 24 hours a day to assist psychiatrists through
21 telemedicine to evaluate patient needs. But the
22 problem when you have a declining inpatient volume
23 is that it's difficult to retain staff, and it's
24 difficult to retain psychiatrists.

1 Rockford, we believe, can only support one
2 hospital-based behavioral health unit and
3 SwedishAmerican has historically identified that
4 as a special interest of theirs, just as we have
5 identified NICU as a special interest of ours.
6 Swedes has expanded their outpatient -- I'm sorry,
7 their inpatient facility. In 2018, they
8 completed, as every hospital does, an
9 IDPH-required survey identifying -- and I have a
10 copy of that here -- identifying that they have 42
11 inpatient beds. I also know that their occupancy
12 rate at that same survey was listed at 43 1/2
13 percent, which is 18 to 19 patients in those 42
14 beds.

15 HEARING OFFICER GUILD: We are at about
16 two and a half minutes.

17 DR. DORSEY: Okay. Thank you. The
18 question that I have -- and I saw today's paper
19 where Swedes said that they had 20 patients and
20 they were at occupancy -- the question is, the
21 math doesn't work. Why aren't they utilizing all
22 of those 42 beds so that they can absorb the
23 average five patients that we are seeing a day?
24 Thank you.

1 HEARING OFFICER GUILD: Thank you, Dr.
2 Dorsey. If you have your comments, you can submit
3 them to Mike up here.

4 HEARING OFFICER CONSTANTINO: Do you have
5 written comments?

6 DR. JOHN DORSEY: No, I don't. Sorry.

7 HEARING OFFICER GUILD: Thank you.
8 Potempa, Number 3?

9 MS. POTEPA: Yes, thank you. Good
10 afternoon. My name is Deb Potempa. I'm a vice
11 president and system chief nursing officer for
12 Mercyhealth. I've been working with the system
13 for about ten years. I want to go over some of
14 the continued services that we will have remaining
15 in our Rockford Riverside Hospital.

16 As Dr. Dorsey just stated, with the advent
17 of new medications to treat depression, bipolar
18 disorder, and other psychiatric illnesses, more
19 patients will be -- more appropriately be able to
20 be treated in an outpatient setting.

21 Our primary care doctors do and will
22 continue to take care of a vast majority of the
23 patients needing behavioral health treatment, and
24 they routinely screen, engage, and evaluate their

1 patients' psychiatric needs, and they can monitor
2 the effectiveness of treatment if their patient is
3 placed on a medication regime.

4 We are currently utilizing and exploring
5 the further utilization of telehealth technology.
6 We have seen many benefits in the use of
7 telehealth in the behavioral health population,
8 especially during the COVID pandemic. Telehealth
9 has offered the ability to treat patients outside
10 of the hospital and provides increased access to
11 care for patients. Patients can also receive
12 behavioral health and mental health services
13 through telehealth in their primary care setting.
14 We also can use telehealth technology to observe
15 patients in our emergency department. We are
16 currently engaged in that technology, and on
17 inpatient units as we perform assessments and
18 screenings and help to diagnose conditions. We
19 find that we can provide counseling and
20 psychotherapy that can be delivered to
21 individuals, couples, or groups with the use of
22 telemedicine. And it also helps to monitor and
23 follow up with patients' adherence to their
24 medication regime and it can help facilitate

1 coordination with family members or social service
2 agencies.

3 Our clinic provides a full-time
4 psychiatrist, Dr. Irfan, and offers general
5 psychiatric services and medical management to
6 children, adolescents, and adults. Dr. Irfan is
7 also part of the psychiatric on-call team that
8 supports our Rockton and Riverside emergency
9 departments and inpatient units.

10 As Dr. Dorsey mentioned, our licensed
11 clinical social workers are now embedded in our
12 emergency departments to provide assessments to
13 both patients in the emergency department and our
14 inpatient units. They will also work closely with
15 case management, the nursing team, to identify
16 appropriate discharge plans as they currently have
17 been doing.

18 As part of our regional approach, we will
19 begin to share resources from our CON Wisconsin
20 behavioral health program, which is very robust in
21 southern Wisconsin, and form a larger psychiatric
22 assessment team to serve the entire Mercyhealth
23 System. The main hubs for this program are the
24 Rockton Avenue campus and the Janesville campus.

1 Assessors will provide telehealth service to
2 Rockton/Riverside, Harvard, Walworth, and
3 Janesville hospitals.

4 When a patient requires an inpatient
5 admission for behavioral health treatment, we will
6 continue to work with all of our community
7 agencies, the same as we have in the past,
8 strengthening conversations with Rosecrance and
9 SwedishAmerican --

10 HEARING OFFICER GUILD: And you are at
11 three minutes.

12 MS. POTEPA: Thank you.

13 HEARING OFFICER GUILD: And if you have
14 written testimony, you can submit it now.

15 MS. POTEPA: I don't. Thank you.

16 HEARING OFFICER GUILD: Number 4.

17 MR. WEST: State Representative Maurice
18 West, W-e-s-t, Number 67th District.

19 On March 17th of this year, 67 percent of
20 Rockford voters understood how important mental
21 health services are for our community, their loved
22 ones, for themselves, and voted to raise their
23 taxes to fund it.

24 That same day, the State of Illinois

1 announced the very first death from COVID-19. I'm
2 pretty sure no one suspected that today we would
3 be witness to that total being over 8,000 deaths
4 in Illinois, 147 of those deaths coming from
5 within Winnebago County.

6 Alongside those numbers came the shutdown
7 of our schools and businesses that resulted in job
8 loss in the millions just in Illinois. Then you
9 add the public killing of George Floyd, the civil
10 unrest that followed, all the while the way one
11 worships being drastically different. Mental
12 health services are needed now more than ever.
13 Mental health services will be needed even after
14 2020 has come and gone due to the residual effect
15 of our current situations. One's mental health is
16 just as important as their physical health. In
17 most cases, even more important. And that has
18 been the case even before this pandemic happened.
19 Statistically speaking, one out of five people
20 knows someone dealing with a mental illness. So,
21 it's safe to say we know all too well an
22 individual with a most beautiful smile suffering
23 from depression, or the person who appears to have
24 it all together during the day, but pondering

1 suicidal thoughts at night.

2 It's bad enough that our Medicaid patients
3 will have to switch providers or hospitals. It's
4 bad enough that services are leaving the west side
5 of Rockford to appease Mercyhealth's bottom line.
6 Our community cannot afford for mental health to
7 be on the chopping block at Javon Bea Hospital.
8 You will be a huge help to a great many people by
9 rejecting this application. Thank you.

10 HEARING OFFICER GUILD: Thank you very
11 much. Number 5.

12 MR. O'TOOLE: Thank you for doing this
13 forum. My name is Michael O'Toole, M-i-c-h-a-e-l,
14 and my last name is O, apostrophe, T-o-o-l-e. I'm
15 a 60-year-old private citizen, a Rockfordian who
16 grew up in Cook County, and lived in Winnebago
17 County the last 13 years.

18 My father is absent because he was in and
19 out of the VA Hospital with a diagnosis of
20 schizophrenia. My maternal grandmother was in an
21 institutional hospital before outpatient and
22 advancements in medication for some sort of mental
23 illness. I live with a brother who has a
24 diagnosed mental illness, who refuses to tell

1 anybody specifically what the diagnosis is.

2 In reading today's Register Star newspaper
3 plus some statistics of MercyHealth Hospital
4 having a 20-unit behavioral health mental illness
5 ward, they were willing to operate it when the
6 statistic in the paper said 11.526, but somehow
7 what they reported to the press, 9.6, one and a
8 half people from a statistical average, somehow
9 became unreasonable to keep their -- operating
10 their facility. You have already heard testimony
11 by others in regards to Medicaid. That's a
12 statistical fact.

13 I have worked this spring representing the
14 entire Winnebago County on a Survey of Income
15 Participation Program, an economic well-being
16 survey, which was made more difficult by a
17 stay-at-home executive order by an elected
18 official of our state. Part of my survey is done
19 by visiting neighborhoods. This was the first
20 time in the Census Bureau history doing this type
21 of ongoing survey for different programs. People
22 don't like the -- and I can't go out showing my
23 government ID badge when I worked this spring.
24 Just to return home, for me to conduct a survey by

1 phone. It's an issue of trust. Just like
2 hospitals as a business -- and I'm speaking for my
3 background with a bachelor's degree from Western
4 Illinois University with a degree in business
5 administration. Everything is about trust. If
6 people don't trust you to do the right thing for
7 patients in one area of the general public, why
8 would any sort of business -- a hospital, any
9 other type of business expect a general public to
10 trust you for services in a different area of your
11 business?

12 I'm here sharing that I believe in
13 inpatient care. You need time by psychiatrists
14 who are trained just to diagnose properly what a
15 mental illness diagnosis is. A lot of mental
16 illness symptoms overlap, and you need that longer
17 time of observation, and the medical science does
18 not dispute that, at least not honestly.

19 HEARING OFFICER GUILD: You are at three
20 minutes. Do you have written comments?

21 MR. O'TOOLE: So, I have nothing written
22 and the library did not have pens or writing
23 utensils when we first came in.

24 HEARING OFFICER GUILD: Thank you for

1 presenting your testimony. Number 6.

2 HEARING OFFICER CONSTANTINO: Did you
3 spell your name?

4 MR. O'TOOLE: O'Toole, O, apostrophe,
5 T-o-o-l-e.

6 HEARING OFFICER CONSTANTINO: Okay. Thank
7 you.

8 MR. COE: Thank you. My name is Tim Coe,
9 last name C-o-e, first name T-i-m. I am a mental
10 health advocate and suicide attempt survivor. I
11 wanted to tell you about my story today, and why I
12 think Mercyhealth being allowed to close down
13 their inpatient mental health unit would be a
14 decision that would lead to more harm for the most
15 vulnerable.

16 Back a few years ago, I had a mental
17 health crisis myself. I was actively suicidal and
18 needed emergency treatment. I was taken to
19 SwedishAmerican and sat in the emergency room for
20 six hours because Swedes had no bed availability.
21 No other hospital in the Rockford region took me
22 either, and I was forced two hours from my home to
23 an unfamiliar Chicago suburb, which was while I
24 was actively suicidal. It was a logistical and

1 literal nightmare, and one that I do not wish to
2 relive.

3 Truth be told, however, my story is one of
4 the good ones. Changing a few things to my story,
5 and things have been far different. I had good
6 insurance at the time. What if I had Medicaid
7 like I do now? I'm a white male. What would
8 happen to a black trans female needing treatment,
9 but she was turned away in her hour of need? It's
10 been shown that many people don't get the help
11 they need when there is lack of treatment in a
12 certain area. They may die, they may end up in
13 the criminal justice system, they may be taken
14 advantage of in other ways.

15 Mercy Hospital and Javon Bea should be
16 ashamed of themselves for what it's putting the
17 community through, and may I just add showing up
18 late to the hearing and telling the community to
19 quote, relax, is shameful. Mercy, you can't
20 expect one hospital in a community the size of
21 ours to do it all. Swedes is a good hospital, but
22 they are still run by humans, they still have a
23 bed capacity and a budget and staffing. To just
24 go and say, well, we will just pass the buck is

1 irresponsible at best.

2 These times have shown each of us, have
3 called each of us. They have truly illuminated
4 who has risen to the challenge and who is on the
5 wrong side of the history. Make no mistake, if
6 Javon Bea is allowed to continue down the path
7 they have clearly been on, they will clearly be on
8 the wrong side of history and everything who has
9 enabled them.

10 HEARING OFFICER GUILD: Thank you. Number
11 7.

12 (Speaker noise.)

13 MS. SINK: Don't worry, I'm loud enough to
14 talk over them. Good afternoon, I'm Amanda Sink,
15 S-i-n-k, like your kitchen sink. I'm the Rockford
16 area walk chair for the American Foundation for
17 Suicide Prevention, as well as a local and
18 national advocate. I'm also a suicide attempt
19 survivor, and I'm here today because I want to
20 tell you how important and critical this inpatient
21 treatment is. It's the reason my father is alive,
22 it's the reason I am here. Mercyhealth's rapid
23 decision to close the behavioral health inpatient
24 unit does not appear to follow guidelines and they

1 need to be held accountable for their actions.

2 Mercyhealth's mission to make lives better is not
3 a true reflection of the organization when they
4 put profits over people.

5 A nonprofit organization that receives
6 additional incentives from the government and buys
7 out one of the largest hospital chains in our
8 region without pause in how they treat the
9 community they are supposed to serve is not a
10 hospital committing to their values. As a
11 nonprofit, under no circumstances should money be
12 the driving factor for Mercyhealth. A loss of
13 inpatient beds impacts the already-strapped mental
14 health system. While there are closer facilities
15 in the heart of Chicago that many patients do
16 choose for care because of quality and
17 specialization over proximity, it is our
18 responsibility to ensure that access and support
19 to mental health care for the residents of
20 Rockford is here. This is essential through both
21 inpatient and outpatient treatment. Mental health
22 is just as important as physical health. If
23 Mercyhealth truly believes in caring for the
24 community, they will not be allowed to close this

1 inpatient facility. One in five Americans, as has
2 been stated, have been impacted by a mental health
3 disorder, and even if we are not the ones directly
4 impacted, it will be our friends, our family, and
5 our neighbors. The individuals living with mental
6 health conditions deserve and have the right to
7 receive these services. We know the impact of
8 mental illness and the lack of treatment. We have
9 seen this since Singer closed. Do we really want
10 to push this down even further and escalate the
11 issue? If money is what's most important here,
12 above our community's health, then consider the
13 national cost of untreated mental illness, which
14 costs about \$100 billion a year in lost
15 productivity. The worsening of conditions can
16 lead to lack of job stability, prison, physical
17 health issues, and suicide.

