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Project No. 22-008

Transcript of Public Hearing (Montrose Behavioral Health Hospital)

Date: April 15, 2022

Case: State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER APRIL SIMMONS

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In Re: :
Public Comments :
Regarding Application : Project No.
for the Modernization : 22-008
of Montrose :
Behavioral Health :
Hospital. :

- - - - - x

HEARING in accordance with requirements of the
Illinois Health Facilities Planning Act
Conducted Virtually
Friday, April 15, 2022
10:04 a.m. CT

Job No.: 441639
Pages: 1 - 70
Reported By: Courtney Petros, RPR, CSR

Transcript of Public Hearing (Montrose Behavioral Health Hospital)
Conducted on April 15, 2022

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1 Public hearing, conducted virtually:

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8 Before Courtney Petros, a Certified Shorthand
9 Reporter, Registered Professional Reporter, and a
10 Notary Public in and for the State of Illinois.

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A P P E A R A N C E S

PRESENT:

ILLINOIS HEALTH FACILITIES AND SERVICES

REVIEW BOARD, by

APRIL SIMMONS, General Counsel

GEORGE ROATE, CON Reviewer

MICHAEL CONSTANTINO, IDPH Staff

MICHAEL MITCHELL, IDPH Staff

ANN GUILD, Compliance Manager

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

2 MS. SIMMONS: Good morning. My name is
3 April Simmons, and I am the general counsel for
4 the Illinois Health Facilities and Services Review
5 Board. This morning, I will also be acting as a
6 hearing officer for today's proceedings. Present
7 with me today also representing the Board are Mike
8 Constantino, George Roate, and Ann Guild.

9 On behalf of the State Board, thank you
10 for attending this public hearing for the
11 modernization of Montrose Behavioral Hospital.

12 As per the rules of the Illinois Health
13 Facilities and Services Review Board, I would like
14 to read the previously published legal notice into
15 the record.

16 In accordance with the requirements of the
17 Illinois Health Facilities Planning Act, notice is
18 given of the receipt of an application for a
19 permit for the modernization of Montrose
20 Behavioral Hospital. 4840 North Marine Avenue,
21 Chicago, Illinois. The cost of the modernization
22 is \$24,630,969.

23 A public hearing is scheduled for today to
24 be conducted virtually by the staff of the

1 Illinois Health Facilities and Services Review
2 Board beginning at 10:00 a.m. and ending at
3 12:00 p.m. Persons wishing to submit written
4 comments may send them to
5 dph.hfsrb.publichearings@Illinois.gov.

6 Please note that in order to ensure that
7 the Health Facilities and Services Review Board's
8 public hearings protect the privacy and maintain
9 the confidentiality of an individual's health
10 information, covered entities, as defined by the
11 Health Insurance Portability and Accountability
12 Act of 1996, such as hospital providers, health
13 plans, and health care clearinghouses submitting
14 oral or written testimony that disclose protected
15 health information of individuals shall have a
16 valid written authorization from that individual.
17 The authorization shall allow the covered entity
18 to share the individual's protected health
19 information at this hearing.

20 Prior to beginning your remarks, please
21 clearly state and spell your first and last name.
22 The applicant shall be afforded an opportunity to
23 provide a summary of the request within the permit
24 application.

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1 Today's proceedings will begin with
2 Jeffrey Woods. Dr. Woods, I made you a panelist.
3 You can unmute yourself and turn on video.

4 DR. WOODS: Very good. Can you see me and
5 hear me now?

6 MS. SIMMONS: Yes, we can.

7 DR. WOODS: Very good. Thank you, Madam
8 Hearing Officer, members of your staff, and other
9 members of the hearing committee.

10 My name is Dr. Jeffrey Woods.
11 J-E-F-F-R-E-Y. W-O-O-D-S. I am the operations
12 group president with Acadia Healthcare located in
13 Nashville, Tennessee, and I have had the privilege
14 to live in Chicago for 12 years of my life and
15 consider it a second home with many friends,
16 family, and colleagues that reside in the city.
17 And so for me, in some respects, this project is
18 an opportunity to come back to a place that I love
19 dearly, so I'm grateful for that.

20 Acadia Healthcare, just to give you a
21 little bit of background, is the largest provider
22 of mental health and substance abuse services in
23 the United States. We operate over 238
24 hospitals -- behavioral health and substance abuse

1 disorder hospitals and treatment centers in 43
2 states and Puerto Rico. We are traded on the
3 NASDAQ exchange and we exclusively provide
4 services within those two domains that I described
5 a moment ago.

6 In December of last year, we closed on the
7 acquisition of the then former Chicago Lakeshore
8 Hospital, and that includes the 101-bed adult
9 hospital located on Marine Drive, the 60-bed
10 children's hospital, youth hospital, located on
11 Clarendon, and then an outpatient building which
12 sits between those two properties. We also own
13 several parking lots within that -- that general
14 area.

15 With the purchase of this hospital, we did
16 a significant amount of due diligence to
17 understand both the physical status of those
18 buildings and what would be necessary to bring
19 them up to a standard that was acceptable and met
20 the expectations for our company.

21 We -- our plan, as you mentioned in your
22 opening remarks, to spend in excess of about
23 \$25 million to do a rehabilitation and a full
24 remodeling and facelift of the existing adult

1 hospital located a Marine Drive. That's the
2 101-bed hospital.

3 That hospital will serve adults and
4 geriatric patients and any patients within those
5 two categories that are suffering from mental
6 illness or substance use disorder. This renewed
7 and restored hospital is committed to caring for
8 the whole person, mind, body, and spirit.

9 All of our services will be tailored to
10 meet the specific needs of each patient that
11 requires care within our hospitals. We treat the
12 needs of the community, which is well-established,
13 having only to look at the increasing demand for
14 access to care and the interminably long delays in
15 care for patients in need of services who are
16 languishing in emergency departments across the
17 city for days and sometimes weeks at a time.

18 Our focus is on quality, safety, and the
19 dignity of the patient, their family, and the
20 communities that we serve. And I would note that
21 since our inception in 2005, Acadia's treated
22 millions of patients in hundreds of locations
23 around the country and has had zero instances
24 where any hospital or treatment center has ever

1 failed to be accredited by any CMS-approved
2 national accrediting body, reaccredited, lost
3 state hospital license, or been decertified by
4 Medicare or any other governmental agency.

5 And, in fact, I'm proud to be able to
6 report that in our most recent data, our survey
7 activity, which includes both state, local, and
8 federal survey activity, including accreditation
9 activity, we have a greater than 96 percent
10 findings of no findings or what is called standard
11 level findings, which are the lowest level
12 findings that you can have, which requires a
13 simple change in a process or a procedure or
14 something to that effect.

15 So we are very committed to ensuring that
16 we prove high quality care that is tailored to the
17 needs of the patients that we serve and that we do
18 so in a way that is compatible with the community
19 that we are serving those patients in.

20 And I should mention that with respect to
21 the \$25 million in capital that we're deploying
22 for the remodeling, we intend to do a complete
23 internal renovation of that hospital or a
24 substantial internal renovation of that hospital

1 to bring it up to be a state-of-the-art treatment
2 center that is consistent with the values that we
3 hold as a company and our expectations for the
4 dignity of the patients that we serve.

5 In addition to that, we'll be doing a
6 substantial facelift of the exterior of the
7 building. And if you've seen it, it's an old
8 building -- it's an older building, and it has
9 that sort of older building look. And so our
10 efforts will be organized around giving it a more
11 contemporary and finished look that is also
12 compatible with the community that the hospital
13 sits within.

14 I would also like to mention that we are
15 committed to ensuring our services do not impact
16 the local neighborhood, including no changes in
17 traffic patterns, parking, or other disruptions to
18 the quiet enjoyment of the surrounding community.

19 Thank you, Madam Chair. And I'm happy to
20 answer any questions you or your members may have
21 or return our time -- my time for your next
22 speaker, Dr. John Walkup, who is the distinguished
23 head of the Pritzker Department of Psychiatry and
24 Behavioral Health at the esteemed Ann & Robert H.