18 So, if you don't care about our people,
19 concern yourselves about the economy. Mercyhealth
20 has failed the Rockford region by showing us their
21 priorities. We the people demand that they be
22 held accountable for their actions as we stand up
23 for every individual's right for treatment. And I
24 state this as a decision they have already made,

1 because you have heard in their statement today
2 the things that they will still offer, not that
3 they could still offer if they do close this.

4 They have made their decision, and they
5 should not be allowed to.

6 HEARING OFFICER GUILD: Thank you very
7 much. Number 8.

8 MS. ROSE WALKER: Dyanna Rose Walker,
9 D-y-a-n-n-a, Rose, R-o-s-e, Walker, W-a-l-k-e-r,
10 concerned citizen for health care in the Rockford
11 area.

12 I'm here because I am advocating for you
13 to deny Mercy's petition for this continuing
14 inpatient treatment. It's interesting that the
15 CEO was here and said that they are planning to do
16 it. That's not the behavior and the character of
17 CEO Javon Bea. What he does is, he takes the
18 action, and then he comes back and asks for
19 permission, so virtual services have been
20 curtailed. Five years ago, he came before the
21 Board and they said they wanted to build a state
22 of the art hospital. One hospital, two campuses,
23 with both campuses having an equal level of
24 services. That has not happened. They put

1 profits above health care. They have circumvented
2 the requirement for approval by this committee by
3 not stating that they had two hospitals, but two
4 campuses, which in that case they would not have
5 to get permission to close the second campus.

6 This mental health decision is just
7 another leg in their plan to close and shutter the
8 health care availability for people who live in
9 west Rockford. To date, we have seen the removal
10 of pediatrics, the Level II trauma center, the
11 cardiac function, neonatal, the NICU, podiatry,
12 and immediate care. These are just a few, and the
13 reason I know this is because I've been in the
14 health care system since I was age 16, and I have
15 at different times, been to ten different
16 specialties. So, I'm aware of decisions being
17 made on a weekly basis that not only damage
18 morale, but also threaten the health care of
19 people in our community. The mental health
20 inpatient closure is just another leg in that.
21 The decision, I think, by Mr. Bea is not for
22 health care. His ultimate goal is to be
23 disruptive, deflect the issue from health care to
24 profits, and eventually laying the groundwork for

1 bankruptcy, leaving a particular section of
2 Rockford without any type health care services,
3 and therefore endangering lives. Because of
4 response time for far west Rockford to I-90 will
5 endanger -- given the state of a person's
6 emergency, it will endanger the lives of people.
7 He stated that they had added 140 physicians.
8 Well, I would like to know in what area did they
9 locate or hire those 140 physicians? Yes, they
10 were in Riverside. They are not on the Rockton
11 campus.

12 So, the level of health care for people
13 who live west of the river is much lower in the
14 Rockton Mercy circle, and so closing this mental
15 health facility is just another leg of their
16 ultimate goal is to, um, only treat people with
17 private health care insurance. Anybody with
18 Medicaid or who doesn't have insurance and needs
19 mental health services, you won't receive them,
20 because that is not the Mercy way. If you have
21 private insurance and if you are Caucasian and if
22 you are of any other ethnicity or group in which
23 you are oppressed, then we don't have time for
24 you. We are not going to serve you. We are going

1 to serve the people that reflect us. That is
2 Mercy way, and so I am imploring you to deny
3 Mercy's petition. In fact, they have already made
4 the decision, so it will be just paperwork, and I
5 hope that you do, do that paperwork and deny that,
6 because they are not concerned about health care.
7 But I certainly hope that you will consider the
8 residents of Rockford and their need for health
9 care, not only mental illness, but so many other
10 services that are being denied by the CEO of Mercy
11 Hospital, Javon Bea.

12 Thank you for the opportunity to address
13 you about what is really going on in our community
14 with health care.

15 MS. Guild: Thank you very much. Tom
16 McNamara.

17 MAYOR MCNAMARA: Good afternoon. It's an
18 honor to be before you. Thank you for this
19 opportunity. My name is Tom McNamara. I've had
20 the honor to serve as mayor of the City of
21 Rockford since May of 2017.

22 I come before you to strongly urge you to
23 reject the request by Mercyhealth System to close
24 its inpatient mental health unit located on north

1 Rockton Avenue campus. The need for mental health
2 services in Rockford is absolutely critical and
3 reaches every corner of our community. Every day,
4 we see firsthand what a lack of mental health care
5 does to our schools, our businesses, and our
6 neighbors. No one is untouched by the challenges
7 of mental illness. Doing nothing will not make
8 the problem go away, and the statistics tell a
9 story. One in five US adults experience mental
10 illness each year, while only 43 percent of them
11 receive the treatment they need. More than 10.3
12 million adults had serious thoughts of suicide in
13 2017 alone. One in eight of all visits to the
14 emergency department are related to mental illness
15 or substance abuse disorders. If just 1 percent
16 of those with acute mental illness needed
17 hospitalization at any given time, we would not
18 have the capacity to treat them.

19 From August of 2019 to August of 2020, our
20 Rockford Police Department had more than 500 calls
21 of service that involved mental illness or mental
22 health issues. In Winnebago County, the number of
23 suicides each year has jumped 30 percent in just
24 the last decade. A minimum of 50 psychiatric beds

1 per 100,000 people is considered necessary to
2 provide basic minimally adequate treatment for
3 individuals with severe mental illness, and the
4 State of Illinois fails to meet this very basic
5 minimum standard. Mercyhealth has said it is
6 confident other providers can provide the services
7 that have been offered by its now closed unit.

8 But the facts tell a different story.

9 SwedishAmerican Hospital in Rockford currently has
10 20 adult inpatient beds for mental health. On
11 average, since Mercyhealth closed its unit prior
12 to this hearing, the adult unit at SwedishAmerican
13 has been 90 percent full.

14 When the unit reaches its capacity of 20
15 adult patients and someone is in need of inpatient
16 care, SwedishAmerican is then forced to transfer
17 the patient to another facility, usually in the
18 Chicagoland area.

19 So now, as Board members, imagine your
20 friend, your family member in a crisis situation
21 being told there is no room for you at the
22 hospital, and we are going to have transfer you
23 more than 50 miles away, and more in some other
24 circumstances.

1 Now more than ever, the community should
2 be adding resources for mental health, not taking
3 them away. The inpatient unit at Mercyhealth
4 North Rockton Avenue is a key part of those
5 services in our community. I urge you to require
6 Mercyhealth to fulfill its State-required
7 responsibility to serve all of its patients. This
8 is not just bricks and mortar. This is not just
9 statistics, charts, data, someone's salary or
10 their bottom line. This is about my family, this
11 is about our neighbors, our young people, and our
12 city. All of us who should have the right to
13 safe, affordable mental health care in this
14 community. Thank you for the opportunity.

15 HEARING OFFICER GUILD: Thank you.

16 MAYOR MCNAMARA: I also have written
17 comments for you as well.

18 MS. Guild: Thank you.

19 MS. PARHAM: Good afternoon. My name is
20 Anquette Parham, and I stand in opposition to
21 Mercy to close their mental health unit. I'm the
22 executive director of the Rockford Human Services
23 department, which is the designated public
24 community action agency for Winnebago and Boone

1 Counties. Community action agencies exist to
2 break the cycle of generational poverty and to
3 mitigate the immediate effect of poverty on
4 individuals, families, and neighborhoods. We
5 address systemic community and individual factors
6 through key strategies that includes provision of
7 direct services, partnering, collaborations, and
8 advocates. While our local office has experienced
9 great success in the area of ending homelessness
10 among the chronically homeless persons in our
11 community, we unfortunately cannot count
12 Mercyhealth among our list of partners that's
13 helped us achieve this milestone. 60 percent of
14 homeless persons in our community have a diagnosed
15 mental illness. It is incredibly difficult to
16 stabilize the housing situations of these
17 individuals without them having access to mental
18 health care.

19 Mercy's strategic decline and intentional
20 withdrawal of service to Medicaid patients has
21 placed a significant burden on another local
22 hospital that has been an integral partner to us,
23 that is SwedishAmerican Hospital, a division of UW
24 Health. The discontinuation of Mercy behavioral

1 health program on the west side of Rockford will
2 prove to have lasting negative effects on the
3 Rockford community as a whole. About half of our
4 client base across all services have unmet mental
5 health needs. These conditions have only been
6 exacerbated by the COVID-19 pandemic, which has
7 significantly increased the onset of mental health
8 issues, such as anxiety and depression. Unlike
9 many other traumatic events, this one has not
10 ended quickly, but has and will continue to have
11 ongoing traumatic impact on individuals and
12 families throughout our community.

13 Five years ago, Mercyhealth made numerous
14 promises about this Rockton Avenue campus and the
15 services that will continue. Mercyhealth promised
16 community members that they would not abandon the
17 Rockford community. They acknowledged how vital
18 the Rockton campus was to the quality of life on
19 Rockford's west side and promised to provide
20 significant space for community needs and
21 development. They indicated plans to continue
22 both inpatient and outpatient behavioral mental
23 health services, acknowledging that they are
24 critical needs in this community.

1 Unfortunately, the emptiness of those
2 promises is devastating to the most vulnerable
3 citizens of Rockford. I would urge this committee
4 to deny Mercy's request for the sake of those with
5 the greatest needs in Rockford. Thank you, and I
6 also have written testimony.

7 HEARING OFFICER GUILD: Thank you very
8 much. Number 9.

9 MS. WESTPHAL: Hello, my name is Melissa
10 Westphal, M-e-l-i-s-s-a, W-e-s-t-p-h-a-l. I'm a
11 Rockford resident as well as a member of the NAMI
12 Northern Illinois Board of Directors. Our
13 organization works to improve the quality of life
14 of individuals with mental illness and their
15 families through support, education, advocacy, and
16 hope.

17 What we continually hear -- what you will
18 hear today is that our region needs more mental
19 health services, not less. Giving Mercyhealth the
20 permission to close its 20-bed behavioral health
21 unit is not the right decision, especially given
22 everything that's going on in our world today.
23 Our NAMI Board and volunteers have been scrambling
24 since this public hearing was announced to present

1 some actual data to reflect the mental health care
2 in our community. That task has proven very
3 difficult. While some of our hospitals' first
4 responders', other partners gladly responded to
5 our request, others did not, meaning a complete
6 picture of our local needs are actually -- does
7 not exist, particularly emergent are how many
8 individuals are referred out of town for inpatient
9 mental health treatment. Mercyhealth and its COE
10 application by SwedishAmerican Hospital and KSB
11 Hospital. Just this week, SwedishAmerican was
12 quoted in the Rockford Register Star as saying, On
13 average, we have been 90 percent full since
14 Mercyhealth closed their psychiatric services in
15 Rockford. When we reach and [inaudible] someone
16 is in the east side needing inpatient care, we are
17 forced to transfer the patient to another
18 psychiatric facility, which is sometimes
19 significantly outside our area.

20 KSB recently told us they were not aware
21 if Mercyhealth reached out to them. So much for
22 community needs. That is reason number one why
23 this Board should not approve the Rockton Avenue
24 closure. More information and data are needed

1 before this decision should be made. The second
2 reason is because our citizens recently approved a
3 tax increase in the spring, which will create more
4 mental health services in the community, not less.

5 The closure of this unit couldn't come at
6 a worse time. The recently appointed Winnebago
7 County Mental Health Board is researching our
8 community needs to determine how to augment and
9 add services. Giving Mercyhealth the permission
10 to permanently close its unit would make it more
11 difficult to reopen in the future. Again, an
12 example of bad timing.

13 The third reason centers on trust.
14 Mercyhealth has been quoted in these articles
15 saying they intend to keep outpatient services at
16 Rockton Avenue. But how can we trust them based
17 on extreme number of services being eliminated or
18 reduced just this year? In the timeline you have
19 -- and you will see from other people today, Mercy
20 reduced its Medicaid office in April, closed the
21 PICU in June, filed and closed the behavioral
22 health unit in July, and consolidated emergency
23 services in August. I hope you can see why it's
24 difficult to trust that medical services will

1 remain a priority. Giving Mercyhealth the
2 permission to close its mental health unit is the
3 wrong decision, period.

4 HEARING OFFICER GUILD: Thank you. Number
5 10.

6 MS. WHITFORD: My name is Xavier
7 W-h-i-t-f-o-r-d, and I'm a NAMI Board member and
8 also the executive director and founder of the
9 Tommy Corral Memorial Foundation, a local
10 nonprofit that works specifically on mental health
11 and suicide prevention.

12 I'm speaking in absolute opposition of
13 Mercyhealth Rockford's closing of the mental
14 health unit on Rockton Road. This is personal for
15 me. I know the lasting impact of receiving
16 inadequate mental health care, as I lost my
17 19-year-old son, Tommy, to suicide as a result of
18 depression six years ago. We cannot and should
19 not be putting a price tag on lives like Javon Bea
20 has. Real numbers show that suicide deaths in and
21 around Winnebago County continue to rise year
22 after year. Our Rockford Police are responding to
23 an average of two to three suicide calls per day,
24 and another one to two drug overdose calls. The

1 Rockford Fire Department responds to an average of
2 ten mental health and overdose-related transports
3 daily, and Mercy Rockton campus is receiving the
4 second largest number of those patient transports.

5 Mercy has failed their commitment to our
6 community. Mercy would like us to believe that
7 there is no demand for services, hence no need.
8 But the truth is, Mercy deliberately and
9 premeditatively created no demand by
10 systematically eliminating the people who need
11 their services by refusing the insurance coverage.

12 What does it say about Mercyhealth
13 ignoring the needs of the people coping with
14 severe mental illness in their time of crisis by
15 creating barriers of treatment access and then
16 using those barriers as a reason to file this
17 petition? This is a clear discrimination against
18 people who need the protection and quality mental
19 health treatment.

20 Mercyhealth is dodging their
21 responsibility to provide this community with
22 quality health care. If Mercy's petition for
23 certificate of exemption is granted, 20 treatment
24 beds will instantly disappear from our community.

1 Without another hospital petitioning for
2 expansion of their acute mental health bed
3 allotment, our citizens in need of immediate care
4 will have to compete for care instead of receiving
5 it. That, to me, is merciless and inhumane. What
6 would it say about our community if we let
7 corporate medicine, corporate greed, and
8 purposeful elimination of safety and surety of
9 health care despite the obvious need for it?

10 Mercyhealth has lied about and been
11 deceitful. Mercyhealth has failed their
12 commitment to our community. That's why we are
13 objecting to this petition, and we ask the Health
14 Facilities and Services Review Board to do the
15 same.

16 Deny Mercyhealth's petition.

17 HEARING OFFICER CONSTANTINO: Miss? Miss,
18 thank you.

19 HEARING OFFICER GUILD: Number 11. Number
20 11.

21 MS. PEACOCK: Hi there, my name is
22 Christina Peacock, that's P-e-a-c-o-c-k.

23 Good afternoon, and thank you for taking
24 the time to meet with all of us regarding such an

1 important topic. Before [inaudible] positive
2 trajectory of Rockford's growth of societal
3 improvements. Javon Bea and Mercyhealth has
4 chosen to close the doors of his mental health
5 wing, which as you know provides inpatient
6 treatment for mental illness.

7 As for why they are closing, Javon Bea is
8 quoted as saying that they continue to average
9 only two to three patients a day, and their
10 certificate of exemption cites that ongoing low
11 patient trends have not allowed them to retain
12 psychiatric physician coverage.

13 I just want everyone to really think about
14 that for a minute. In a world where, according to
15 Rockford Register Star, mental health therapists'
16 caseloads are bulging, waiting lists are growing,
17 and anxiety and depression are rising among
18 Americans, especially with the Coronavirus.

19 How can it be that Javon Bea/Memorial is
20 being underutilized? This should alarm you. What
21 kind of toxic work environment is existing that
22 would allow Mercy to allow their mental health
23 programs to fall so far to the wayside? What type
24 of poor practices were put into place assuring the

1 eventual failure of this program?

2 Aside from the misinformation that Javon
3 Bea/Memorial has cited -- which, by the way, it
4 was mentioned earlier that there is a miracle drug
5 for mental health issues. That is not only
6 ignorant, it's dangerous -- um, aside from
7 misinformation that Javon Bea/Memorial has cited
8 numerous times in their charge to end mental
9 health services, there is also an ulterior motive
10 that needs to be acknowledged.

11 Javon Bea/Memorial is systematically
12 shutting off the west side of Rockford from mental
13 and physical health care. First, it was the
14 pediatric ICU, then the -- of Medicare and
15 Medicaid, emergency services, and now this, mental
16 health services.

17 They are using you and your vote that you
18 are set to cast as part of their effort to shut
19 down the Rockford campus permanently. This should
20 make you angry, that a so-called nonprofit is
21 willing to use your vote as a scapegoat for mass
22 exclusion of an entire segment of our community.
23 When is enough, enough? There are many statistics
24 that have been and will be shared with you tonight

1 regarding the correlation between mental health
2 and drug use, homelessness and crime. Please take
3 it to heart and try to put faces to those
4 statistics.

5 Mental illness impacts one in five. Now,
6 think about that just for this room alone. So
7 please, I urge you, vote against Javon Bea and
8 Mercyhealth's request to end vital service in
9 Rockford. Stand up for those that cannot stand up
10 for themselves.

11 HEARING OFFICER GUILD: Thank you. Number
12 12.

13 MR. DANIELS: Good afternoon, my name is
14 Don Daniels. I am the aforementioned executive
15 vice president and chief operating officer of
16 SwedishAmerican, and I have to tell you that I'm
17 surprised at the intention of a gentleman like
18 Javon Bea.

19 I have a few comments prepared. For more
20 than a hundred years, SwedishAmerican has put its
21 patients and its community first, and that's why
22 we oppose the discontinuation of Mercyhealth's
23 mental health unit.

24 Part of Mercyhealth's justification of the

1 closing of its unit is that SwedishAmerican,
2 despite some acute mental health illness, had
3 adequate space to accommodate mental health
4 patients. But that number, upon a closer
5 examination, tells a different story. Only 20 of
6 those 42 beds are currently adult inpatient beds.
7 12 of the 42 beds are child/adolescent, and the
8 remaining 10 beds we are licensed for will not be
9 available until late in 2021 when our renovation
10 project is complete.

11 So, we don't have those 10 beds. So, that
12 explains the variation. If he would have done his
13 homework, he would have seen that. After that,
14 SwedishAmerican will then have 26 adult beds and
15 16 child and adolescent beds. We see the
16 opportunities in mental health care.

17 In the meantime, we can only accommodate
18 20 inpatient adults in our psychiatric unit.
19 Since Mercyhealth stopped their services, we are
20 now averaging 18 patients a day in a unit that
21 puts us at 90 percent capacity. So, just to
22 reiterate the numbers once again.

23 In addition, our emergency department has
24 already seen an increase in adult mental health

1 patient visits per month, with an average of 400
2 patients per month growing to go 450 patients a
3 month. If those numbers continue to rise, we will
4 get to a point where we reach capacity and will
5 not be able to care for the people who come to us
6 for help. A patient needing those services will
7 remain in our emergency department until we can
8 find a location who can assess them as inpatients.
9 As Mayor McNamara said, most likely in the
10 Chicagoland area, at least an hour away and
11 potentially a lengthy stay in our emergency
12 department, 12 hours of or longer. Not only would
13 that take a significant period of time, it could
14 be well outside our area, putting somebody through
15 this who is in the desperate need of immediate
16 mental health care will create additional duress
17 for the patient, multiple barriers (phonetic) for
18 the caregivers, and potentially threaten the
19 safety of our community members.

20 Furthermore, Mercyhealth is discontinuing
21 its psychiatric unit at a time when we are most in
22 need of those services. We know that people are
23 under increased levels of stress during this
24 pandemic and in a time of uncertainty.

1 Now more than ever, the community should
2 be adding services for mental health, not taking
3 them away. Mental illness is a devastating issue
4 in our society. SwedishAmerican promises to do
5 our part in offering the best treatment possible,
6 and we ask Mercyhealth to do the same. This is
7 about doing what's right for the health and safety
8 of our community. Thank you so much for you time
9 today.

10 HEARING OFFICER GUILD: Thank you.

11 MS. JOHNIKER: Good afternoon, my name is
12 Violet Johnicker, J-o-h-n-i-c-k-e-r. The closure
13 of the mental health unit is an immoral choice,
14 and I am begging you to help reverse this course
15 and require Mercyhealth to reopen this essential
16 department. As a pastor, I have spent years
17 working to break down the stigma and shame that
18 people of faith have felt at times when they are
19 dealing with a mental illness. Generations of
20 Christians were harmed by clergy and church
21 leaders who suggested prayer as a substitute for
22 professional mental health care, but I and so many
23 others affirm and approach a "prayer, and" meaning
24 that prayer and a psychiatrist, prayer and

1 medication, prayer and treatment are needed to
2 face a mental health diagnosis.

3 It is a deeply faithful thing to seek
4 mental health treatment. We have worked to
5 celebrate the God-given wisdom of mental health
6 care professionals and encourage those in our
7 congregation to get care when they need it. But
8 Mercyhealth has made a fool of us by taking away
9 mental health options and making it much more
10 difficult to receive mental health care in a
11 crisis.

12 People are not products; you can't just
13 outsource them to the nearest backup hospital. It
14 often takes incredible strength and courage for
15 someone to finally come in for help or bring their
16 loved one into the hospital, and instead of
17 welcoming those in need, Mercy has shut their
18 doors and said they weren't profiting enough off
19 these people's pain.

20 Keeping the doors of this mental health
21 unit closed is morally wrong. It is deeply
22 offensive to those of us who are doing all in our
23 power to encourage people to seek mental health
24 care, and it is a sin for Mercyhealth to know the

1 needs of this community and shut their doors in
2 our faces. You-all can still do the right thing
3 by reversing their decision, and we implore you to
4 require that change be made immediately. Thank
5 you.

6 HEARING OFFICER GUILD: Number 14. Number
7 14. Kelsey LaNou, spelled L-a-N-o-u. I'm a
8 lifelong Rockfordian. I'm a social worker. I
9 have a passion for making life better, and I
10 actively oppose the closure of this unit.
11 According to a document provided by IDPH, Rockford
12 and its surrounding area requires a minimum of 77
13 inpatient psychiatric beds. The proposed closure
14 of these 0 beds at Mercyhealth would mean our area
15 would be left 21 below the IDPH minimum.

16 Please note that Mercyhealth is licensed
17 for 20 beds, but for years has only operated with
18 14 or less. This data presented in this petition
19 is therefore excused to show the underutilization
20 just to justify the closure.

21 I do not need to break down rudimentary
22 statistics for you to recognize that the data
23 representing the occupancy of this unit is
24 purposefully inaccurate. Their slashing the beds

1 in Janesville also speaks to Javon Bea's false
2 promises. The unit is already closed without
3 approval as of July 17th due to alleged staffing
4 issues. Mercyhealth employs multiple
5 psychiatrists. The supposed lack of coverage is
6 not because of an inability to find qualified
7 health care individuals, it is due to a refusal to
8 retain and appropriately utilize these
9 individuals.

10 This was an active, calculated choice, not
11 a difficult one. To suggest that the loss of
12 these services can be replaced by an outpatient
13 clinic with several [inaudible] and one
14 psychiatrist is reckless and it's dangerous. It
15 puts lives in danger. Outpatient mental health is
16 not an adequate solution for someone in an acute
17 psychiatric crisis.

18 Additionally, the emergency department
19 environment is not a therapeutic one for somebody
20 in acute crisis waiting days for a psychiatric
21 facility. Emergency medicine doctors and nurses
22 cannot be expected to take the place of
23 psychiatrists trained in psychopharmacology, or
24 social workers trying to implement (phonetic)

1 therapeutic techniques.

2 The presented solution presented by Javon
3 Bea is to transfer patients to outlying
4 psychiatric facilities, which are disappearing at
5 alarming rates. Last year, Lakeshore Hospital
6 closed its doors resulting in a loss of 160
7 psychiatric beds often used by people in this
8 area. Our other local hospital simply cannot
9 absorb this need. Alarming, patients without
10 funding have two options -- pay their daily rate
11 of approximately \$1,500 a day up front to use a
12 private hospital or be referred to a state
13 facility. Elgin Mental Health Center, which
14 services Winnebago County, only has one civil
15 unit, the rest are forensic. Yesterday, estimated
16 wait time for their services is 10 days. That is
17 unacceptable. Most of the facilities within 100
18 miles are freestanding psychiatric hospitals.
19 They are not within a larger medical hospital,
20 lacking the capability of monitoring and treating
21 many common health issues, making transfer for
22 patients at this time impossible. Many are also
23 for profit, meaning they do not have to play by
24 the same rules as a nonprofit like Mercy, and can

1 be blocked for seemingly any reason. They see
2 medical comorbidities and complexities as
3 liabilities. Common reasons for deflection
4 include pregnancy, autism, obesity, cardiac
5 concerns, epilepsy, diabetes, cancer, legal
6 history -- homelessness, and previous
7 noncompliance with treatment. Most cases that
8 require psychiatric admission have at least one of
9 those aforementioned criteria.

10 Mercy remains an essential service to this
11 city. Its closure will result in irreversible
12 damage to our community. Please do not allow
13 executive mismanagement and fiscal
14 irresponsibility to result in the permanent loss
15 of services for this increasingly vulnerable
16 population. Thank you.