1 Lurie Children's Hospital in Chicago.

2 MS. SIMMONS: Thank you. Dr. Walkup, I'm
3 now making you a panelist. You should be able to
4 unmute yourself as well as turn on your video.

5 MR. WALKUP: There we are. Good morning.
6 It's great to be here. As Jeff mentioned, I'm
7 John Walkup. I'm a child analyst and psychiatrist
8 and I'm the head of the Department of Psychiatry
9 here at Lurie Children's Hospital.

10 And one of the things -- just to provide a
11 bit of background and the reason I'm excited to
12 hear about the Montrose project with Acadia north
13 of the city, just before COVID-19, we lost 12 beds
14 at Ingall's Hospital for kids and adolescents, 12
15 beds at Rush. And due to the closure of
16 Lakeshore, we lost 60 beds.

17 And then during COVID-19, when we saw an
18 unprecedented surge in demand, we also saw that
19 existing facilities also placed restrictions on
20 admissions to the hospital so that we really faced
21 an acute crisis.

22 That crisis really has not gone away. We
23 are still under significant duress within the
24 region, identifying resources, inpatient

1 resources, partial hospital resources, outpatient
2 resources. It really is a crisis across the board
3 in terms of resources.

4 The thing that's been exciting to me about
5 the Acadia Montrose project is it will bring back
6 online those 60 beds that we lost just prior to
7 the pandemic. That will -- particularly, the
8 range of services that will be provided, including
9 services for children with autism and
10 developmental disabilities, which has been an
11 acute crisis during this period of time, as well
12 as adolescent and child facilities and child
13 services.

14 I'm also excited that they are making
15 connections with practitioners in the community so
16 that the system actually has a full capacity to
17 not just admit kids to the hospital but to step
18 them down into lower levels of care so that
19 they're able to kind of continue to take care of
20 kids through the continuum of care.

21 And, importantly, for the City of Chicago,
22 they are also going to work with all payors,
23 including children who use Medicaid as their
24 financing for hospitalization and clinical

1 services.

2 So I'm here today to kind of lend my
3 support to this project and would be happy to
4 answer any questions that people might have for
5 me.

6 MS. SIMMONS: Thank you. Next, Alexa
7 James. I am unmuting you and making you a
8 panelist.

9 MS. JAMES: Good morning. My name is
10 Alexa James. I am the CEO of NAMI Chicago, an
11 affiliate of the National Alliance on Mental
12 Illness.

13 As an advocacy and education organization,
14 we've been fighting for mental health and
15 well-being in Chicago since 1979. Our work is
16 guided by the experience of those living with
17 mental health illness and conditions and rooted in
18 equity.

19 As the State considers the future opening
20 of Montrose Behavioral Health Hospital, we charge
21 you that this is a critical time to add more
22 services in Chicago's mental health landscape.
23 It's particularly critical for youth and children.

24 We are absolutely in a crisis in terms of

1 care for our kids. Our young people are in
2 crisis, and we see this in the numbers with
3 service providers reporting staggering increases
4 in crisis admissions and outpatient wait lists.
5 We see it in our homes and lives as well.

6 It's easy to frame this mental health
7 crisis in terms of the pandemic, but our
8 children's mental health system wasn't sufficient
9 long before that, and the crisis must drive us to
10 rethink that permanently.

11 If this hospital is reopened, it creates
12 an incredible opportunity to build a
13 forward-thinking, best practice approach to mental
14 health care. For our children, that means
15 focusing, above all else, on prevention and early
16 intervention in partnership with schools and
17 community providers. It also means building
18 innovative programs to support the entire family;
19 parents, caregivers, and siblings often need
20 support too when a child is struggling.

21 Best practice care for kids and family
22 means pairing therapeutic services with
23 nonclinical supports. So, for example, peer
24 support services and groups and respite care

1 programs to give caregivers a break to tend to
2 their own well-being. It also means basic needs
3 supports like food or housing, giving families
4 under strain access to flexible funds to support
5 their well-being.

6 There's so much that can be done with the
7 opportunity of a brand new program, and we
8 encourage the leaders to approach it with
9 strategy, care, and hope, so that rather than
10 reinventing old models of inpatient care that
11 haven't served our kids, we truly begin providing
12 them with what they need to thrive.

13 Thank you. I'm available for any
14 questions.

15 MS. SIMMONS: Thank you. Next, we have
16 Alderman Cappleman. Alderman, I am making you a
17 panelist so you can unmute yourself. And if you
18 have video, you can show yourself as well.

19 ALDERMAN CAPPLEMAN: Hi. This is Alderman
20 James Cappleman. Can you hear me?

21 MS. SIMMONS: Yes, we can. Thank you.

22 ALDERMAN CAPPLEMAN: Okay. I am a former
23 -- James Cappleman. J-A-M-E-S. Cappleman.
24 C-A-P-P-L-E-M-A-N. The alderman of the 46th Ward.

1 I'm a former social worker. I actually
2 used to work at Lurie Children's Hospital as
3 Children's Memorial Hospital in their HIV/AIDS
4 unit there, and I also worked at Comer Children's
5 Hospital.

6 I learned very quickly on working at both
7 of those hospitals that there's an extreme lack of
8 behavioral services, psychiatric services for
9 children. That's why I was really, really excited
10 to hear about Acadia Healthcare's plan to provide
11 behavioral health care for children.

12 But I also understand that there is an
13 unmet need for specialized psychiatric services in
14 all of Chicago. I continue to advocate for
15 greater access to wraparound services for my
16 residents and residents around Chicago to develop
17 a system whereby social service agencies can
18 collaborate and coordinate more effectively. I do
19 this so that people in need can get access to
20 services in a timelier manner.

21 I also sponsored a resolution in 2017 to
22 reduce prison recidivism, especially among those
23 experiencing mental illness. Currently, Chicago
24 market has approximately 26 out of 100,000 beds

1 for every 100,000 people compared to the industry
2 recommendation of 50 beds for every 100,000
3 people. And that leaves an unmet bed need of
4 approximately 2,204 to adequately serve our
5 residents.

6 Accordingly, I applaud Acadia's efforts
7 and innovative spirit to increase access to
8 behavioral health services to the City of Chicago.
9 Acadia is the nationally-recognized leader
10 provider of inpatient and outpatient behavioral
11 health and substance abuse treatment services.
12 And it is the largest standalone behavioral health
13 company in the United States.

14 They treat patients of all ages,
15 especially children and adolescents, near and dear
16 to my heart, and adults and seniors, and they have
17 vast resources to meet these needs.

18 So I'm thrilled that Acadia's interested
19 in making such an impressive investment here in
20 Chicago and in the 46th Ward. I look forward to
21 what I believe will be an invaluable resource for
22 the residents of Chicago. So I support this
23 project, and thank you for your consideration in
24 this matter.

1 MS. SIMMONS: Thank you.

2 ALDERMAN CAPPLEMAN: Thank you.

3 MS. SIMMONS: If you wish to speak, if you
4 can please indicate by raising your hand or
5 pressing Star 3 -- I don't see anyone on the
6 phone -- but by your raising to hand to indicate
7 that you wish to speak at this time, and I will
8 come back around to you.

9 Ruth Castillo, I am unmuting you and
10 making you a panelist if you wish to speak at this
11 time and show your video. Ms. Castillo?

12 MS. CASTILLO: Yes. Can you hear me now?

13 MS. SIMMONS: Yes.

14 MS. CASTILLO: Okay. Perfect. It didn't
15 let me unmute until I was a panelist. Thank you
16 so much.

17 So, good morning. My name is Ruth
18 Castillo. That's spelled, R-U-T-H.
19 C-A-S-T-I-L-L-O.

20 Dear members of the Illinois Health
21 Facilities and Services Review Board, thank you
22 for having this opportunity for the community to
23 share at this public hearing.

24 Speaking about this application is very

1 meaningful to me for two reasons. Firstly, I am a
2 registered nurse. Secondly, I'm the interim
3 president of the Local Block Club Lakeside Area
4 Neighbors Association, or LANA -- sorry -- L-A-N-A
5 -- which includes the buildings and land of the
6 two health care facilities that are -- that Acadia
7 Healthcare recently purchased, 4720 North
8 Clarendon and 850 West Lawrence.