17 HEARING OFFICER GUILD: Thank you. Number
18 15.

19 UNIDENTIFIED SPEAKER: I don't have any
20 fancy titles. I'm just a regular person
21 struggling to survive. I would like to start with
22 a statement that very few of us can disagree with:
23 Life is really hard. Man, I thought life was hard
24 in college. I mean, it was hard, but I was in my

1 element. I went straight from high school all the
2 way up to a to master's in politics and
3 government. Then I tried to find a job. It
4 really is true, workplaces don't much care for
5 what your GPA was. They need somebody on an even
6 keel, someone who can show up each day as the same
7 person and do a consistent job for them. I knew I
8 struggled with a few mental health issues during
9 college. My brains got me out of a lot of
10 situations that would have been addressed and
11 should have been addressed at the time. Why
12 couldn't I seem to turn in my work on time, Oh,
13 which Annie is going to show up today? No one
14 knew. I didn't even know. I just knew that I had
15 to work hard and to make the grades, which I did.
16 In academia, I thrived. Outside of academia, I
17 was a dumpster fire. I had three strikes against
18 me in the job market already -- I'm fat, I'm loud,
19 I'm queer. I looked great on paper, sure, because
20 I had always looked great on paper, I'm a writer
21 after all. Interviews fell flat more often than
22 they succeeded. I managed to pass the interview
23 portion and get hired at three grown-up jobs in
24 the decade and a half after grad school, and I was

1 subsequently fired from all three. Because it's
2 illegal to fire somebody for being unstable, they
3 fabricated other reasons to get rid of me. I
4 wasn't learning the job fast enough, I had been
5 seen exposing my body in my cubicle. Fun, right?
6 The thing is, I thrived at these jobs. I turned
7 programs around, and I turned them into well-oiled
8 machines. I was a good employee, and I was a good
9 worker.

10 In the last job, management would reach
11 out to me to help agents with the new software. I
12 was very, very good. They just couldn't keep me
13 on because I was an emotionally unstable
14 liability. Whew, I will never forget the day I
15 walked into the emergency room at RMH in 2017,
16 tears and snot just flowing, telling the person at
17 the front desk that I didn't want to live anymore,
18 and that I needed help. The behavioral Mercy has
19 abruptly closed saved my life and prevented my
20 child from losing his mother to suicide. Having
21 been properly diagnosed and medicated, I'm now
22 thriving in my current job. I've been promoted
23 quickly, I've been praised for my drive and work
24 ethic, I ask for more training, I volunteer for

1 demos to corporate. I'm stable and I'm healthy.
2 Well, sure, I still struggle. I mean, that's what
3 therapy is for. I can pay most of my bills. I
4 can care for my child, who has his own issues to
5 contend with. I can take my place as a mental
6 health spokesperson for NAMI Northern Illinois.
7 I'm a mental health success story that began in
8 this now-closed behavioral health unit on Rockton
9 Avenue.

10 So, what happens to people when mental
11 health services disappear?

12 HEARING OFFICER GUILD: Make whatever
13 closing remarks you would like to make.

14 UNIDENTIFIED SPEAKER: Thank you. Thank
15 you so much. The people themselves don't
16 disappear with it as much as the for-profit powers
17 that be wish they would. Think of the 'We fixed
18 the glitch, so he won't be receiving a paycheck
19 anymore' scene from Office Space. They don't
20 disappear. They become part of the burgeoning and
21 tragic community underground that are blamed for
22 the social ills. They battle drug abuse, they are
23 victims of sex trafficking, they are struggling
24 single moms selling their bodies to get money to

1 get groceries to feed their kids. They enter the
2 criminal justice system. Just ask Miss Carly, who
3 is doing the real work.

4 HEARING OFFICER GUILD: Time.

5 UNIDENTIFIED SPEAKER: And that's it.

6 Thank you.

7 HEARING OFFICER GUILD: Number 16.

8 MR. NABORS: Greetings. I am Timothy
9 Nabors, Junior, Winnebago County Board Member
10 District 14. Today, I am here representing the
11 Winnebago County Mental Health Board. Winnebago
12 County Mental Health Board is disheartened by
13 Mercyhealth's request and subsequent actions that
14 closed their mental health beds. We find it is
15 inconsistent with mental health trends and
16 community need.

17 Mental health trends -- the growing body
18 of evidence suggestions increasing rates of mental
19 illness. For example, depression among Medicare
20 users has increase from the 15.28 to 17.93 percent
21 from 2011 to 2017 on a national level, and from
22 15.11 percent to 17.93 percent in Winnebago
23 County.

24 From 2004 to 2016, suicide mortality

1 age-adjusted rates have increased more than
2 20 percent nationally and more than 13 (phonetic)
3 percent in the State of Illinois. Children's
4 mental health are also concerned with suicide
5 rates for children ages 10 to 14 tripling from
6 2007 to 2017.

7 While mental illness was already on the
8 rise prior to the COVID-19 pandemic, recent
9 research suggests greater psychological distress
10 during the pandemic for people with serious mental
11 illness. A trend can be predicted to increase the
12 numbers of psychiatric disease, and in turn
13 increase the needs for mental illness hospital
14 beds. These trends suggest a need for more
15 community mental health beds, not less. In fact,
16 research indicate the needs for 50 psychiatric
17 beds per 100,000 people. In the absence of
18 adequate community beds, individuals in
19 psychiatric crisis fill up our emergency rooms,
20 jails, and prisons.

21 The community need. Consistent with
22 mental health trends, Mercyhealth has seen an
23 increase in admissions for acute mental illness up
24 to 593 in 2008 from 570 in 2015 (sic). It is only

1 because the average mental stay has decreased that
2 the average daily census has increased, yet it is
3 hard to understand how this request fits with
4 Mercy's own assessment of community need according
5 to Mercyhealth's Fiscal Year 2021 Benefit Plan.

6 A key area of community need includes
7 improving the behavioral health fabric of
8 community members with the noted tactic to
9 continue to provide inpatient and outpatient
10 medical services to the area residents. It is
11 worth noting that Mercyhealth North Rockton campus
12 does not reside in the designated health
13 profession shortage for mental health.

14 While we understand the overall difficulty
15 of attracting psychiatrists to the region, we find
16 it unconvincing that this is an impossible task or
17 a legitimate reason for closing down much-needed
18 services in our community. We ask that you take
19 into consideration the preceding information and
20 rule in favor of keeping these much-needed beds in
21 our community. Sincerely, the Winnebago County
22 Mental Health Board.

23 HEARING OFFICER GUILD: Thank you very
24 much. Number 17.

1 MR. ROTELLO: Hello, my name is Zak
2 Rotello, R-o-t-e-l-l-o, and I'm here to oppose the
3 closing of the mental health ward at Rockford
4 Memorial Mercyhealth Rockton.

5 Like many people here -- well, let me
6 start this over. Like many people here, I'm not a
7 member of any board or political organization.
8 I'm here to speak on behalf of my younger brother,
9 who is 15 years ill with schizophrenia.

10 It came on, like most young people, around
11 the age of 22. Unfortunately, his case has proven
12 to be pretty severe. Even when on medications, my
13 younger brother requires several hospitalizations
14 a year, sometimes many more than several. Though
15 illness can be managed by medication, it will
16 never go away. Learning to deal with the mental
17 health system in Illinois has been a pretty rough
18 ride, especially for my parents, who pretty much
19 provide full-time care for my younger brother.

20 As you have heard from several other
21 speakers who know numbers and book work better
22 than I do, budget cuts under the Rauner
23 administration closed most of our long-term mental
24 health care facilities in the Rockford region.

1 There are very few full-time care facilities for
2 people like my brother. Recently, many remaining
3 group homes or assisted living facilities have
4 also closed their intake due to COVID concerns.
5 It's estimated that one-third of all inmates in
6 Illinois prisons are mentally ill. Unfortunately,
7 it seems we are closing more mental health access
8 for people and replacing that with jails.

9 If the Rockford Mercyhealth campus closes
10 their mental health care, the remaining option,
11 Swedes, only has about 20 beds. As you have
12 heard, those beds are frequently full. I can only
13 give you my anecdotal experience. We have a
14 10-page-long Google document of my brother's
15 documented medical history that we started maybe
16 five years after he became ill. He has had about
17 50-plus hospitalizations. Of those times, well
18 over half of all beds in Rockford have been full.

19 So subsequently, after very long stays in
20 the emergency room or short stays on their floors,
21 he has been shipped off to places like Aurora,
22 far-south Chicago, St. Louis, Indiana. Of course,
23 this makes follow-up care for family support very
24 difficult, though the likelihood of repeat

1 hospitalizations does go up. We have heard the
2 term "revolving door patient" entirely too many
3 times.

4 Now that Javon Bea is looking to
5 discontinue their mental health services at
6 Mercyhealth on Rockton, they are saying it's
7 because there is not enough demand. Two to three
8 health calls a day? Again, I can only give my
9 anecdotal evidence, that has not been our
10 experience with Rockford Memorial as well as
11 Swedes. Many times these places are very
12 overwhelmed with patient intake.

13 So, I've been kind of trying to jibe the
14 numbers that have been presented here today, try
15 to figure out why our experience has not matched
16 up with those numbers. And again, I don't have
17 all the information. So, I mean, hoping that the
18 Board really does some extensive digging to see
19 who is getting care and who is being awarded care.
20 I think it's easy to fudge those numbers to say
21 only two to three people need care when you refuse
22 those people, or limit the types of payment that
23 people can use, or maybe those people are ending
24 up in jail instead.

1 I realize that I don't know the ins and
2 outs of our hospitals. I barely understand the
3 Medicare/Medicaid system, and I understand that my
4 personal experience with the mental health system
5 is not everyone's, but discussing my experience
6 with others and especially other people with NAMI
7 and other organizations in Rockford, I don't feel
8 that we are alone in feeling this way. We are
9 absolutely concerned for the wrong direction our
10 community is heading.

11 I believe that our leaders and now CEOs of
12 of multi-billion-dollar hospitals are truly
13 failing the people who need the most help, the
14 least of us -- those that can't stand up for their
15 own well-being.

16 I am fortunate to come from a family that
17 is fairly well-off. My parents would most likely
18 bankrupt themselves to make sure that Eli had
19 access to care. I cannot imagine being less
20 well-off than we are and having even less access
21 to care and how much more difficult it should be
22 or shouldn't be for people. So please, I implore
23 you, vote against closing the mental health ward
24 at Rockford Memorial. Thank you.

1 HEARING OFFICER GUILD: Thank you.

2 Number 18.

3 MR. LEMBER: Hi, my name is a Logan Lember
4 (can't verify). I am the youth head for the
5 NAACP, as well as the founding director of One
6 City, One Voice. Now, I usually -- when it comes
7 to speaking, try to not talk for the first minute
8 to give me a minute to get my nerves to calm down,
9 but seeing as how I have listened to now multiple
10 people speak with such courage and power, I think
11 I'm doing okay. So please, bear with me here.

12 We have now seen Javon Bea come in front
13 of the Board to speak to you and use his years of
14 extensive experience and knowledge to, plainly,
15 looks like a complete idiot. I don't watch a lot
16 of TV, but when I was little, I could get people
17 on there and constantly speak and show you they
18 can run around the question and dodge it and avoid
19 it and not bring up a part of why I speak about.

20 We have now seen and heard people speak
21 multiple times about the lasting effects that will
22 happen if we close down the mental health unit on
23 Rockton Avenue. We have now seen and heard from
24 all those who are survivors and some who come out

1 here who are survivors from the Rockford Memorial
2 Hospital.

3 So really quickly, can I get those who are
4 survivors or know someone who are survivors -- can
5 I get a show of hands? I just want the Board to
6 to know that those are the one in five, are the
7 faces you can look at, for example, when you see
8 the statistics, not numbers, so, I do implore you
9 to make sure that when this decision comes, you
10 see their faces before you make that.

11 I also want to ask you a simple question,
12 and I am going to ask you to think about
13 [inaudible] if you can have something, one thing.
14 I ask you, if you had someone, a family member or
15 loved one who needed mental help, let me ask you,
16 in 10 days, 6 hours, 12 hours before they could do
17 such, would you watch them being in pain, would
18 you watch them with tears down their face?

19 I don't think any person would want to. I
20 don't know the facts, numbers, or statistics. I'm
21 not here to speak so much, but I speak for what I
22 feel and what I can see is Rockford going through
23 a Black Lives Matter movement, people in power not
24 listening to people, those who we trusted most,

1 not listening time and time again.

2 So, I ask you right now to give some hope
3 to Rockford, give them a little bit of light, a
4 little bit of victory here that we can stand
5 behind and rally against. I'm learning -- when I
6 was in the Air Force, if you train the mind, the
7 body will follow. You can't train the mind if you
8 are too busy trying not to kill yourself.

9 So I ask you again, please, when you
10 decide this factor, decide this vote, that you do
11 so for the people that are surviving, that are
12 thriving, those that are leaving our community
13 better. Thank you for your time.

14 HEARING OFFICER GUILD: Thank you. Number
15 19.

16 MS. SMITH: Okay. I am a mom of seven
17 children through adoption. All of my children
18 have special needs. Not visible special needs --
19 they have what are often referred to as invisible
20 special needs, which means, you know, you are not
21 going to notice when you see them on the street.
22 They are going to look like typical children to
23 you. One of my boys also has autism as well as
24 other mental health issues, which you heard a

1 speaker say the reason why most hospitals can deny
2 a patient care is when they have a comedical
3 morbidity. This often presents today at 16
4 because he suddenly can become violent, he runs,
5 and because of the lack of mental health care
6 services available locally, we are forced to call
7 911 and utilize our local emergency rooms.

8 A year ago in April, my son sat on the
9 floor at Mercy -- yes, on the floor -- for almost
10 an entire week, waiting for treatment. He did not
11 receive any treatment other than shots to sedate
12 him and make him sleep. We were forced to stay
13 there 24 hours a day, I believe it was five days
14 in total. We were there before he was released
15 because there was literally no place that would
16 accept my son for treatment. If my son had a
17 heart condition, which three of my other children
18 do have, so I can speak very well to this, he
19 would have been treated. He would have been
20 treated, sent to a specialist and seen
21 immediately, but my son has mental illness, so he
22 was left to sit. And to me, this is unacceptable.
23 We are already short mental health services for
24 our community. Closing Mercy's mental health

1 facilities will excuse each issues even more than
2 we are seeing now. I already drive my children to
3 Madison and Chicago for treatment. My children
4 have also stayed at many hospitals in Chicago,
5 where it is incredibly difficult. I'm a single
6 mom of seven children. To drive in to visit him
7 and to work on case plans with them, like he
8 needs, it would be much easier if he was local and
9 in town.

10 I am terrified of being told that I am
11 going to have to take my danger-to-self-and-others
12 son an hour away even for emergency care at this
13 point. We should be opening more facilities, not
14 closing any right now. I'm going to close by
15 telling you guys, according to the NCFL, nearly 80
16 percent of our foster children -- I probably
17 should have started that I'm a foster parent for
18 the last 18 years, and I've had probably 30
19 children come through my home. There are seven
20 that I adopted. But 80 percent of our children
21 have mental health problems.

22 According to the Rockford Register Star,
23 in May 2019, in Winnebago County alone we have
24 about 600 children in foster care. So, if you do

1 the 80 percent of that, that is 480 children just
2 in Winnebago County alone who don't have access to
3 mental health care in our community.

4 I am asking that you not allow the closure
5 of this facility. Thank you.

6 HEARING OFFICER CONSTANTINO: Can you say
7 your name and spell it?

8 MS. SMITH: Sorry. It is Tori Smith,
9 T-o-r-i, S-m-i-t-h.

10 HEARING OFFICER GUILD: Thank you. Number
11 20.

12 MS. MOE: Can we be together?

13 HEARING OFFICER GUILD: Absolutely. Say
14 and spell your names.

15 MS. MOE: Judy Moe, J-u-d-y, M-o-e, and
16 Bruce. And I'm here today not as a professional
17 medical person, but as a retired teacher, and my
18 husband is also a retired teacher. What I am
19 mostly concerned about is promises made and
20 promises kept. As soon as we heard that Javon Bea
21 was going to go build a facility on the east
22 side, I have heard so many rumors. I am very
23 active in the community, and I just kept hearing
24 how the Rockton Center would go further and

1 further down, and I've been going there the whole
2 time I have lived in Rockford, you know, my
3 daughter was born there, my granddaughter was born
4 there. I have gone there for several -- two,
5 three other things. I go to the cancer center
6 there regularly, and all you see is the parking
7 lot's empty now, and more and more services are
8 being taken away constantly. So, everything that
9 people have been saying and what's happening, and
10 I -- I'm here just to register my discontent about
11 that, and I also, you know, like everybody, I have
12 friends who have died of overdoses, I have friends
13 who have died of suicide, and any number of
14 everything else that's possible out there.

15 So, I know that there is more services
16 needed, and ever since they closed Singer Center,
17 I just see more and more -- I also am a chaplain
18 at the prison, and more and more patients who are
19 in the prison who need to be getting mental health
20 services. So, that's been my concern, and he's
21 going to add a few things.

22 MR. MOE: Man, in these trying times, more
23 and more people need mental health, as evidenced
24 by domestic violence and increased drug use and

1 all that kind of stuff. This is not the time to
2 close things down, and this is just another kind
3 of broken promise by Javon Bea. They moved the
4 neonatal center to the east side, and then they
5 got rid of it. They are closing the emergency
6 services and moving that, and now they are trying
7 to close this down. Obviously, you heard that
8 Swedes is not all that thrilled about taking over
9 whatever is being lost at just Javon Bea, and just
10 as a general comment, talking to doctors, nurses
11 receptionists, since Mercy has taken over, they
12 all complain of a lack of enthusiasm, a lack of --
13 they have lost enthusiasm for working for Javon
14 Bea. They don't know what's going on, they don't
15 know who to call within the corporation to know
16 about what's going on, and the way things are
17 going, their employees are going to need mental
18 health pretty soon. Thank you.

19 MS. MOE: Just want to say one more thing.
20 As we are both senior and retired, we know that we
21 are going to need more and more services,
22 especially mental services, before too long. So,
23 we want them to be there when we need them.

24 HEARING OFFICER GUILD: Thank you. Number

1 21.

2 MS. MURPHY: Good afternoon, my name is
3 Margaret Murphy. I'm speaking today as a
4 concerned citizen and the wife of a person with
5 mental illness. I strongly oppose the closure of
6 Javon Bea, Mercyhealth mental health psychiatric
7 unit. My husband attempted suicide in May. I
8 took him to OSF emergency room. For one and a
9 half days, he was there in the emergency room,
10 28 hours, waiting to get a bed in a psychiatric
11 facility. He was finally able to be transferred
12 to a facility, um, but in the meantime he spent
13 those 28 hours in the emergency room, with a
14 little room with just food and a bathroom -- no
15 treatment, no medications, nothing.

16 We need more psychiatric beds, not less.
17 Thank you.

18 HEARING OFFICER GUILD: Thank you. Number
19 22.

20 MS. TOWNS: Good afternoon. My name is
21 Janette Towns, T-o-w-n-s. I am speaking to
22 strongly disagree with the permanent closure of
23 the critical care unit for mental health.
24 Rockford is having an uptick in mental health

1 crises. We need more available crisis beds, not
2 less. While dealing with a worldwide pandemic,
3 stress is at an all-time high. Those with a
4 diagnosed mental illness in a crisis don't have
5 Mercyhealth System to depend on. SwedishAmerican
6 is at capacity. Where is there left to go in
7 town? Our most vulnerable citizens are being
8 either turned away or shipped to Chicago or the
9 suburbs. We are well capable to handle this
10 crisis if only Mercy would remain open to care for
11 our own. Mercyhealth showed no mercy when they
12 refused to accept Medicaid as payment. Why make
13 it more difficult to receive care when it's needed
14 the most? Because it's not as profitable maybe.

15 Hospitals are charged with caring for the
16 sickest among us. Not turning them away in the
17 last year or so, I have noticed one department
18 after another close on Rockton. The gastric
19 program shut down, cardiac telehealth closed, the
20 PICU was axed, and mental health crisis unit
21 quietly closed, emergency room care was
22 transferred to Riverside.

23 What if mental health affected you or your
24 immediate family? Would you care then? What if

1 you were in a crisis? Would you want to be turned
2 away? I think not. Mercy has an obligation to
3 care for all of the sick, not just the physically
4 ill. Not just those with top-notch insurance, not
5 just those who look like you.

6 Did Mercy lose its focus and put pure
7 profits before the community's needs? It seems
8 so. Mental health affects everyone -- yes, even
9 you. Mental illness is cruel and heinous. It
10 doesn't care what you look like, what your
11 accomplishments are, what insurance you have.
12 What does this closure say about Mercyhealth, that
13 they are showing no mercy to those who need it the
14 most at the exact time that there is a crisis in
15 mental health?

16 I implore you to reconsider this permanent
17 closure. For once, please put people before
18 profits. Show that you care, Mercyhealth. Show
19 Rockford citizens that we matter, that we can
20 count on your system to care for us when we need
21 you the most. Have mercy. Thank you for your
22 time.

23 HEARING OFFICER GUILD: Thank you very
24 much. Number 23.

1 MS. SCHROEDER: Good afternoon. My name
2 is Susan Schroeder, S-c-h-r-o-e-d-e-r. I am the
3 CEO of Stepping Stones of Rockford, Incorporated.
4 We are a community mental health center located
5 here in Rockford. Stepping Stones serves
6 individuals who are 18 and older and have a
7 serious mental illness. The most common illnesses
8 are schizophrenia and bipolar disorder. All
9 individuals we serve have Medicaid or a managed
10 care organization as their insurance and Social
11 Security income or Social Security Disability
12 income to pay for their daily needs.

13 The vast majority of individuals we serve
14 live in homes and apartments that have some level
15 of staff supervision. In spite of this
16 supervision, individuals will at times require
17 inpatient psychiatric hospitalization. Our
18 treatment approach is to ensure continuity of care
19 when individuals require care outside of our
20 program. With an individual's permission, we
21 speak with a hospital staff what they are
22 typically like when they are doing well. We
23 attend staffings to assess the readiness for the
24 return to their home. When hospitalized in

1 Rockford, we are able to go pick them up from the
2 hospital and help them settle back into their home
3 when they are discharged. When individuals are
4 discharged outside of our communities, this
5 continuity of care process is very difficult and
6 oftentimes impossible.

7 In the past three years, Stepping Stones
8 has had individuals require psychiatric inpatient
9 hospitalization on 87 occasions. Of these
10 hospitalizations, 24 were at Mercyhealth on
11 Rockton Avenue, 15 at SwedishAmerican Hospital,
12 and 48 were hospitalized outside of our
13 communities. The majority of the hospitalizations
14 for the people we serve were out of our community,
15 and shame on our community for not having the
16 services available here and people having to go to
17 Chicago or farther for care. So, over half the
18 time they required services outside of our
19 community, and when that happens they have to go
20 in the back of an ambulance to get there. Again,
21 the people we serve are Medicaid or managed care.
22 So, this is really a taxpayer's expense. This
23 data is from our agency alone, and we are a pretty
24 small agency. But what must these numbers really

1 look like, if you look at the entire community and
2 the surrounding areas? You have heard a lot of
3 data today about police transports and fire
4 transports, um, and those are just to the
5 hospital. How many of those are needing inpatient
6 care and getting sent outside of our community?

7 So, on behalf of the individuals served by
8 Stepping Stones and all of the individuals outside
9 of our community and the surrounding areas who at
10 times need inpatient care, I respectfully request
11 that you deny Mercyhealth's application to close
12 their psychiatric unit. Our community needs
13 additional inpatient psychiatric beds, not fewer.
14 Thank you.

15 HEARING OFFICER GUILD: Thank you very
16 much. Number 24, please. No Number 24? Number
17 25.

18 MS. CARDOSI: Good afternoon. Carlene
19 Cardosi, C-a-r-d-o-s-i. I'm Carlene Cardosi, the
20 chief operating officer for Rosecrance,
21 Incorporated. Rosecrance has been asked numerous
22 times to give our opinion regarding the closing of
23 the psychiatric unit at Mercy. However, we are
24 unable to speak to Mercy's utilization pattern nor

1 specific reasons or merit as to why they closed
2 its program. We can support and attest to Mercy's
3 statement regarding a severe shortage of
4 psychiatrists for this region, and for that
5 matter, nationally. Rosecrance utilizes video
6 psychiatry for that same reason. I can
7 specifically report on the amount of mental health
8 crisis calls and interventions that Rosecrance
9 responds to in this area.

10 During the last 12 months, Rosecrance has
11 provided crisis services to an estimated 900
12 adults. The vast majority have been able to be
13 stabilized at our crisis triage center on
14 Mulberry. For those requiring hospitalization, we
15 referred 26 to SwedishAmerican, 28 to Mercy, and
16 yet 62 clients were sent out of the county for
17 hospitalization due to our insufficient beds.

18 We are concerned about making certain that
19 there are adequate number of acute beds to meet
20 the needs of this community, and we hoped to avoid
21 moving anyone out of this region for care.

22 We are also unable to speak to Mercy's
23 plan on serving the crisis services at their
24 locations. We had discussions earlier this summer

1 regarding a possible partnership with Mercy in
2 assisting clients in crisis. Similarly to
3 services provided at other local hospitals.
4 However, we heard from Mercy that they have
5 reported that they are working on an alternate
6 plan. Thank you.

7 HEARING OFFICER GUILD: Thank you. Number
8 26.

9 MS. TURNROSE: My name is Ann Turnrose,
10 T-u-r-n-r-o-s-e. I'm here for both sides of the
11 coin. My husband died in 2006 of dual diagnosis.
12 He had bipolar and was in recovery for alcoholism.
13 There were times where he went to Rockford
14 Memorial, delusional, and was told the beds were
15 too full. Then they send him to Swedes. Same
16 thing, beds were too full. His psych doctor at
17 Swedes finally put him in the psych department
18 beds, um, for two days, and then said they
19 couldn't keep him there because of his insurance.
20 I'm opposed to closing any mental health facility.

21 Also, on the other side of the coin, in
22 2015, I went to SwedishAmerican Hospital and was
23 refused treatment, and I went to Rockford
24 Memorial, and they said, No, we can't help you,

1 and I ended up in a psych ward in Glen Ellyn. It
2 took an hour and 15 minutes to get there, and I
3 was there five weeks. My brother and I lost our
4 parents both in 2011, and in between both of their
5 deaths, my brother was on a psych drug. I tried
6 to get him help at Rockford Memorial. He was
7 turned away because he didn't have insurance. He
8 ended up jumping off the brick by Cliffbreakers,
9 and now he's alive, but he had a fractured pelvis,
10 and he can't walk. He has drop foot because he
11 was turned away. How many times does a person
12 have to be turned away before someone gives them
13 help? Not everybody that takes psych medicine --
14 well, there are certain people that it won't help.
15 Not everybody takes the same medicine, being able
16 to use the very first one. I have tried at least
17 six or seven for depression, and don't think that
18 this can never happen to you. You are making
19 judgments on what's best for the hospital, not for
20 what's right for the people. There is a lot of
21 people that have mental illness walking the
22 streets because they have nowhere to go, and I
23 really want you to think about this. Thank you.