9 I am been on the board of LANA for over
10 four years now. I have been a resident of Uptown
11 for 15 years; 11 of those years have been down the
12 street from the location where the Children's
13 Pavilion is located at 4720 North Clarendon.

14 The entrance to the alley that I use to
15 get to my home is adjacent to the emergency
16 entrance to the Children's Pavilion at 4720 North
17 Clarendon. Earlier this year, after a long hiatus
18 of traffic to this building, I had seen vehicular
19 traffic and trash being removed from the facility,
20 but I was unaware that it had been purchased by
21 Acadia Healthcare in late 2021.

22 A month ago, I found out about the
23 application that had been submitted for the
24 changes to the property at 4840 North Marine

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1 Drive. I also noticed on the website that there
2 was no public hearing date for this application,
3 so I reached out to the IHFSRB to request a public
4 hearing date.

5 It appears that the personal information
6 of some of the parties who requested this hearing
7 on March 14th, 2020, was shared with Mark
8 Littrell, the project's chief executive officer of
9 Acadia Healthcare, because on March 18th and 23rd,
10 he contacted parties at phone numbers listed on
11 those requests. One of the parties has not
12 publicly shared the number with -- that Mark
13 Littrell had called.

14 I sincerely hope that you will follow up
15 on this matter, as the possible release of
16 information by an IHFSRB employee would be a
17 violation of at least two Illinois privacy acts.
18 That information can be shared in a FOIA request;
19 however, on March 24th, 2020, April Simmons
20 confirmed to me that no FOIA had been submitted
21 for this information. Therefore, I respectfully
22 request that the Board communicate with the
23 parties impacted about their investigation into
24 this matter and prevent this from happening in the

1 future.

2 With that concern stated, I want to pivot
3 to the subject of this hearing. I strongly feel
4 that changes within the health care facilities in
5 our area should involve dialogue with
6 organizations within the community in a formal and
7 well-documented public process.

8 In the application that is at the center
9 of the hearing today, Acadia Healthcare has
10 proposed making very appropriate changes to the
11 facility at 4840 North Marine Drive to make the
12 patient and staff experiences better and more
13 therapeutic and to provide more dignity to the
14 patients.

15 This should be applauded and I -- I'm
16 sorry -- and I, and many in this community and
17 even further away, as you can see with the many
18 letters of support that have been submitted, we
19 welcome those changes to this facility as the
20 current 1960s layout and antiquated approach to
21 inpatient mental health care is no longer suitable
22 for inpatient mental health care in 2022.

23 As I reviewed the application and saw that
24 there was no explicit wording about the Children's

1 Pavilion, I was concerned since this facility has
2 sat vacant for some time. The mention of
3 pediatric patients is on page 9 of the
4 application, page 11 out of 80 of the PDF, which
5 describes 101 adult beds and 60 pediatric beds are
6 part of the facility called Montrose Behavioral
7 Health Hospital.

8 Also, on page 16 of the application, page
9 18 of 80 of the PDF, it mentions 161 acute mental
10 illness beds that will be established, expanded,
11 or modernized. However, the adult facility at
12 4840 North Marine Drive only has 101 adult beds
13 and zero pediatric beds.

14 So my question is, is the Children's
15 Pavilion at 4720 North Clarendon part of this
16 application for a permit to modernize?

17 The Board only reviews certain projects
18 that are above a dollar threshold and does not
19 allow projects to be split up to be below that
20 threshold. As these three locations were all
21 purchased together, I would expect their
22 renovations, prior to opening, need to be lumped
23 together to be reviewed.

24 I would like to raise concern over the

1 application's omission of what renovations are
2 taking place at the Children's Pavilion at 4720
3 North Clarendon and the outpatient center at 850
4 West Lawrence to prepare them to open in summer
5 2022, which is described on the Acadia Healthcare
6 website. This is only a few months away. And as
7 these facilities have been nonfunctioning for a
8 while now, I'm sure there is a need for work to
9 get them ready to welcome patients again.

10 For example, I have seen vehicular
11 activity in the alley and mechanical systems
12 contractors going and coming from the Children's
13 Pavilion at 4720 North Clarendon. The community
14 would like the assurance that these two facilities
15 at 850 West Lawrence and 4720 North Clarendon will
16 be brought up to modern standards for patient
17 comfort and the safety and well-being of the
18 patients and staff.

19 If there are any issues in the Children's
20 Pavilion with regard to the layout and the safety
21 of the pediatric patients and the staff who care
22 for them, this would be an excellent time to
23 address those issues prior to it reopening.

24 As far as the expansion land that is now

1 owned by Acadia Healthcare, there are three
2 parcels within the LANA Block Club area. The
3 expansion land that is being used as a parking lot
4 at 1818 to 1822 West Leland, the expansion land
5 that is a lovely green space at the corner of 800
6 West Leland and 4700 North Clarendon, and the
7 expansion land that is being used as a parking lot
8 at 840 West Lawrence.

9 I know that the board currently does not
10 review changes proposed or made to expansion land
11 owned by health care facilities, but in such a
12 densely populated community where land costs are
13 prohibitive and there's limited room for
14 expansion, these sites are such a valuable asset
15 to hold onto for the use of the facility in the
16 long term.

17 The community requests that any decisions
18 about this land be reviewed with the local
19 community in the very beginning stages of any
20 decision regarding their possible use.

21 As I alluded to before, it would be
22 prudent to have a regularly established committee
23 of local community members that could help Acadia
24 Healthcare leadership to navigate the changing

1 needs of the community.

2 Ultimately, I, and many of my local
3 community members, want these three facilities to
4 be fully operational, to thrive, and to even
5 expand. I echo a lot of what the other health
6 care providers and mental health organizations
7 have stated during this hearing.

8 Unlike many communities, ours welcomes and
9 fully supports mental health care services and
10 realizes that they are more in demand now than
11 ever, especially from the ongoing pandemic.

12 Thank you for your time today.

13 MS. SIMMONS: Thank you. Next, Hannah
14 Agyeman. I am unmuting you at this time.

15 MS. AGYEMAN: Good morning. My name is
16 Hannah Agyeman. H-A-N-N-A-H. A-G-Y-E-M-A-N. And
17 I am a lifelong resident of the Uptown
18 neighborhood of Chicago where this hospital is
19 located. I am an educator at the local area
20 Catholic primary school, St. Thomas of Canterbury,
21 and I support Acadia's work to bring back much
22 needed behavioral health services to our community
23 at Montrose Behavioral Health Hospital.

24 Uptown and neighboring Edgewater and

1 Roger's Park are diverse communities with a
2 significant immigrant and refugee population. I,
3 myself, am a proud daughter of immigrants.

4 St. Thomas of Canterbury School's student
5 body represents the wide range of ethnic groups
6 that you can see in Uptown. Our students are the
7 children of established parish families as well as
8 first generation immigrants from countries such as
9 Ghana, Nigeria, Ethiopia, Eritrea, and Vietnam.
10 I, myself, attended St. Thomas.

11 Uptown has a long history of welcoming
12 immigrants. 20 percent of our neighbors are
13 foreign born and over 25 percent of our residents
14 speak a language other than English at home, with
15 10 percent having limited English proficiency.

16 As a teacher at St. Thomas, on a daily
17 basis, despite their resilience, I see the
18 struggles of students -- our students experience.
19 It is common for them to arrive at our school
20 speaking little or no English. We do the most we
21 can to support new students as they go through the
22 language acquisition process and adapting to life
23 in a new country, giving them the extra attention
24 they need to succeed.

1 Immigrant and refugee populations like
2 those in Uptown already suffer from increased
3 psychological vulnerability and the psychosocial
4 risk presented by the COVID-19 pandemic only
5 further exacerbates their susceptibility to
6 experiencing mental health difficulties.

7 Some kids in the communities we serve need
8 inpatient mental health intervention when they are
9 frequently exposed to a convergence of risk
10 factors which may negatively impact their mental
11 health such as precarious living situations,
12 social exclusion. Sometimes they experience
13 long-lasting uncertainty about their legal status
14 and future and enduring barriers to accessing the
15 labor market and securing economic stability.
16 Some kids' parents and some of the kids themselves
17 suffer from PTSD as war refugees.