24 MS. Guild: Thank you. Number 27.

1 UNIDENTIFIED SPEAKER: I didn't come with
2 anything written because I was back and forth on
3 debating whether or not to come, but in the end,
4 this is my calling, and I need to do this. So, I
5 suffered from bipolar since I was 18 years old.
6 I've been -- my first hospitalization was at RMH
7 back in 2013. I have had probably eight or nine
8 hospitalizations since then. In April, I was
9 manic. I was in the hospital, and July 10th, I
10 had my first actual, um, suicide, where I really
11 wanted to die, and I went to Mercy.

12 My staff -- I am from Stepping Stones. My
13 staff took me there, and it was the best
14 experience I have ever had. First time I ever
15 came out of the hospital feeling like I mattered.
16 They listened to me the whole time I was there,
17 put me on medicine that I have never tried, and my
18 caseworker says I'm the stablest she's ever seen
19 me. So, I'm opposed the closing the mental health
20 unit. If I wouldn't have had that little bit of
21 hope that I could go to the hospital and get some
22 help, I probably would have died that night. So,
23 I mean, it's not -- to us, the people who struggle
24 with mental health -- to us it feels like a big

1 money issue, and like I said, when we are
2 suicidal, we already feel like we don't matter.
3 So, if we have nowhere to go and we feel like we
4 don't matter, what's going to stop us?

5 So, I guess that's all I really have.

6 HEARING OFFICER CONSTANTINO: Could we
7 have your name?

8 MS. SANDERS: Julie Sanders,
9 S-a-n-d-e-r-s.

10 HEARING OFFICER GUILD: Thank you. Could
11 we have that sheet too?

12 MR. LAWRENCE: I'm Dave Lawrence. Um,
13 I've been a patient up at Mercy twice. Once in
14 2016, which they took care of everything. I was
15 on my medication and everything, and wasn't -- I
16 tried to commit suicide in 2016.

17 First of all, I suffer from bipolarness.
18 It's -- you don't have ten days. If you got to
19 wait 10 days, if -- I would have had to wait 10
20 days, I would have done it. I wouldn't be here
21 right now, and it is a money issue. It's not that
22 -- yeah, they don't get enough business, so yeah,
23 they want to close it because of money. That's
24 simple. So, money's worth more than a life?

1 Basically, that's what he is saying, and it's
2 sickening, it's disheartening. You just can't do
3 that. And then I tried again in July. I was
4 there, actually, with Julie. Watching the nurses
5 and everything that have to lose their jobs and
6 they were just struck because they got the email
7 while we were up there, they closed a day later
8 after I was out. I wanted to talk to the news
9 then. Nobody called me back. It wasn't a big
10 issue. This is a big issue. If people like me
11 don't have somewhere to go, there is going to be a
12 lot more people committing suicide. We need
13 places like this. I need my wife next to me, you
14 know, she couldn't travel to Chicago every day to
15 see me. I mean, the last time I was there, yeah,
16 this COVID thing, she couldn't visit me the last
17 time, but the time before that, she came and
18 visited me every day. Every day. But without
19 that support, I wouldn't have got through it the
20 first time. The second time, I knew what I was
21 getting into and the only reason why I went the
22 second time was because they took me off of my
23 medications, and I could not get ahold of a
24 psychiatrist to see me for six months. Six months

1 before I was on any medication. That's what made
2 me go manic and try to kill myself a second time.
3 So yeah, I'm definitely opposed to it. I actually
4 just sit there and think about it this way: I
5 think about killing myself every day. I fight
6 with that every day. If you had to just think
7 about that, if you need somewhere to go, you need
8 somewhere to go. That's all I have to say. Thank
9 you.

10 HEARING OFFICER GUILD: Thank you. Number
11 29.

12 MS. GORAL: Hello there. My name is an
13 Angie Goral. I am a Winnebago County Board member
14 for District 13. I want to thank the members for
15 the State of Illinois management care organization
16 to come here and to listen to all the people that
17 you have been listening to this day. This last
18 gentleman that just left, he is not the only one
19 who has been shipped out of town. We have
20 children, adolescents that have no place to go
21 either, and it's a sad situation.

22 I'm here actually on behalf of Winnebago
23 County and myself because I happen to be a
24 resident pretty close to Rockford Memorial, and

1 I'm a lifetime resident close to Rockford
2 Memorial, and I need to express my disappointment
3 in Mercyhealth System for terminating the Medicare
4 management care contracts, especially at this time
5 of the COVID-19. Yes, we are all struggling with
6 the economic loss of our community. At this time,
7 the town and city businesses, individuals that
8 have all lost their jobs, and many of them have
9 lost their health insurance, and the list just
10 goes on and on and on. We have all had to make
11 our adjustments to our budgets. There is not one
12 of us that has not had to learn to live different,
13 and many of them aren't even making it. The
14 County has needed more mental health services,
15 plus substance abuse, and we need providers too.

16 On March 17th of this year, the taxpayers
17 of Winnebago County recognized the seriousness of
18 this issue, and they voted for a half-cent sales
19 tax for mental and substance abuse tax. A little
20 bit ago, you had Tim Nabors here, who represented
21 the new Mental Health Board for Winnebago County
22 speaking to you. We even did surveys to figure
23 out where our gaps were before we went for the
24 half-cent tax. We did a lot of the research, lots

1 of research. Harlan over here was on one of the
2 committees too, and came to the meetings too. And
3 the County recognized the seriousness -- well,
4 that's why we did it. The majority of the
5 insurance companies -- the voters passed a
6 half-cent sales tax. What is that telling you in
7 this time of need? That we need here in our
8 Winnebago County? It's not just a hearing, it's
9 the whole Winnebago County, and that's where that
10 tax services, Winnebago County. The majority of
11 the insurance companies do not cover the cost for
12 a long period of time.

13 If you are fortunate enough to have
14 insurance, you use up our insurance, and that's
15 it. Where do you go from there? And you are not
16 cured yet. You will never be cured. But you
17 still continue to need the services and providers
18 for mental health.

19 So, when it comes to a long time period of
20 needing help, where do you go? These individuals
21 have to receive Social Security or Medicaid.
22 There is no other funding services for them. The
23 other hospitals and providers have made
24 adjustments to cover the losses of revenue.

1 When Mercyhealth System took over the
2 operation of Rockford Memorial Hospital, they were
3 aware of the type of services they were going to
4 have to perform there. They were also aware of
5 economic problems existing in Winnebago County,
6 especially in this City of Rockford. They held
7 meetings, making promises to how Rockford Memorial
8 campus would remain with the same services, and I
9 was at all those meetings, so I know.

10 HEARING OFFICER GUILD: You are at about
11 three minutes.

12 MS. GORAL: So am I done?

13 HEARING OFFICER GUILD: Well, you can
14 make final closing remarks.

15 MS. GORAL: Okay. My closing remarks.
16 However, the past five or six years, MHS has
17 continued to close different services and
18 dismissed personnel. Again, RMH has threatened to
19 dismiss 1,300 staff members of the Rockton campus
20 because of a storm that they had there, and that's
21 another situation. But they are holding our mayor
22 hostage over that.

23 At the beginning, I began -- I'm very
24 disappointed in Mercyhealth services. They should

1 have taken the mercy out of their name because
2 they have showed no mercy to those in need. I
3 want to thank you for this hearing. I hope it
4 will not be a waste for those who have
5 participated today. Thank you.

6 HEARING OFFICER GUILD: Thank you. Number
7 30.

8 MR. BROWN: Hi, my name is Del Brown
9 (phonetic), and I would like to know if they are
10 going to close Rockford Clinic, because I see an
11 eye doctor there. I just want to know. I just
12 want to know if they are going to close Rockford
13 Clinic, because I see an eye doctor there.

14 You don't know?

15 HEARING OFFICER CONSTANTINO: I'm sorry,
16 we couldn't help you with that question. Sorry.

17 MR. BROWN: But I don't want to see
18 Rockford Memorial close down, because I do go to
19 Rosecrance.

20 HEARING OFFICER GUILD: Thank you.

21 HEARING OFFICER CONSTANTINO: Thank you
22 very much.

23 HEARING OFFICER GUILD: Number 31.

24 MR. ROSE: Hi, my name is Bill Rose. I am

1 a local city alderman with the City of Rockford.
2 And I wanted to share a vocal statement. I want
3 to first thank you for being here today. Our city
4 is in crisis. Our city is in crisis, our city is
5 in crisis.

6 Yesterday, I read in a news article that
7 Javon Bea believes this meeting is a sham, that by
8 you being here today, listening to community
9 members, not-for-profit medical and psychological
10 professionals, teachers and counselors, police and
11 fire, that this process is, quote/unquote, just a
12 formality. It shouldn't be a formality, and the
13 State Health Board has the opportunity to prove to
14 Illinois residents it's not a formality.

15 Yesterday, I submitted a letter in
16 opposition of Mercy closing their mental health
17 inpatient unit with the signatures of 18 elected
18 officials in opposition of their closing. 18
19 leaders strongly opposed this action by Mercy
20 because it not only is unethical, it's morally
21 degrading to our most vulnerable residents.

22 However, those leaders were not the only
23 people to speak out on those actions in the
24 letter. Both our fire and police association

1 presidents spoke to their membership and found it
2 quite reasonable to make a statement in opposition
3 as well. Why would our police and fire oppose the
4 closing of this unit? I can't speak for them, but
5 my guess is the vast number of calls for service
6 that they respond to daily. I would like to share
7 some well-known facts in the psychological and
8 educational field with you. Families living in
9 poverty experience a unique array of these
10 stressors. These stressors can increase parental
11 risk for mental health problems and substance
12 abuse, which can diminish their positive parenting
13 practices.

14 We know that children under the age of 15
15 are more likely to not receive mental inpatient or
16 outpatient services, and then finally, the lack of
17 inpatient beds has become so severe that patients
18 have to go outside of the community to receive
19 inpatient care, a national trend reported by
20 Health Affairs.

21 Winnebago residents -- um, sorry.
22 Winnebago residents voted last spring to raise
23 their taxes to provide better mental health access
24 to our entire community. Rockford couldn't pass

1 this four years ago, but citizens rallied to
2 support this referendum for mental health
3 overwhelmingly. This speaks volumes to the
4 resiliency of our residents in providing inpatient
5 mental health care. You have the opportunity as
6 a State Health Board to support not what just is
7 scientifically been proven that we need, but
8 something that will help our city that is in
9 crisis.

10 Thank you for being here today. We need
11 it.

12 HEARING OFFICER GUILD: Thank you very
13 much. Number 32.

14 MR. BELL: Good afternoon. I'm Victory
15 Bell. And thank you, committee, for being here to
16 hear the concerns of people as it relates to
17 health care and so forth. I reside in the
18 southwest corner of the city, and I have lived in
19 the southwest fifth ward for, like, 76 years, and
20 of that 76 years, I resided probably two or three
21 miles from where I live at.

22 Today I'm here to express my concern that
23 when I worked with Mercyhealth to establish their
24 new health care facility on Riverside, and in

1 total, what the commitment was, was this
2 organization would certainly support the west side
3 of Rockford. They were not going to leave. There
4 was an agreement that in ten years they definitely
5 would keep Memorial Hospital in operation.

6 I have been disappointed in some of the
7 things that I have seen that Mercy has done.
8 Number one, all of the people that I work with --
9 and I was a retired alderman for 38 years -- as
10 soon as the new president came in, he got rid of
11 all of those individuals. That was a very
12 dangerous type of thing to do. It reminds me of
13 other things taking place.

14 So, I'm here to say today that I strongly
15 oppose the changing into closing the mental health
16 unit. I see a lot of individuals who are older
17 that need care. I see a lot of individuals that
18 are underserved that need care, and it is about
19 time that big institutions realize that there is
20 more to cutting out. But there is times that
21 people need to do positive things.

22 So I not only oppose it, I strongly oppose
23 it. And I encourage the committee that is in
24 Springfield, for example, to make that decision.

1 I have some information that I am sharing with
2 you, a resolution that was submitted at Winnebago
3 County, City of Rockford. The citizens of the
4 area, they signed that resolution. All Board
5 members signed it. I asked for that to be done.
6 It was done. Also, they talked about the
7 commitment they had with the clinic, that the
8 clinic was going to be used to assist the west
9 side. Not happening. They were going to work
10 with a committee that helped them to get the
11 agreement, they were going to work with them.
12 Didn't do it. The group probably met with them
13 twice, and from that point on, we have not had any
14 meetings.

15 So, I would request and certainly would
16 hope that they are not given that permission to
17 close that. Thank you very much. I'll leave this
18 with the Board.