18 Immigrants form the backbone of American
19 society and represent a significant portion of the
20 essential workforce. Throughout the pandemic,
21 immigrants continue to work in high-risk exposure
22 environments while simultaneously having less
23 access to health care and economic relief while
24 facing discrimination, which exacerbated already

1 stressful daily living conditions. Others were
2 financially devastated when they were called off
3 of work for long periods of time.

4 Additionally, the challenges of social
5 distancing and concerns over increased COVID-19
6 risk is overcrowded, multigeneration households
7 contributing to increasing mental health
8 stressors, including anxiety and fear from
9 aggressive anti-immigration policies.

10 Through the reestablishment of Montrose
11 Behavioral Health Hospital, which would include
12 adult, adolescent, and geriatric inpatient
13 services as well as an outpatient clinic, Acadia
14 will address the need for additional behavioral
15 health services in Uptown.

16 I support Montrose Behavioral Health
17 Hospital's certificate of need application and
18 urge the Health Facilities and Services Review
19 Board to approve this project. Thank you.

20 MS. SIMMONS: Thank you. Julia Cottle, I
21 am unmuting you.

22 DR. COTTLE: Hi. Good morning. Thank
23 you. My name is Dr. Julia Cottle, spelled,
24 J-U-L-I-A. C-O-T-T-L-E. I want to thank the

1 Board for the opportunity to share my thoughts
2 about Acadia's plans for upgrades to the three
3 behavioral health facilities located in Uptown.

4 I am here today as a resident of Uptown
5 and as a concerned family member of a young adult
6 who has struggled to find adequate mental and
7 behavioral health services here in the City of
8 Chicago. My relative has been hospitalized eight
9 times in the past five years for mental crises.

10 As you know, one of the biggest challenges
11 that clients, the community, and the health care
12 system face following a psychiatric
13 hospitalization is appropriate discharge plans and
14 access to continued services.

15 Too often, those services are unavailable,
16 especially for low income clients. Without
17 appropriate follow up, their suffering persists
18 and often becomes exacerbated. Too often, the
19 only available help winds up being the closest
20 emergency room. The COVID-19 syndemic has only
21 intensified these challenges.

22 Placement in intensive outpatient services
23 proves particularly difficult to secure. The only
24 time that my relative was referred to IOP

1 following all of those hospitalizations was the
2 one time they were admitted to Lakeshore Hospital.
3 Their discharge plans included a program at the
4 hospital's outpatient services located at 850 West
5 Lawrence. That was the only time that they
6 received continued intensive care of all of the
7 times that they were hospitalized over this
8 five-year period.

9 Since the beginning of the COVID syndemic,
10 it has been even harder to access health care
11 services and, particularly, mental health
12 services. My relative was hospitalized twice at
13 the end of 2021. They were hospitalized for four
14 of the final five weeks of 2021.

15 In the days and weeks following the last
16 hospitalization, there were no beds available in
17 residential treatment programs. There were no IOP
18 programs available. My relative was back in the
19 emergency room days after discharge at the
20 beginning of the spike in the Omicron variant.

21 They were technically admitted for
22 services, only to be discharged again just hours
23 later with no discharge plan, no prescription
24 medications, but a couple of phone numbers of

1 programs that we had just spent the past week
2 calling.

3 My relative currently is waiting for an
4 appointment they have scheduled with a
5 psychiatrist for sometime in May, the first time
6 that my relative will have access to a mental
7 health care professional since their discharge
8 from the hospital in December.

9 The experience of my relative and the ways
10 my family has struggled over the past five years
11 trying to help them find appropriate care and
12 insurance coverage, along with the conversations I
13 have had with other families during this ordeal
14 has made me acutely aware of the urgent need for
15 additional intensive services for people
16 struggling with mental health challenges.

17 The closing of the outpatient services at
18 the 850 West Lawrence site had repercussions
19 throughout the community, and I imagine throughout
20 the entire city. I am happy that it will soon be
21 reopened. However, I would argue that the
22 clinic's services not only should be upgraded and
23 reopened but expanded. Acadia now is the owner of
24 a vital community resource, one that needs to be

1 protected and developed.

2 I was surprised and discouraged to learn
3 that this application did not include any plans to
4 upgrade, much less expand, the outpatient services
5 offered at 850 West Lawrence.

6 I strongly urge both the Board and Acadia
7 to pursue the stipulations of the settlement
8 agreement to the full extent possible and ensure
9 that the Acadia include the upgrade of the
10 facility and expansion of the intensive outpatient
11 services at 850 West Lawrence to the project that
12 encompasses the other important upgrades at the
13 main hospital.

14 Thank you for the opportunity to speak
15 with you.

16 MS. SIMMONS: Thank you, Dr. Cottle, for
17 your comments. Next is Matthew Greenberg. I am
18 unmuting you.

19 MR. GREENBERG: Hello. Can you hear me?

20 MS. SIMMONS: Yes, we can. Please
21 proceed.

22 MR. GREENBERG: Thank you. My name is
23 Matt Greenberg. M-A-T-T. Last name,
24 G-R-E-E-N-B-E-R-G.

1 I am a community member here today
2 speaking in support of the modernization of
3 Montrose Behavioral Health Hospital. As I expect
4 this Commission is aware, the pandemic has
5 exasperated the urgency of expanding behavioral
6 health resources for the community that large.

7 Due to the pandemic, this country has come
8 to better realize the importance of good mental
9 health, the serious disadvantages of isolation,
10 and the importance of encouraging people to seek
11 help when it's needed. The shifts in perception
12 about mental problems has made people more able to
13 be accepted in society despite their mental health
14 issues and allows them to seek treatment.

15 I have personal experience with the
16 positive impact mental intervention can have on a
17 person's life. My sister recently experienced a
18 psychiatric emergency, recovered, and is living
19 independently and supporting herself after
20 receiving treatment at a hospital much like
21 Montrose Hospital.

22 She required inpatient behavioral health
23 services due to failing to maintain ongoing
24 support from a community-based resource. This

1 caused her to eventually lose her job, and she
2 wound up in acute hospital care.

3 Eventually, she was transferred to a
4 specialty hospital. And after a very long 24-hour
5 wait in the hospital emergency room, which didn't
6 have a specialized program for inpatient intensive
7 treatment; however, when she was able to get the
8 appropriate care and after ten days of intensive
9 therapy, including medication adjustments and
10 supervision, she was discharged into a halfway
11 house.

12 Not long after this treatment, she was
13 able to gain -- regain gainful employment, despite
14 the discrimination she now faces as an individual
15 suffering from mental illness. She's been stable
16 since that time.

17 People struggling with mental health are
18 not in the minority, rather, they reflect a silent
19 majority. Quality behavioral health care has many
20 positive impacts, and Acadia is known for
21 providing excellent care. It should be welcomed
22 as a provider in the Uptown neighborhood. The
23 hospital will revitalized individuals who feel
24 lost to their mental health struggles. And I urge

1 the Board to approve its plans to modernize the
2 adult building. Thank you.

3 MS. SIMMONS: Thank you.

4 Again, if you wish to speak, I ask that
5 you raise your hand. If you are on the phone,
6 press Star 3, and I will get to you.

7 Matthew Asciutto. And I apologize if I
8 mispronounce your name. I am unmuting you, sir.

9 MS. ASCIUTTO: Great. My name is Matthew
10 Asciutto, actually, like prosciutto. Asciutto is
11 spelled, A-S-C-I-U-T-T-O.

12 I'm a longtime resident of the community
13 served by Montrose Behavioral Health. I strongly
14 support the certificate of need application and
15 the broader effort of Acadia to reestablish
16 services of the institution.

17 Earlier this week, I was thinking about
18 what I wanted to say, and I ran across two news
19 articles in the Chicago Tribune covering the acute
20 issues of mental illness and substance abuse. One
21 article was headlined, Black Students Facing
22 Racism, Lack of Mental Health Support, and the
23 other discussed teen overdose drug uses --
24 overdoses. I'm sorry.