19 HEARING OFFICER GUILD: Thank you.
20 Number 33, please.

21 MR. JOHNSON: Good afternoon. My name is
22 Harlan Johnson. I'm a licensed marriage and
23 family therapist, a licensed clinical family
24 counselor. I live in Parker Woods, not a long

1 way from the hospital.

2 Ten years ago, I fell off my roof, and if
3 the hospital wouldn't have had a Level I -- I'm
4 sharing about the big picture -- if they hadn't
5 had a Level I emergency room, I could very well be
6 dead. They took good care of me.

7 Of course, I justified against
8 transferring the Level I across the river. They
9 didn't; it didn't have any effect. I mean,
10 addressing the issue of systemic and institutional
11 racism as if it affects what's going on here. I
12 am a member of the Winnebago Action Team, which
13 was organized on behalf of DCFS years ago. I've
14 been with them for over ten years.

15 A couple years ago, the acting director of
16 DCFS gave us a charge. They said, Please address
17 the issue of infants from age 0 to 3 dying at two
18 to three times the rate, blacks dying at three
19 times the rate of white infants. This is an
20 example of institutional racism, and it needs to
21 be addressed in many ways, including by the
22 hospitals. We -- a member of our committee is a
23 member of the Winnebago County Board and we
24 approached them. They sent us a letter back

1 saying, We are not interested. These women's and
2 children's hospital doesn't want to deal with the
3 discrepancy in death rates among black children
4 versus white children. In addition, they have a
5 half-a-billion-dollar building with a giant sign
6 that reminds me of Trump, celebrating Javon Bea,
7 tremendous wealth going to Javon Bea and their
8 Board members, and yet they can't afford to keep
9 this unit open? It's just so obvious. So, I am
10 encouraging, through you, for you to convince the
11 other people in the state, should this really be
12 considered a nonprofit organization when they are
13 doing all this, exploiting our community for the
14 benefit of these people who don't seem to care?
15 The unit itself is very important, and the
16 community -- the community in west Rockford has a
17 lot of low-income African Americans who are
18 already suspicious of mental health, and now they
19 have to go across the river over to another place
20 or go to another hospital, and did not make
21 mention that Swedes does a great job. They do a
22 wonderful job. But compared to them, many of us
23 are ashamed that we have these hospitals in
24 Rockford, and the former Rockford Memorial

1 Hospital was wonderful, but it's just -- it's
2 being destroyed in terms of its tradition of
3 dedication to the well-being of the local
4 community. Thank you.

5 HEARING OFFICER GUILD: Thank you. Number
6 34.

7 UNIDENTIFIED SPEAKER: My name is Laurie.
8 I'm speaking -- my daughter, who has some mental
9 illness, was in the hospital last fall. So, I got
10 -- I'm kind of speaking for a firsthand. When the
11 lady downstairs asked me, she goes, What's your
12 position? Do you support, oppose, or neutral?
13 And I said, The way it was, because it was the
14 worst experience that I got to see it firsthand,
15 what the mental -- the facility at Rockford
16 Memorial was, I feel like if it was going to stay
17 the way it was, I would be totally opposed to
18 keeping it open, because when she told me she
19 would rather die than go back there, it was so
20 awful, that she didn't feel there was one thing
21 that helped her. She had overdosed. At the new
22 hospital, oh, my gosh, beautiful. And when they
23 said, you know, You really don't have an option.
24 You have to go by ambulance over there for a

1 couple days. She said, Mom, what can I do? "What
2 do I have to do?" She said. There wasn't -- I
3 understand, you know, with mental illness, they
4 don't believe there is such a stigma that people
5 are -- it's really a disease like heart disease or
6 cancer or, you know -- but it's a true disease.

7 I'm so thankful for NAMI and everything
8 they have done for our community. I think there
9 is such a need for a mental, you know, facility in
10 the community. But if you have one, you have got
11 to have a good one, because from the time my
12 husband and I went there, I feel like I gotta go
13 and I gotta say something because it was so bad.
14 The environment was bad.

15 The main everything, the walls, it's
16 dreary. When you walk in, the people that meet
17 and greet you there, they were rude. There was
18 one nice person there. They are rude. The beds,
19 she's like, The beds are hard. The pillows are
20 hard. The food, she says, Mom, I can't even eat.
21 If they want you to get better, they give you
22 bologna and white bread, you know, for a snack,
23 and she said, they don't allow you to have
24 anything nutritious. The TVs were fuzzy. They

1 couldn't even watch TV. It was like their dignity
2 and they treated -- and I saw people even that I
3 knew there, that were getting help because they
4 were, you know, were getting help for alcohol.
5 They were drying out and, you know, it was like, I
6 just was, like, so embarrassed for the whole
7 facility, and I'm like -- if we can make it
8 better, I would totally be for it. Anything, you
9 know, you got to have some people who have mental
10 illness to help, say, What's important? What can
11 we do to make it better? But the way it was,
12 would I want to keep it open? Hell no. They need
13 to make it better. The need is, you know, there
14 is so much mental illness and depression, you
15 know, in our city, and I know that there is a huge
16 need for that.

17 So, I will just say we surely need a
18 facility, but let's make it a good one, you know,
19 if we are going to have one. So, thank you.

20 HEARING OFFICER CONSTANTINO: Miss?
21 Miss, I need your paper.

22 HEARING OFFICER GUILD: Number 35. Number
23 36? Is there anyone in the room who is waiting to
24 testify? I guess we will take a short break to

1 see if anyone else joins us. Are there any online
2 people?

3 MR. ROATE: I see no online people wishing
4 to speak at this time.

5 UNIDENTIFIED SPEAKER: Thank you, all of
6 you, I just want to thank you, all of you.

7 HEARING OFFICER CONSTANTINO: We can't
8 hear you from up there.

9 UNIDENTIFIED SPEAKER: I'm guessing you
10 are not from the Rockford area for allowing me to
11 be public and doing what you are doing and
12 listening to each person's perspective, no matter
13 what side they are on.

14 HEARING OFFICER CONSTANTINO: Thank you.

15 (A break was taken at 4:29 p.m.)

16 HEARING OFFICER GUILD: Do we have audio?
17 This is a public hearing.

18 HEARING OFFICER AVERY: Ariel, are you
19 still there? I don't see here. Okay. Amy
20 Bradshaw, would you like to speak? Amy?

21 Everyone please be patient. This is my
22 first time doing this.

23 COURT REPORTER: I can't hear. I am going
24 to move closer.

1 HEARING OFFICER AVERY: Angileri -- Tina,
2 would you like to speak? Okay. Craig Stallings?
3 Danielle Aguilera (sic)?

4 MS. ANGILERI: I would love to speak. Can
5 you hear me okay?

6 HEARING OFFICER AVERY: Yes, we can.

7 MS. ANGILERI: My name is Danielle
8 Angileri, it's A-n-g-i-l-e-r-i. I'm the executive
9 director of NAMI Northern Illinois, a resident of
10 Rockford's west side, and as many of you can
11 relate, someone who knows and loves someone living
12 with a mental illness.

13 I am here because I often speak with
14 individuals and families in need -- lost and
15 confused, feeling alone, I hear the barriers to
16 getting help firsthand. Mental health is key to
17 well-being and functioning in a community. Mental
18 illness is a medical condition similar to heart
19 disease -- treatable, does not discriminate, can
20 affect anyone. As a hospital, how do you dictate
21 what part of the body you choose to treat? As a
22 nonprofit health care organization who is by
23 definition ethically driven by mission and not
24 money, whose mission states, Exceptional health

1 care services with a passion for making lives
2 better, how do you discriminate against those with
3 mental illness? By eliminating access, by not
4 accepting the insurance types that many with
5 psychiatric disabilities fall under, and by
6 letting many people walk out of your front door in
7 crisis. I would argue that none of the above are
8 improving lives. 1 in 5 adults live with a
9 diagnosed mental illness each year, and while some
10 may be able to manage their symptoms through
11 support, therapy, and medication, others'
12 conditions are so acute that a person will at
13 times need hospital care. 1 in 25 adults live
14 with an acute, chronic, or lifelong mental
15 illness. You cannot predict the time people will
16 become ill or symptomatic. Research tells us to
17 give minimally adequate care, there should be 50
18 psychiatric beds per 100,000 people. That would
19 mean around 140 beds in our community for the
20 nearly 11,000 people living with serious mental
21 illness. Does that number seem off? If the unit
22 closes, we will have 20 adult psychiatric beds and
23 12 for adolescents locally. If less than 1
24 percent of individuals living with acute mental

1 illness near us needed hospitalization at any
2 given time, we would be in trouble. Let's not
3 forget that the surrounding areas use our
4 hospitals too. An incidence-based formula can be
5 used in this situation to predict the looming
6 mental health needs in our community. Our mental
7 health system of care is in an emergency state.
8 We need more help, not less. Compounded by a
9 worldwide pandemic, mental health care needs are
10 on the rise. This is not the time to take support
11 away. Our community already has a hard enough
12 time serving those with serious mental illness.
13 People are sent to other cities to be hospitalized
14 and cared for. A psychiatric unit for someone
15 with an acute mental illness is equivalent to an
16 ICU for a person in heart failure. Of course we
17 would love for people to stay out of the hospital,
18 of course our aim is to see people thrive through
19 other treatment paths, but until there is more
20 time and energy put towards other avenues of care,
21 into prevention and early intervention, our city
22 and our county needs those beds. Homelessness, an
23 overflow of patients in the ER, job loss,
24 criminalization, incarcerations, suicide, and

1 though most individuals with serious mental
2 illness are not being addressed, some people who
3 go untreated may display forms of violence. You
4 see the statistics every day.

5 This is why the petition to close Javon
6 Bea Rockton campus' inpatient mental health unit
7 should be denied. Psychiatric bed shortages
8 affect us all. Thank you.

9 HEARING OFFICER AVERY: Thank you. Next I
10 have Dorothy. Dorothy, would you like to speak?

11 Dorothy, are you speaking?

12 UNIDENTIFIED SPEAKER: Not at this moment.
13 I would like for you to come back to me.

14 HEARING OFFICER AVERY: Okay. I'll do my
15 best. Thank you.

16 Emily Anaya? A-n-a-y-a? You sound
17 better.

18 UNIDENTIFIED SPEAKER: No, I don't want to
19 talk.

20 HEARING OFFICER AVERY: Okay. Thank you.
21 Laura Rodriguez?

22 MS. RODRIGUEZ: Thank you. My name is
23 Laura Rodriguez, R-o-d-r-i-g-u-e-z. I am a west
24 side Rockford resident and a Board member of NAMI

1 as well as Marshmallow's HOPE, which is my own
2 nonprofit organization aiding in
3 suicide-prevention mental health awareness.

4 On September 16th, 2018, I lost my
5 14-year-old son, Zachary Birkholz, to suicide
6 right here in Winnebago County. Please let that
7 sink in, 14 years old. I never knew my child
8 suffered from depression. I missed a lot of key
9 signs, and so I am now extremely passionate in
10 aiding others who may feel like they don't have a
11 voice to speak of, and get help as well as putting
12 our story out there in hopes that it will help
13 save someone's life.

14 My son was the absolute happiest kid that
15 anyone ever met. He was diagnosed with a mental
16 illness at 8 years old, which was
17 attention-deficit/hyperactivity disorder, but I
18 never knew that he also suffered from depression
19 or how much he was truly struggling. I believe
20 that he was clearly protecting me from his pain.

21 Signs of depression aren't always visible
22 to the naked eye. Oftentimes, it seems like when
23 someone is severely depressed, they hide behind a
24 beautiful smiling face and shield their loved ones

1 from their painful reality. The demons of
2 depression lie to them and make them feel unloved,
3 abandoned, and that everyone around them would be
4 better off without them alive. In our culture, I
5 believe that mental illness is something that has
6 this awful stigma surrounding it, and we need to
7 be the voice to help break that stigma. We need
8 to break the hush-hush mentality that surrounds it
9 and educate others on the fact that mental illness
10 does not discriminate. We need to let people know
11 that we are all humans, and that it is okay not to
12 be okay. We need to let them know that there is
13 help out there to make them feel better. Mental
14 illness doesn't care if you are rich or poor, it
15 doesn't care what race you are or what educational
16 background you have.

17 Mental health illness can affect anyone of
18 any age. Suicide is the end result of not
19 receiving treatment, and Mercy can help with this
20 issue that can help prevent this terrible end
21 result. So, as someone who has been greatly
22 impacted and has suffered the greatest loss
23 imaginable, the death of my child, I ask you to
24 please reconsider closing the mental health unit

1 and vote against it at Mercy in Rockton, on the
2 west side of Rockford. We need as many beds as
3 possible to help people in our community get the
4 help and treatment they deserve. By closing the
5 mental health unit, you are directly affecting
6 families like mine in our community.

7 I now talk and help teens in our community
8 who struggle with mental illness and suicidal
9 ideations, whose parents have struggled to get
10 them help locally already. Too many kids are
11 having to be transported to the Chicago area for
12 inpatient mental health treatment.

13 Mercyhealth cannot close this unit and
14 needs to take a stand for the people in our
15 community. Suicide is the second leading cause of
16 death in ages 10 to 24 years old, and it is a
17 direct result of not getting mental health
18 treatment. So, I beg Mercyhealth to keep their
19 mental health unit on the west side of Rockford
20 open, because otherwise we are putting even more
21 people at risk of dying.