1 The pandemic has certainly exasperated the
2 need for mental health services across a care
3 continuum, especially among kids. I work at the
4 Illinois College of Optometry, and I have
5 witnessed firsthand the struggle our students face
6 as we allow and support and give access to mental
7 health services to kids in the graduated doctoral
8 program.

9 Next week is -- next month is mental
10 health awareness in May. During this upcoming
11 month, mental health advocates raise awareness for
12 those living with mental or behavioral health
13 issues and to help reduce the stigma so many
14 experience.

15 Hospitals play an important role for
16 providing behavioral health care and helping
17 patients find resources available in the
18 community. Hospitals create unique partnerships
19 to address behavioral health issues in
20 nontraditional ways.

21 Hospitals lead in innovations in the way
22 behavioral health disorders are identified and
23 treated through the integration of physical and
24 behavioral health services, changes in the

1 emergency departments in inpatient and outpatient
2 settings, and via community partnerships. These
3 strategies improve the overall value of health
4 care and can lead to improvements in patient
5 outcomes.

6 I urge the Health Facilities and Services
7 Review Board to approve this certificate of need
8 permit, and I thank you for your time.

9 MS. SIMMONS: Thank you. Melanie Eckner.
10 I am unmuting you. Ms. Eckner?

11 MS. ECKNER: Can you hear me?

12 MS. SIMMONS: I can. Thank you. Please
13 proceed.

14 MS. ECKNER: Hi. My name is Melanie
15 Eckner. It's spelled, M-E-L-A-N-I-E. And my last
16 name is Eckner, E-C-K-N-E-R.

17 I just want to thank the Board, first, for
18 the opportunity to speak at today's public
19 hearing. And then I'd like to talk first about my
20 support for the community's calls for more
21 thorough and public community engagement around
22 the properties that Acadia has acquired.

23 As previous speakers have mentioned, the
24 area in which the hospital sits is very diverse

1 and has a high degree of poverty. Children, in
2 particular, are experiencing poverty in the
3 immediate area surrounding the hospital.
4 According to the most recent American Community
5 Survey, 65 percent of the children in that census
6 track surrounding the Children's Pavilion live
7 below the poverty line.

8 As mentioned by the speaker from
9 St. Thomas Aquinas, many immigrants do not speak
10 English as a first language. And sort of an
11 add-on to that is that many people work jobs that
12 do not permit them the flexibility to attend a
13 Friday morning public hearing like this one or to
14 take a phone call during business hours.

15 Much of the background work for this
16 project, which has many -- or admirable
17 characteristics appears to have been taking place
18 during the pandemic when neighbors were especially
19 preoccupied. The demographics of this area speak
20 volumes about where the attention of local
21 residents and workers would have been most focused
22 during the last two years. And we know that the
23 pandemic had disproportionate negative impact on
24 communities like Uptown.

1 These facts are important for Acadia going
2 forward for a positive reason, which is that this
3 community is one that has long welcomed mental
4 health work and that has historically been home to
5 many innovative approaches on behalf of human
6 health and well-being. And that history actually
7 extends way back to the 1860s when the Marine
8 Hospital was founded a little further south on
9 Clarendon Avenue. In other words, Acadia is well
10 positioned to benefit from extended and
11 trust-building conversations with neighbors.

12 It looks on paper, from the application
13 and other documents, like Acadia may be a very
14 sound partner in this neighborhood tradition of
15 innovative healthcare, and it's difficult to judge
16 without any structured ongoing engagement.

17 Community members are understandably
18 worried about the lack of information, because
19 Acadia will possess large parcels of land that may
20 be suitable for the type of high-end residential
21 development that is currently rapidly changing the
22 demographics of our neighborhood. Neighbors
23 understandably ask, will I, my family, be able to
24 continue living here?

1 Acadia is also a for-profit firm like
2 Pipeline Health, which in its short ten years in
3 the neighborhood sold off irretrievable hospital
4 expansion land and discontinued a highly valued
5 and innovative community health initiative, which
6 was Weiss Hospital's urban rooftop farm.

7 Many neighbors joined in that setting in
8 support of their own food security and their
9 personal health. So neighbors, you know,
10 understandably may ask, can we trust that Acadia
11 has our mental health and well-being fully in
12 mind.

13 Now, provided that formal community
14 engagement is ensured going forward, I am very
15 glad, as are many neighbors, that the facility at
16 4840 North Marine will be receiving a full
17 renovation that moves the existing building
18 forward; because, A, its services are very needed,
19 and, B, the type of modernization described in the
20 application is very much in keeping with the
21 building's history and with the history of
22 Uptown's lakefront as a site for innovative
23 approaches to health, both public and private.

24 I mention the history of the building

1 specifically because it appears from the
2 application that the new owners may be unaware
3 that the building under consideration today has
4 been determined to be eligible for a national
5 registered listing, both as a standalone listing
6 or as part of the proposed North DuSable
7 Lake Shore Drive District.

8 This determination was made as part of the
9 federally mandated Section 106 process for the
10 North DuSable Lake Shore Drive project, which is a
11 joint project of the Illinois Department of
12 Transportation and the Chicago Department of
13 Transportation.

14 I see no mention of potential landmarking
15 in the application, which honestly surprises me,
16 because Acadia seems to be undertaking a
17 renovation that might have benefitted from
18 historic building financial incentives that may be
19 unlocked by a national registered listing and
20 other types of landmarking. Especially given the
21 financial stresses that threaten many health care
22 facility at this time, it's important to consider
23 landmarking as one possible means of financial
24 support.

1 Chicago has a history of tearing down
2 important hospital structures instead of
3 undertaking creative adaptive reuse, as Acadia's
4 proposing here. Acadia's work, as proposed in
5 this renovation, is, therefore, notable and
6 promising.

7 Because Acadia recently sold its
8 properties in the U.K., where historic building
9 incentives are more widely understood, it may be
10 that the firm already possesses this information
11 and has weighed and dismissed the idea of
12 landmarking when considering its base case for
13 renovation.

14 I will attach the survey sheets for the
15 hospital for 4840 North Marine to my written
16 comments submitted to the Board. The full survey
17 and the discussion of the process, the Section 106
18 process, can be seen on the website for the North
19 DuSable Lake Shore Drive project.

20 I encourage, particularly, the people
21 involved in the financial aspects of this to
22 consider this opportunity. Thanks very much for
23 the opportunity to speak today.

24 MS. SIMMONS: Thank you for your comments.

Transcript of Public Hearing (Montrose Behavioral Health Hospital)
Conducted on April 15, 2022

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1 Next, Nia Lang. I am unmuting you.

2 MS. LANG: Hi. Good morning. My name is
3 Nia Lang. And that is spelled, N-I-A. L-A-N-G.
4 And I am here in support of Montrose Behavioral
5 Health Hospital.

6 Without access to care, acutely ill
7 individuals with mental illness deteriorate and
8 families and caregivers buckle under stress.
9 Hospital emergency departments are too often the
10 only immediate resource for people with acute
11 mental decompensation.

12 In Chicago, those individuals can wait in
13 an emergency department safe room for many hours
14 and even days until a bed opens for their care
15 admissions. These safe room holding areas, while
16 keeping the patient and family safe, are a very
17 suboptimal place for care.

18 With the pandemic, police and first
19 responders are more frequently diverted to mental
20 health calls. Our communities experience a lack
21 of options for mental health inpatient admissions,
22 which has been exuberated by the COVID-19
23 pandemic.

24 The percentage of U.S. population

1 reporting serious psychological distress, an
2 indicator for inpatient behavioral health
3 services, increased from 4 percent in 2013 to 13
4 percent in 2020.

5 By the COVID-19 pandemic shedding light on
6 the behavioral health bed shortage, the decline in
7 bed capacity has steadily progressed over the past
8 50 years, driven, in part, by declining lengths of
9 stay and the promise of community-based care that
10 has been lacking in many areas.

11 The Treatment Advocacy Center estimates a
12 need for 40 to 60 behavioral health beds per
13 100,000 population. Based on this estimate,
14 there's a need for over 4,325 behavioral health
15 beds to adequately serve the Chicago metropolitan
16 area, which equates to a shortage of over 2,100
17 beds.

18 Acadia will help to address this shortage
19 by reestablishing Montrose Behavioral Health
20 Hospital in Uptown for mental health
21 hospitalizations. It is an organization that
22 constantly looks for new ways to improve quality
23 and implement evidence-based best practices across
24 all treatment settings and patient populations,

1 and its mental health programs will help support
2 community hospitals with this broader patient care
3 mission.

4 For these reasons, I respectfully request
5 the Health Facilities and Services Review Board
6 approve this project. Thank you.

7 MS. SIMMONS: Thank you. If you wish to
8 speak at this time, please indicate by raising
9 your hand. And when we get to you, I will call
10 your name.

11 Next, I have Patricia McClure Chessier. I
12 am unmuting you. Ms. McClure Chessier?

13 MS. MCCLURE CHESSIER: I'm here.

14 MS. SIMMONS: Okay. There you go.

15 MS. MCCLURE CHESSIER: Yeah. I'm just --
16 I wanted my camera, but I'm just going to go ahead
17 for the sake of time.

18 Good morning. I'm Patricia McClure
19 Chessier. That's, P-A-T-R-I-C-I-A.
20 M-C-C-L-U-R-E. C-H-E-S-S-I-E-R.

21 As the interim CEO of Montrose Behavioral
22 Health Hospital with over 25 years of health care
23 experience in Chicago, I am speaking in support of
24 our redevelopment plan.

1 I'd like to thank area health care
2 providers and other community stakeholders
3 supporting us in the reopening of this hospital.

4 Alderman James Cappleman. Ann & Robert H.
5 Lurie Children's of Chicago. Northwestern
6 Memorial Hospital. Our CCRC neighborhood, Admiral
7 at the Lake. The Chicago Chapter of the National
8 Alliance of Mental Illness. Thresholds, which
9 provides a broad array of social and health care
10 services for individuals coping with mental
11 illness and addiction.

12 Nicasa Behavioral Health Services, which
13 transforms the lives of vulnerable and at-risk
14 children, adults, and families through prevention,
15 early intervention, treatment, and recovery
16 efforts. Lutheran Social Services, which is one
17 of the largest social support agencies in the
18 state providing critical programs to Illinois
19 residents, including mental health services,
20 alcohol and drug treatment.

21 The Community Counseling Centers of
22 Chicago, known as C4, a leading provider of mental
23 health and individual and family counseling
24 services on Chicago's north side. And Sinnissippi

1 Centers, which is a community-based behavioral
2 health care center.

3 This hospital will improve the lives of
4 individuals needing care for their mental health
5 by expanding access to behavioral health services.
6 One of the many ways we will achieve this is by
7 forming integrative behavioral health partnerships
8 with other health care and social services
9 organizations, helping those entities support
10 individuals with mental illness to improve
11 delivery of care and broaden access to services.

12 We face a mental health and substance use
13 epidemic that has created complex challenges for
14 the health care industry. Emergency rooms are
15 being overutilized for stopgap care by boarding
16 these patients while they wait for a bed.

17 There is a true need for more specialized
18 behavioral health care services, and Montrose will
19 help fill that gap. This hospital will partner
20 with area social services and community-based
21 mental health agencies to develop an integrated
22 behavioral health care model, expanding access to
23 care for those affected by mental illness.

24 We will work with our partners to tailor

1 programs to meet the specific needs of local
2 community. And, further, our children's program
3 is designed to meet the unique needs of kids.

4 The impact of mental and behavioral health
5 disorders can vary considerably based on the age
6 and developmental level of the person living with
7 the disorder. Children and adolescents can
8 sometimes be at an increased risk for developing
9 certain types of disorders or for experiencing
10 certain symptoms. And the onset and progression
11 of various mental and behavioral health disorders
12 can be significantly different among children and
13 adolescents than among adults.

14 Montrose Behavioral Health Hospital will
15 provide personalized treatment plans that reflects
16 a child's age and developmental level in an
17 environment specifically for them.

18 Now, while many skilled nursing facilities
19 provide wellness programs, they do not have the
20 resources to address mental health and cognitive
21 disorders which affect older adults. Factors such
22 as age, life experiences, quality of personal
23 support, treatment history, and physical or
24 medical challenges can affect how an older adult

1 is impacted by mental and behavioral health
2 concern.

3 These influences must also be taken into
4 account when developing effective treatment plans
5 for older adults. We will partner with the area
6 continuing care retirement center to support its
7 residents' needs.

8 Montrose Behavioral Health Hospital will
9 address unmet needs and gaps and the behavioral
10 health continuum of care, and I respectfully
11 request the Health Facilities and Services Review
12 Board approve this modernization project. Thank
13 you very much for your time.

14 MS. SIMMONS: Thank you. Again, if you
15 wish to speak at this time, please indicate by
16 raising your virtual hand or, if you're on the
17 phone, by pressing Star 3. No other hands at this
18 time.

19 Michael McHugh, you are unmuted.

20 MR. MCHUGH: Hello, everybody. Thank you
21 for allowing me to speak. I'm Michael McHugh.
22 M-I-C-H-A-E-L. M-C-H-U-G-H. I'm with the City
23 Colleges of Chicago. I'm also a member of the
24 North Side Action for Justice.

1 The community would like to work with the
2 leadership of the three facilities, 4840 North
3 Marine Drive, 4720 North Clarendon, and 850 West
4 Lawrence, to find creative ways to use the
5 expansion land at 4700 North Clarendon to benefit
6 the staff and patients of the three facilities and
7 possibly as a place that the community could also
8 benefit. One example is putting a community
9 garden on this site.

10 Thank you for allowing me to speak.

11 MS. SIMMONS: Thank you. Again, if you
12 wish to speak, please indicate by raising your
13 hand. Okay. At this time, Mark Littrell --
14 Mr. Littrell, I am making you a panelist, so you
15 can unmute yourself and show video, if you so
16 choose.

17 MR. LITTRELL: Good morning. Thank you
18 for your time this morning. My name is Mark
19 Littrell. And that's, M-A-R-K. L-I-T-T-R-E-L-L.

20 I am with Acadia Healthcare and I am one
21 of the Acadia leaders charged with the reopening
22 of this hospital. I have over 25 years of
23 leadership experience in enhancing health care
24 services for individuals suffering from mental

1 illness and have worked with Illinois behavioral
2 health providers for the majority of my career.

3 It's important to know that more than half
4 of people with mental illness don't receive the
5 help they need for their disorders. Often, people
6 avoid and delay seeking treatment due to the
7 concerns about being treated differently or the
8 fears of losing their jobs or their full
9 livelihood.

10 Over the past decade, though, the stigma
11 long associated with mental health and behavioral
12 health problems has significantly diminished.
13 There is evidence that knowing or having contact
14 with someone with mental illness is one of the
15 best ways to reduce this stigma. Individuals
16 speaking out and sharing their stories can have a
17 very positive impact. When we know someone with
18 mental illness, it becomes less scary, it's more
19 real, and it's more relatable.

20 The COVID-19 pandemic seems to have
21 adversely affected the mental and emotional
22 well-being of so many of us. It has shown us that
23 we may all have the capability of struggling with
24 our mental health when faced with challenges of

1 isolation, anxiety, and the uncertainty over the
2 past two years.

3 According to data from the Kaiser Family
4 Foundation from 2018 and 2019, nearly one in five
5 U.S. adults reported having a mental illness.
6 This number more than doubled over the course of
7 the pandemic with over 40 percent of adults
8 reporting symptoms of anxiety and/or depressive
9 disorders.

10 Further, a study found that 20 percent of
11 individuals, including people with or without a
12 prior psychiatric diagnosis who contracted
13 COVID-19, were later diagnosed with a behavioral
14 health disorder such as anxiety or mood disorders.

15 Heightened awareness of the social and
16 economic costs of mental and behavioral health
17 issues has led to many very important policy
18 changes. In 2008, Congress passed the Mental
19 Health Parity and Addiction Equity Act, which
20 places mental and behavioral health benefits
21 essentially on par with medical benefits.