22 Please vote against this closure and save
23 the lives of our struggling community. We need
24 more mental health facilities in the community,

1 not less. Suicide rates are on the rise, and we
2 need your support to continue aiding the youth,
3 which are the future and citizens of our
4 community. Thank you very much.

5 HEARING OFFICER AVERY: Thank you.

6 Dorothy, are you ready?

7 UNIDENTIFIED SPEAKER: No, ma'am. I made
8 my comments in writing.

9 HEARING OFFICER AVERY: Okay. Make sure
10 you email them to the box today, please. Yes,
11 ma'am. Thank you so much.

12 Danielle, I have you in the chat box. Did
13 you want to speak? Okay. If it changes, let me
14 know.

15 Okay. So, I guess we will take a recess
16 until about 5:00, unless there is someone else who
17 would like to speak that's online via Webex. If
18 so, please send me a message in the chat box.

19 So, we will take a 15-minute break until
20 5:00. Thank you.

21 (Off the record at 4:47 p.m.)

22 HEARING OFFICER AVERY: This is Courtney
23 Avery, and we are back on the record.

24 HEARING OFFICER GUILD: And if you weren't

1 here in the beginning, you have three minutes for
2 your testimony, and please say and spell your name
3 for the court reporter.

4 MR. MATHUR: Joel Mathur, J-o-e-l,
5 M-a-t-h-u-r.

6 HEARING OFFICER AVERY: Speak directly
7 into the mic so that we can hear you online.

8 MR. MATHUR: Okay. Can you hear me now?

9 HEARING OFFICER AVERY: Yes, much better.

10 All right. And I just want to say that I
11 just found it very odd that Javon Bea was speaking
12 on behalf of SwedishAmerican and is not associated
13 with SwedishAmerican at all. I believe that back
14 in the spring with the Medicaid saga, when that
15 first started, I believe the plan was to send
16 people to Swedes, and for the mental health
17 situation going on, send people to Swedes.

18 I don't see how somebody can guarantee
19 SwedishAmerican will do or say anything when they
20 are not part of that organization at all. It just
21 seems like we are passing the buck on to somebody
22 else, and it's somebody else's problem, and that's
23 not a plan. So, I would appreciate it, if Mr. Bea
24 wants to build trust within the community, he

1 could develop and ask for a plan, rather than what
2 it seems like, just passing it on to somebody
3 else. Thank you.

4 HEARING OFFICER AVERY: Thank you, sir.

5 At this time, we will take another break
6 until we have other speakers, unless there is
7 someone online that would like to speak. If so,
8 put your name in the chat box.

9 (Off the record at 5:15 p.m.)

10 HEARING OFFICER AVERY: I'm going to go
11 back on the record, and then you can begin your
12 comments. Okay? I will unmute your microphone.

13 UNIDENTIFIED SPEAKER: You can. I'm on my
14 phone.

15 HEARING OFFICER AVERY: Okay. Tell me,
16 can you see it?

17 UNIDENTIFIED SPEAKER: No, I can't see it.
18 Tracy, can you hear me? Okay. Tracy, go ahead.

19 MS. MEINERT: Hello? Okay.

20 Hi, my name is Tracy Meinert. Bipolar
21 befriends me, anxiety annoys me, borderline
22 personality traits describe me. Again, I am
23 Tracy. These are mental health conditions that I
24 have lived with and dealt with since I was

1 14 years old. I have had five nervous breakdowns
2 and been hospitalized three different times in my
3 life. I have been on numerous medications. It
4 was to no avail. No wonder drugs or easy fixes.
5 I have been in dire straights in crisis. If it
6 hadn't been the faith in my family and God and the
7 support of this community and friends, I would not
8 be standing here today. I share this today to
9 make it better for others. Just like our physical
10 health and wellness, it is very essential for
11 equality for mental health, and our community is
12 much needed as well. Without mental health care,
13 there is no health care at all. Thank you.

14 HEARING OFFICER AVERY: Thank you, Ms.
15 Tracy. I appreciate your time.

16 MS. MEINERT: Thank you very much.

17 HEARING OFFICER AVERY: You are welcome.
18 Bye.

19 (A short discussion was held off the
20 record.)

21 HEARING OFFICER AVERY: Hello? You ready?

22 MS. BETO: This is Alison (phonetic) Beto,
23 B-e-t-o.

24 HEARING OFFICER AVERY: When I put you on

1 speaker, then, I just want you to give your name
2 and everything for the court reporter. Okay? Go
3 ahead.

4 MS. BETO: Okay. My name is Alison Beto,
5 for the record. Again, it's Alison Beto, and I
6 want to talk on behalf of both as a patient of
7 Mercyhealth's inpatient unit and also as a nurse
8 that has her bachelor of science in nursing and
9 mental health advocate.

10 I had struggled with major depression,
11 anxiety, ADHD, I mean, you could name it all, and
12 I was hospitalized in the beginning of November as
13 I attempted to commit suicide as an overdose. And
14 while, of course, I mean, no doubt our resources
15 are the first to go for mental health, which is
16 just absolutely wrong because it's the most needed
17 and underfunded, and anything that if they're
18 trying to cut budgets, mental health is the area
19 that gets cut the most when it's needed the most.

20 However, I can say as an inpatient, a
21 patient on the floor of the Mercyhealth psych
22 unit, it was just absolutely appalling that this
23 is the type of mental health resources that we are
24 giving individuals who are there for help. I can

1 start by saying, from the minute the vendors --
2 the nurses -- as a nurse myself, for me to think
3 of having somebody who just attempted to commit
4 suicide, the next person comes in and give me my
5 medication and say, Are you feeling suicidal
6 today? Well, I just decided to commit suicide
7 last night. What do you -- like, what do you
8 think? Obviously, I did not say that because all
9 I wanted to know was, How could I get out of there
10 as fast as possible? That whole stay caused me to
11 have, like, post-traumatic stress disorder because
12 of everything on hold from there, but to have a
13 nurse just asking that and then to say, Okay. Let
14 me know if you need anything, and walk away.

15 First off, I mean, that's not okay.
16 Second off, I mean, the whole floor was just -- I
17 don't even know the last time it had been
18 renovated, which is sad because actually, after my
19 stay, I made a point -- my mother made a point to
20 call Mercy to talk to somebody as one of the group
21 leaders. Unfortunately, that was the only floor
22 that was not going to be redone out of all of the
23 hospital. I mean, if there was any floor that
24 needed to be redone and updated, boy, is that it?

1 And that made me super upset inside because you
2 have a TV that doesn't even -- it's fuzzy, it
3 doesn't even work. You have these patients eating
4 food that is -- you know, nutrition is supposed to
5 be an important thing for patients and you supply
6 white bread with bologna and no nutritious food
7 for patients when that's a crucial part for
8 recovery. Next, like, you are stripped of your
9 freedoms, and that was all I have to say. As for
10 the groups that you have to attend -- well, you
11 don't have to attend, but in order to basically
12 get out of there, yes, you attend.

13 And again, something needs to be done with
14 what information they are sharing with patients in
15 order to get better. Instead of have you be in a
16 group meeting where we read off a sentence like we
17 are in kindergarten to describe the definition of
18 one of the terms, and then to have group leaders
19 talk about what is going on in their life when it
20 has nothing to do with the patients that are in
21 the meeting. It's just -- it's just incredibly --
22 I'm appalled and for the first time ever -- I
23 never -- I always have something to say, but for
24 the first time, it leaves me speechless. When I

1 was a patient on the psych unit, and I just have
2 to just say, even though it's sad for that to
3 close down, boy, we need something to be done
4 because Illinois, everywhere across the US, there
5 is a need for mental health. We are talking the
6 talk but not walking the walk.

7 So, I mean, I hope for what comes out of
8 this, what review, something needs to be done now
9 more than ever, people need help, and to just take
10 this away, I mean, to take a psych unit over
11 inpatient, where are people supposed to go? Where
12 are they supposed to go? Emergency rooms, where
13 as a nurse I have seen on the other side just how,
14 like, people who come in, as I did, and to think
15 that they are just either drug seeking or just --
16 I mean, the comments I heard from nurses and
17 doctors that don't specialize in psychiatric -- in
18 psych, it's appalling, and for them to receive
19 care from them? That's going to do nothing.
20 That's going to send them right back out and next
21 thing you know they are going to be right back in,
22 and it's just wrong, and I just hope and pray that
23 something needs to be done for mental health
24 patients and people who are really struggling

1 right now, as I continue to struggle daily with
2 suicidal ideations. The thoughts in my head is
3 that I never, ever want to be -- it felt like I
4 was in prison, which isn't the necessarily best
5 feeling to have when somebody needs help. So, I
6 hope something can be done, will come out of this,
7 and hopefully you make a difference. And I thank
8 you for letting me just talk for a short time, and
9 God bless, and I pray that the right decision is
10 made.

11 HEARING OFFICER AVERY: You are welcome
12 and thank you for your comments. Thank you.

13 Okay, Juan. Go ahead, Juan

14 MR. MORADO: Courtney, if you can give me
15 one minute, I would appreciate it.

16 HEARING OFFICER AVERY: Sure.

17 MR. MORADO: My name is Juan Morado, Jr.,
18 counsel for the applicants. I would like to begin
19 by thanking staff for all their work in putting on
20 today's public hearing. I know more -- as much
21 that this is not an easy thing to get out there
22 and spend your whole day doing this public
23 hearing. So, we appreciate your time and are
24 thankful for it.

1 With regard to the hearing, we welcome the
2 feedback from the community on the proposed plan
3 regarding the AMI beds at the Rockton campus. I
4 think it's been made clear today from the folks at
5 Mercyhealth that this decision was not an easy
6 one. But what it does is it ensures the
7 appropriate health planning and utilization of
8 existing facilities per the Board's admission.

9 Additionally, we would note the following:
10 We provided all the required information for the
11 Illinois Health Facilities Planning Act. We have
12 been deemed complete by HFSRB staff, and we are
13 therefore legally entitled to approval pursuant to
14 77 Illinois Admin Code, Section 1130.560(b)(1),
15 which provides that the Health Facilities and
16 Services Review Board shall approve an application
17 for exemption that is determined to be in
18 compliance with its requirements. This is no
19 longer a discretionary matter. Having met all the
20 Board's requirements pursuant to the Board's own
21 rules, this project is entitled to approval as a
22 matter of law.

23 As discussed today, Mercy will continue to
24 offer outpatient services to the community through

1 their Glenwood Clinic. You heard from Mercy's
2 chief medical officer that there have been such
3 advances in medications to treat behavioral health
4 disorders that less and less people need acute
5 inpatient admission. The data is clear on this
6 point. We recognize that this is an emotional
7 issue, but this decision is part of a regional
8 approach to health planning, and the closure of
9 Mercyhealth's underutilized inpatient beds will
10 allow for the better utilization of the existing
11 unit at SwedishAmerican. This much has been also
12 made clear through the testimony of their own
13 employees today. This is the same type of
14 regional approach that Mercyhealth takes
15 systemwide. Just as an example, Mercyhealth in
16 Wisconsin mirrors what SwedishAmerican is in
17 Rockford.

18 In Wisconsin, they are the center for
19 excellence in behavioral health. The fact is,
20 Mercyhealth continues to invest significant
21 capital dollars to address issues like women and
22 children's health, and services to the aging
23 population in this community, which is evidenced
24 through their recently approved subacute unit,

1 which is currently under construction.

2 Mercyhealth is alone in investing this
3 type of money in the west side community of
4 Rockford. We thank you, and we thank everyone
5 again for their coming forward today to provide
6 testimony. And that's it. Thank you.

7 HEARING OFFICER AVERY: Okay. I'll turn
8 it back over to Ann unless there is someone else
9 on the Webex that would like to speak.

10 Okay. Thank you. I will send it over to
11 Ann Guild for closing comments.

12 HEARING OFFICER GUILD: I am assuming
13 since there is only one person left in the room,
14 that you are not looking for an opportunity to
15 speak again?

16 UNIDENTIFIED SPEAKER: I already spoke.

17 HEARING OFFICER GUILD: Okay. Hearing
18 none, this public hearing is now adjourned.

19 HEARING OFFICER AVERY: Thanks everyone
20 for attending. And again, I apologize for the
21 technical difficulties we experienced at the
22 beginning. Please note that we will do our best
23 to also have the recording posted, um, probably by
24 tomorrow around noon, and the transcript will be

1 available and posted on the website in about a
2 week or so.

3 MR. MORADO: Um, Courtney, just so you
4 know, we will be submitting our written testimony,
5 so if the court reporter needs it, I think some of
6 the folks didn't get a chance to. So, we are
7 going to send you our complete comments for the
8 record.

9 HEARING OFFICER AVERY: Oh, yeah. Okay.
10 Can you send them soon, please?

11 MR. MORADO: Yes, I will send it. Thank
12 you. Have a good evening everyone. Thanks for
13 attending.

14 (The hearing concluded at 5:55 p.m.)
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CERTIFICATE OF SHORTHAND REPORTER

I, Camille S. Connell, the officer before whom the foregoing hearing was taken, do hereby certify that the foregoing transcript is a true and correct record of the testimony given; that said testimony was taken by me stenographically and thereafter reduced to typewriting under my direction; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 7th of September, 2020.

Camille Connell

Camille S. Connell, RPR, CSR

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