22 The 21st Century Cures Act, which was
23 passed in 2016, allocated additional resources to
24 address the opioid epidemic and improved the

1 enforcement of the Parity Act.

2 Last year, the General Assembly passed two
3 bills to establish a forward-thinking mental
4 health care infrastructure in Illinois. This
5 first act is the generally accepted standards of
6 Behavioral Health Care Act of 2021. This requires
7 medically necessary mental health care to be
8 covered by insurance beginning January 1st, 2023.

9 And, secondly, the Community Emergency
10 Services and Support Act, which requires 911 call
11 center operators to coordinate with a mobile
12 mental and behavioral health services unit when
13 responding to individuals in crisis.

14 Last month, Governor Pritzker named David
15 T. Jones as the first chief behavioral health
16 officer. In this role, Mr. Jones will work with
17 people with lived expertise, behavioral health
18 providers, elected officials, people who have
19 substance use issues, and other stakeholders to
20 transform how Illinois supports mental, emotional
21 and overall behavioral health wellness for
22 everyone.

23 We applaud these initiatives designed to
24 reduce the stigma and improve access to behavioral

1 health treatment, however, without providers like
2 Montrose Behavioral Health Hospital, the goal of
3 providing timely access to individuals with
4 behavioral health and substance use disorders will
5 not be realized.

6 As a national leader in behavioral health
7 services, Acadia is well positioned to address the
8 growing need for behavioral health services. Our
9 focus on data driven decisions and evidence based
10 practice has allowed us to identify the
11 time-tested principles and practices that are most
12 beneficial to our organization, our patients, and
13 our partners.

14 At the same time, our teams remain at the
15 forefront of the effort to provide more efficient
16 and beneficial services to the individuals and
17 families who turn to us in times of need. Every
18 day, as many as 70,000 children, adolescents, and
19 adults receive care from the facilities in the
20 Acadia network. Every one of these interactions
21 provide us with an opportunity to add to our
22 knowledge base, expand our capabilities, and
23 enhance the effectiveness of our organization.

24 With the vast resources of expertise of

1 Acadia Healthcare, Montrose Behavioral Health
2 Hospital will provide a very much needed
3 behavioral health service to the greater
4 Chicagoland area.

5 I do respectfully request that the Health
6 Facilities and Services Review Board approve this
7 project. Thank you.

8 MS. SIMMONS: Thank you. Again, this --
9 if you wish to speak, please indicate by raising
10 your hand. This is a two-hour hearing to conclude
11 at 12:00.

12 I see, Dr. Woods, you have your hand
13 raised. I am going to unmute you. Dr. Woods.

14 DR. WOODS: Yes. Thank you, Madam Hearing
15 Officer. Can you see me or my -- I don't know how
16 quite to turn my video back on now.

17 MS. SIMMONS: Yeah. I will make you a
18 panelist.

19 DR. WOODS: Oh, okay.

20 MS. SIMMONS: And now you should be able
21 to turn your video back on.

22 DR. WOODS: There we go. Thank you very
23 much. I appreciate it, Madam Hearing Officer. I
24 don't know whether there will be any speakers

1 following me, but I wanted to first thank you and
2 thank your members and your staff for the time
3 today.

4 I also want to thank the -- all of the
5 speakers who have contributed to this conversation
6 today. And I want -- particularly those speakers
7 who had raised both concerns, but, also, ideas to
8 address those briefly.

9 And so, in particular -- and in no
10 particular order, but with respect to the comments
11 provided by Ms. Castillo, Dr. Cottle, Ms. Eckner,
12 and Mr. McHugh, I'm going to address some of the
13 notes that I took, just to provide some context
14 but also to ensure that they know that they were
15 heard and that we are sincere.

16 A couple of the comments had to do with
17 whether or not there was going to be capital or
18 money deployed for the renovation and improvement
19 of both the children's hospital and the outpatient
20 center.

21 And, now, certainly, I'm not a lawyer.
22 I'm an operator of hospitals and health care
23 facilities, and I'm a doctor of nursing practice
24 boarded in psychiatry, so I'm a clinician and an

1 operator, not a lawyer.

2 But I will tell you it's my understanding
3 that the reason that you did not see the specific
4 details for the children's hospital or the
5 outpatient building is that there is a dollar
6 threshold that has to be met before it is a matter
7 that goes before the certificate of need hearing
8 board for approval. And those dollar -- the
9 dollar amounts that were required or the trigger
10 of that requirement were far exceeded with respect
11 to the adult building because of the extensive
12 amount of work that's required.

13 If you have not been into the children's
14 hospital, I can tell you it is a beautiful
15 facility. It does require some fairly substantial
16 upgrades and renovations, which we are making, but
17 those fell below the dollar threshold required for
18 a CON application and approval. Same thing for
19 the outpatient building, which would not be
20 subject to CON, under my understanding of Chicago
21 law as it relates to this matter.

22 But we are making substantial -- very
23 substantial investments in all three buildings to
24 ensure that we both raise the quality of the

1 environment of care and improve the patient
2 experience and the family experience. So I wanted
3 to make sure that that was clear.

4 I also wanted to address some questions
5 about the parking lots and our extended green
6 space next to the children's hospital and other
7 land that we have. Acadia, in its entire history,
8 I think we have sold maybe two properties in our
9 entire history.

10 When we make an investment, we make an
11 investment for the long term. We intend to be a
12 community partner forever, hopefully, because we
13 believe that we -- the contribution that we can
14 make and the partnerships that we can make, both
15 with the local community and the health care
16 continuum, is both important and certainly
17 something that we want to be a part of
18 indefinitely.

19 We will not be selling and have no plans
20 to sell any of the extended land that we own. We
21 need that land for parking. We need that land for
22 the operations of the facilities.

23 And with respect to the green space that
24 is next to the hospital, we have no plans now and

1 I can't envision plans for the future where we
2 would want to convert that either to an additional
3 building or for any other purpose other than what
4 it is currently being used for. And that is for,
5 you know, community enjoyment and as a just sort
6 of green space. So we're going to keep that as a
7 green space and -- for the benefit of the
8 community.

9 I loved the idea. I think it was
10 Mr. McHugh who suggested that perhaps we had a
11 community garden in that location. Certainly open
12 to any creative ideas on how better to serve the
13 community and how better to serve our neighbors.

14 A couple of folks raised the issue of
15 wanting to have engagement with us around the
16 project and understanding the scope and
17 understanding the details of the project, not just
18 before the facilities open, but on an ongoing
19 basis.

20 And we would welcome a community advisory
21 panel to meet on a periodic basis, one, to be
22 updated on what we are doing as a hospital, where
23 you believe there are opportunities for
24 improvement or whether there are things that may

1 inadvertently impact the community and the
2 neighborhood that we need to be made aware of so
3 that we can ensure that we allow you to enjoy --
4 retain the quiet enjoyment of your neighborhood.

5 I am so encouraged by the level of support
6 by each of the speakers today and grateful for
7 that.

8 There was also a comment made with respect
9 to national registry listing and landmark for
10 landmarking the hospital. I will check with our
11 attorneys and with our strategy folks to see
12 whether that has been something that was looked at
13 and if there was a reason why that had not been
14 pursued and whether that's still a viable path or
15 option.

16 I don't simply know the answer to that
17 today, but I will take that back and perhaps, as
18 we can assemble a community advisory panel, we can
19 follow up with you directly on that question. And
20 I believe that that question came from Ms. Eckner.

21 Let me just make sure I've covered
22 everything that was sort of the key takeaways. I
23 believe that I have. I will pause there unless
24 there are any additional questions for me.

1 I very much, again, on behalf of Acadia
2 Healthcare, on behalf of Montrose Behavioral
3 Health, I want to thank you for your time today
4 and I want to thank you for your support of this
5 project and the good care and the good services
6 and the good work that we will do going forward as
7 a community. Thank you.

8 MS. SIMMONS: Thank you.

9 DR. WOODS: Am I still on?

10 MS. SIMMONS: Not visually. You're not.

11 DR. WOODS: I saw a question pop up in the
12 message board. I'm happy to address it if you'd
13 like.

14 MS. SIMMONS: If you can give me one
15 second, Dr. Woods.

16 If anyone else wishes to speak at this
17 time, please indicate by raising your hand, and I
18 believe I can see everyone that raises their hand.
19 If not, George, if you can please indicate any
20 additional hands.

21 Dr. Woods, if you wish to answer that
22 question, I'm not -- I can't see the question,
23 so --

24 DR. WOODS: Okay. Thank you very much,

1 Madam Hearing Officer.

2 The question, as I was able to read it --
3 and I have to confess, with my old eyes, it was a
4 little hard to read with the distance that I am
5 from the screen. But it appeared to me the
6 question was why the three facilities are being
7 treated separately. And so I want to just
8 clarify.

9 In the acquisition of the two hospitals,
10 the children's hospital and the adult hospital,
11 they have operated historically and will continue
12 to operate in the future under a single unified
13 health facilities license. So it will be one
14 hospital with two buildings at a distance from one
15 another, a block or so -- a block and a half away
16 from one another.

17 In applying for the certificate of need,
18 the certificate of need in this instance is
19 specifically related to the amount of capital that
20 we are investing for the improvements to those
21 facilities. The children's hospital and the
22 outpatient building were out of scope with respect
23 to the certificate of need because the dollar
24 threshold required was not -- wasn't present. The

1 dollar threshold was present for the adult
2 hospital.

3 So more simply, I think, if we had -- if
4 we were not making such a significant investment
5 in the adult hospital, which requires so much
6 work, a certificate of need would not have been
7 required for the children's hospital and would --
8 under no circumstance would it be required for an
9 outpatient building.

10 So that's why you don't see those things
11 in the application, because they're out of scope
12 from a financial standpoint, which is the subject
13 matter of the certificate of need application.

14 MS. SIMMONS: I see that there's questions
15 for the Board. Please understand that this is not
16 -- unfortunately, this isn't a question-and-answer
17 session for the board members at this particular
18 time. You should be aware that the Board will
19 receive these transcripts as well as any other
20 issues will be addressed in the staff report to
21 the Board members.

22 And so to answer the one question, it will
23 not be addressed at this time, however, it will be
24 addressed later.

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1 I should also note that this matter --
2 this public hearing is for two hours, so until
3 12:00. Transcripts will be available on the
4 website as well. So you can look for that in the
5 future, if you would like to provide additional
6 written comments for this. We typically post the
7 transcripts within a week, week and a half of the
8 public hearing.

9 If anyone wishes to speak at this time,
10 please indicate by raising your hand. Seeing none
11 at this time, I will resume in a few minutes.

12 This is the public hearing for the
13 modernization of Montrose Behavioral Health
14 Hospital. If you wish to speak at this time,
15 please indicate by raising your hand or pressing
16 Star 3 if you're on the phone.

17 Again, if you wish to speak at this time,
18 please indicate by raising your hand or pressing
19 Star 3 on the phone.

20 Dr. Cottle, if you can please proceed. I
21 am -- you're unmuted. There you go.

22 DR. COTTLE: Yeah. Thank you so much. I
23 just wanted to -- I had asked a question in the
24 chat. And my understanding is that for it to

1 actually be entered into the record by the court
2 reporter, that I should read it.

3 So it was my question about just the way
4 that -- my understanding -- and I do not claim to
5 be an expert on this matter -- but my
6 understanding was because all three sites was --
7 by Acadia was done in the same application, that
8 then moving forward, projects that are presented
9 for exemption are -- the dollar thresholds were
10 actually the sum of all -- of any of those sites.
11 And my understanding was that, precisely, health
12 care facilities couldn't chop up projects and
13 present them separately.

14 So I really appreciate Dr. Woods's
15 attempts at clarification. And I also really
16 appreciate his commitment to maintain the
17 expansion sites for future use by patients in the
18 community. That's awesome.

19 I do just hope that maybe the Board, in
20 the next round of documents that they release, if
21 they could clarify this separation or chopping up
22 of projects and -- so that maybe the public could
23 better understand what the regulations are around
24 those dollar thresholds. Thank you.

1 MS. SIMMONS: Thank you. Ms. Friedman, I
2 am -- I don't know what I just did there. I am
3 unmuting you.

4 MS. FRIEDMAN: Hi there. Thank you very
5 much, April. My name is Kara Friedman, and I'm
6 counsel for Acadia for this project.

7 And I just thought I would explain it in a
8 little bit more detail so the question doesn't go
9 unanswered about why the pediatric building and
10 the outpatient building are separated out in the
11 progress -- in the construction work that they're
12 doing to reopen.

13 First of all, you should know that the
14 pediatric building is nearly ready to open and it
15 will be reopening in the next couple of months. I
16 think Dr. Woods mentioned it's a relatively quite
17 new building and it's in very good shape. It's
18 already passed inspection by the Illinois
19 Department of Public Health.

20 And as much as it is under the same
21 hospital license, it is a completely separate
22 building. And so unless there are really
23 architectural integration in the construction
24 that's being done in different parts of the

1 physical plant, then they, very often, are
2 separated out.

3 It was really imperative that we get the
4 children's hospital open as soon as possible. And
5 so they proceeded with the construction, which was
6 well under the capital expenditure minimum for
7 that. And so that's why they're separated out is
8 because they really architecturally have nothing
9 to do with each other, and that's how the Board's
10 rules work. So hopefully that's helpful.

11 MS. SIMMONS: Thank you. Again, this is a
12 public hearing for the modernization of Montrose
13 Behavioral Hospital. If you wish to speak at this
14 time, please indicate by raising your hand.

15 Again, this is the public hearing for the
16 modernization project of the Montrose Behavioral
17 Hospital. If you wish to speak at this time,
18 please indicate by raising your hand.

19 This is the public hearing for the
20 modernization project of Montrose Behavioral
21 Hospital. If you wish to speak at this time,
22 please indicate by raising your hand.

23 If you wish to speak at this time, please
24 indicate by raising your hand.

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1 This is the public hearing for the
2 modernization project of Montrose Behavioral
3 Hospital. If you wish to speak at this time,
4 please indicate by raising your hand.

5 Seeing none, please note for the record
6 the time is now 11:58. The attendees have
7 remained the same during the duration, at least
8 for the last 15 to 20 minutes. And there are no
9 additional hands raised at this time.

10 This application is tentatively scheduled
11 to be heard at the June 7th State Board meeting.
12 Written comments on this application must be
13 submitted to the State Board by Wednesday, May
14 18th.

15 The State Board staff will issue a report
16 on this application on May 24th, 2022. Comments
17 on the State Board staff report will be accepted
18 until 9:00 a.m. on May 31st of 2022.

19 The report and the additional information
20 can be accessed on the Board's website and
21 comments can be sent to the Illinois Health
22 Facilities and Services Review Board, 525 West
23 Jefferson Street, Second Floor, Springfield,
24 Illinois 62761.

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1 As well, you can utilize written comments
2 through the public hearings e-mail, which is
3 dph.hfsrb.publichearings@Illinois.gov.

4 I want to reiterate that there will be a
5 transcript of this public hearing posted on our
6 website if you also wish to comment regarding
7 that.

8 At this time, showing the time is 12:00, I
9 deem this public hearing adjourned. Thank you.

10 (Off the record at 12:00 p.m.)
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1 CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC

2
3 I, Courtney Petros, Registered
4 Professional Reporter, Certified Shorthand
5 Reporter and Notary Public, the officer before
6 whom the foregoing proceedings were taken, do
7 hereby certify that the foregoing transcript is a
8 true and correct record of the testimony given;
9 that said testimony was taken by me and thereafter
10 reduced to typewriting under my direction; that
11 reading and signing was not requested; and that I
12 am neither counsel for, related to, nor employed
13 by any of the parties to this case and have no
14 interest, financial or otherwise, in its outcome.

15 IN WITNESS WHEREOF, I have hereunto signed
16 this 20th day of April, 2022.
17 My commission expires May 6th, 2023.

18
19 

20 COURTNEY PETROS, RPR, CSR
21 NOTARY PUBLIC IN AND FOR THE
22 STATE OF ILLINOIS
23
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